

Health Board Meeting

Thu 30 November 2023, 10:00 - 13:00

In Person Meeting, Royal Glamorgan Hospital

Agenda

10:00 - 10:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information

Jonathan Morgan, Health Board Chair

1.2. Apologies for Absence

Information

Jonathan Morgan, Health Board Chair

1.3. Declarations of Interest

Information

Jonathan Morgan, Health Board Chair

10:05 - 10:10
5 min

2. CONSENT AGENDA BUSINESS

Information

Jonathan Morgan, Health Board Chair

The Chair will ask if there are any items from the Consent Agenda (Item 8) that Board Members wish to bring forward to the Main agenda for discussion

10:10 - 10:30
20 min

3. SHARED LISTENING & LEARNING STORY

Improving Care, Creating Health, Inspiring People and Sustaining Our Future
Clinical Psychologist

Michelle Smalley, Consultant

Listening & Learning Story relates to the Bereavement/Psychology service.

10:30 - 10:45
15 min

4. SETTING THE SCENE

4.1. Chairs Report

Improving Care

Jonathan Morgan, Health Board Chair

For Noting and Endorsing

 4.1 Chair's Board Report UHB 30 November 2023.pdf (9 pages)

4.1.1. Action Log from the last meeting of the Board

Jonathan Morgan, Health Board Chair

For Discussion

 4.1.1 Action Log Health Board UHB 30 November 2023.pdf (3 pages)

4.2. Chief Executives Report

Sustaining our Future

Paul Mears, Chief Executive

For Noting

 4.2 CEO Board Update Report UHB 30 November 2023.pdf (8 pages)

10:45 - 11:35
50 min

5. DELIVERING OUR PLAN

5.1. Integrated Performance Report (Quality, People & Operational Performance)

Improving Care, Creating Health & Sustaining our Future

For Discussion and Noting

Introductory Overview: Linda Prosser, Executive Director of Strategy & Transformation

Operational Performance Delivery Gethin Hughes, Chief Operating Officer

Quality Performance Greg Dix, Executive Nurse Director/Deputy Chief Executive, Dom Hurford, Medical Director, Lauren Edwards, Executive Director of Therapies & Health Sciences

People Hywel Daniel, Executive Director for People

 5.1 HB Integrated Performance Dashboard UHB 30 November 2023.pdf (33 pages)

5.2. Month 7 Financial Performance Update

Improving Care, Creating Health & Sustaining our Future

Sally May, Executive Director of Finance

For Discussion and Noting

 5.2 M7 Finance Report FINAL UHB 30 November 2023.pdf (22 pages)

11:35 - 12:05
30 min

6. GOVERNANCE RISK AND ASSURANCE

6.1. Escalation Status Update

Improving Care, Sustaining Our Future

For Discussion and Noting - An update in relation to Escalation Status has been included in the Chief Executive Officers Report at agenda item 4.2

6.2. Board Assurance Framework Report (Principal/Strategic Risks)

Improving Care, Sustaining our Future

Gareth Watts, Director of Corporate Governance, Board Secretary

For Approval

 6.2a BAF Cover Paper UHB 30 November 2023.pdf (4 pages)

 6.2b Appendix 1 - BAF Report UHB 30 November 2023.pdf (58 pages)

6.3. Board Committee and Advisory Group Highlight Reports

Improving Care

Presented by Independent Member Committee Chairs

For Discussion and Noting (Where there is escalation for Board)

6.3.1. Quality & Safety Committee Highlight Report 21 September 2023

Improving Care

Carolyn Donoghue, Independent Member/Quality & Safety Committee Chair

For Discussion and Noting

 6.3.1 Quality & Safety Committee Highlight Report 21 September 2023 UHB 30 November 2023.pdf (6 pages)

6.3.2. Digital & Data Committee Highlight Report 14 November 2023

Sustaining our Future

Ian Wells, Independent Member/Digital & Data Committee Chair

For Discussion and Noting

 6.3.2 DD Committee Highlight Report to Board UHB 30 November 2023.pdf (5 pages)

6.3.3. CTMUHB Audit & Risk Committee Highlight Report 24 October 2023

Improving Care Patsy Roseblade, Independent Member/Audit & Risk Committee Chair

For Discussion and Noting

 6.3.3 CTMUHB ARC Highlight Report UHB 30 November 2023.pdf (5 pages)

6.3.4. Planning, Performance & Finance Committee Highlight Report 31 October 2023

Sustaining our Future Patsy Roseblade, Independent Member/Planning, Performance & Finance Committee Chair

For Discussion and Noting

 6.3.4 PPFC Highlight Report to Board 31.10.23 UHB 30 November 2023.pdf (6 pages)

6.4. Working in Partnership - CTM 2023 Strategy Update

Creating Health, Inspiring People, Sustaining our Future Transformation Linda Prosser, Executive Director of Strategy &

 6.4 CTM2030 Update UHB 30 November 2023.pdf (5 pages)

6.4.1. Regional Partnerships Board & Public Services Board 6 Monthly Report - Verbal Update

Discussion Linda Prosser, Executive Director of Strategy & Transformation

6.5. Nurse Staffing Levels (Wales) Act Report

Improving Care Greg Dix, Deputy Chief Executive/Executive Director of Nursing

For Noting

 6.5a NSA Paper November 2023 Final Approved Version UHB 30 November 2023.docx (7 pages)

 6.5b Appendix 1 - Annual Presentation of Nurse Staffing Levels to the Board Nov 2023 New template.docx (10 pages)

12:05 - 12:45 7. STRATEGIC PLANNING

40 min

7.1. CTM 2030 - Clinical Services Plan Update

Improving Care, Inspiring People & Sustaining our Future Transformation Linda Prosser, Executive Director of Strategy &

For Discussion and Noting

 7.1 CTM Board ACSP update UHB 30 November 2023.pdf (5 pages)

7.2. Llantrisant Health Park Update – To include the year one+ Plan - Presentation (20 Minutes)

Improving Care, Sustaining our Future Matthew Butt, Chief of Staff /Rosie Cavill, LHP Programme Director

For Discussion and Noting

 7.2 Llantrisant Health Park Update UHB 30 November 2023.pdf (11 pages)

7.3. Active Travel Charter

Creating Health, Inspiring People Philip Daniels, Interim Director of Public Health

For Approval

 7.3 Active Travel Charter UHB 30 November 2023.pdf (9 pages)

8.1. FOR APPROVAL**8.1.1. Unconfirmed Minutes of the meeting held on 28 September 2023***Jonathan Morgan, Health Board Chair*

For Approval

 8.1.1 Unconfirmed Minutes 28 September 2023 UHB 30 November 2023.pdf (19 pages)**8.1.2. Unconfirmed Minutes of the Annual General Meeting held on 28 September 2023***Jonathan Morgan, Health Board Chair*

For Approval

 8.1.2 Unconfirmed Annual General Meeting Minutes 28 September 2023.pdf (2 pages)**8.1.3. All Wales Individual Patient Funding Request Policy***Improving Care**Linda Prosser, Executive Director of Strategy & Transformation*

For Approval

 8.1.3a Final HB Report - All Wales IPFR Policy UHB 30 November 2023.pdf (8 pages) 8.1.3b Appendix 1 Letter to WHSSC from WG IPFR ToR July 2022 FINAL (1) UHB 30 November 2023.pdf (3 pages) 8.1.3c Appendix 2 NHS Wales IPFR Policy - V9 Post TF Clean Nov 2023 UHB 30 November 2023.pdf (29 pages)**8.1.4. Amendment to the Standing Financial Instructions***Improving Care**Gareth Watts, Director of Corporate Governance/Board Secretary*

For Approval

 8.1.4 Amendments to SFIs Model Review 2023 UHB 30 November 2023.pdf (4 pages)**8.1.5. Vaccination and Immunisation and Vaccine Equity Strategic Plans 2023-2026***Creating Health**Philip Daniels, Interim Director of Public Health*

For Approval

 8.1.5a Vaccs & Imms Strategic & Equity Plan UHB 30 November 2023.pdf (5 pages) 8.1.5b Vaccs & Imms Equity Plan UHB 30 November 2023.pdf (17 pages) 8.1.5c Vaccs and Imms Strategic Plan UHB 30 November 2023.pdf (43 pages)**8.1.6. Amendments to the Standing Orders - Terms of Reference***Improving Care**Gareth Watts, Director of Corporate Governance/Board Secretary*

For Approval

 8.1.6a Amendments to the Standing Orders TOR UHB 30 November 2023.pdf (4 pages) 8.1.6b Appendix 1 Review GC01 Standing Orders - Schedule 3.2 - CFC ToR CFC 261023 - Post CFC Change.pdf (9 pages) 8.1.6c Appendix 2 Schedule 3.5 - PCC Revised ToRs UHB 30 November 2023.pdf (10 pages)**8.2. FOR NOTING****8.2.1. Board Annual Cycle of Business***Gareth Watts, Director of Corporate Governance/Board Secretary*

For Noting

 8.2.1a Board Annual Cycle of Business UHB 30 November 2023.pdf (3 pages)

8.2.2. Board Forward Work Programme

Gareth Watts, Director of Corporate Governance/Board Secretary

For Noting

📄 8.2.2 Board Forward Work Programme UHB 30 November 2023.pdf (5 pages)

8.2.3. Board Committee and Advisory Group Highlight Reports

Improving Care Presented by Independent Member Committee Chairs

For Noting (e.g where there are no items for escalation to the Board)

📄 8.2.3a Board Committee and Advisory Group Highlight Reports UHB 30 November 2023.pdf (4 pages)

📄 8.2.3b Appendix 1 LPF Highlight Report 19.09.23 UHB 30 November 2023.pdf (6 pages)

📄 8.2.3c Appendix 2 Highlight Report for SRG Meeting 12 October 2023 UHB 30 November 2023.pdf (5 pages)

📄 8.2.3d Appendix 3 Hosted Bodies ARC Highlight Report 24 October 2023 UHB 30 November 2023.pdf (5 pages)

📄 8.2.3e Appendix 4 CFC Highlight Report to Board 26.10.23 UHB 30 November 2023.pdf (4 pages)

📄 8.2.3f Appendix 5 PHP Highlight Report to Board 07.11.23 UHB 30 November 2023 v2 CH.pdf (5 pages)

📄 8.2.3g Appendix 6 PCC Highlight Report to Board 8.11.23 UHB 30 November 2023.pdf (4 pages)

8.2.4. Clinical Education Annual Report

Inspiring People, Improving Care, Sustaining our Future Nursing

Greg Dix, Deputy Chief Executive/Executive Director of

📄 8.2.4 Clinical Education annual report 22-23 UHB 30 November 2023.pdf (53 pages)

8.2.5. Annual Plan Quarterly Update - Quarter 2

Improving Care Linda Prosser, Executive Director of Strategy & Transformation

For Noting

📄 8.2.5a Board IMTP 2023-26 Q2 Update UHB 30 November 2023.pdf (9 pages)

📄 8.2.5b Appendix 1 PCC PLANNING FRAMEWORK - MINISTERIAL Primary Care Q2 UHB 30 November 2023.pdf (14 pages)

📄 8.2.5c Appendix 2 PCC response PLANNING FRAMEWORK - MINISTERIAL PRIORITIES Path....pdf (8 pages)

📄 8.2.5d Appendix 3 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE Urgent Care - P&CC.....pdf (7 pages)

📄 8.2.5e Appendix 4 PCC PLANNING FRAMEWORK - MINISTERIAL TEMPLATE - USC SDEC IMTP....pdf (7 pages)

📄 8.2.5f Appendix 5 PLANNING FRAMEWORK - MIN UEC Emergency Pressures Escalation Q....pdf (9 pages)

📄 8.2.5g Appendix 6 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE Outpatients - Q1 up....pdf (18 pages)

📄 8.2.5h Appendix 7 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE Planned Care - Q2 u....pdf (9 pages)

📄 8.2.5i Appendix 8 PF - MINISTERIAL TEMPLATE Cancer Q2 update.pdf (8 pages)

📄 8.2.5j Appendix 9 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE - Regional Diagnost....pdf (9 pages)

📄 8.2.5k Appendix 10 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE 111#2 Q2 Submissio....pdf (8 pages)

📄 8.2.5l Appendix 11 PLANNING FRAMEWORK - MINISTERIAL TEMPLATE Mental Health Q2 S....pdf (9 pages)

12:50 - 12:55 9. CLOSE OUT BUSINESS 5 min

9.1. Any Other Business

Information Jonathan Morgan, Health Board Chair

9.2. How Did we do in this Meeting

Discussion Jonathan Morgan, Health Board Chair

This provides an opportunity for Board Members to reflect on the meeting and in doing so may find it helpful to consider the following questions:

Is there anything we should do more or less of?

Have we managed our time well and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a strategic focus?

Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

12:55 - 13:00 **10. PRIVATE/IN COMMITTEE SESSION**

5 min

Information *Jonathan Morgan, Health Board Chair*

The following items were discussed during the In Committee session:

- Clinical Services Plan - Case for Change
- Digital Medicines Business Case
- Quarterly Update on Capital

13:00 - 13:00 **11. DATE AND TIME OF NEXT MEETING**

0 min

Information *Jonathan Morgan, Health Board Chair*

For Noting

The next meeting of the Health Board is scheduled for the 25 January 2024 at 10:00am Venue to be confirmed



Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jonathan Morgan, Chair
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AAC	Advisory Appointments Committee
AHP/HCS	Allied Health Professions/ Healthcare Scientists
CEO	Chief Executive Officer

CTMUHB	Cwm Taf Morgannwg University Health Board
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
EASC	Emergency Ambulance Services Committee
MS	Members of the Senedd
MP	Member of Parliament
RGH	Royal Glamorgan Hospital
Q&A	Questions & Answers
TI	Targeted Intervention
VAMT	Voluntary Action Merthyr Tydfil
YCR	Ysbyty Cwm Rhondda
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
EASC	Emergency Ambulance Services Committee

1. Situation /Background

- 1.1 This report provides an update to the Board on relevant matters in my capacity as Chair of the Health Board. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.
- 1.2 This overarching report also highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

Delivering within our resources

Since our last Board meeting the Health Minister has confirmed additional resources for NHS Wales to respond to the challenges in this financial year.

Money has been identified for Cwm Taf Morgannwg and we have committed to delivering on our savings plan, which in turn will place the health board in a stronger position for next year. This is tough but necessary.

It is important when spending public money that we challenge ourselves to deliver effective service responses using our resources to maximum effect. I know this has led to tough discussions and decisions so my thanks to our Executive Director of Finance, Sally May, her team and those throughout the organisation who have worked hard to address the financial challenges.

Valuing our staff

Since my appointment as Chair I have reiterated my belief that our staff are our strongest asset. I have been impressed at the dedication, passion and compassion of our staff groups across our services, amazing professionals with the talent and creativity to help reimagine the NHS here in Cwm Taf Morgannwg.

This month we held our Senior Doctors Away Day with more than 240 senior clinicians from across the health board. The purpose was for them to shape the ideas that will lead to the development of an Acute Clinical Services Plan. This was part of our much broader engagement plan to ensure that our staff are in the driving seat in building the vision of our

future services. We value their abilities and we value their leadership in this work.

Since its launch at the end of September, our new staff award scheme – The CTM Seren Awards – has received more than 650 submissions from staff. We have also, with support from a panel of staff and union representatives, selected our first Seren of the Month Award winner. This is wonderful and demonstrates the value placed on staff members by their colleagues.

We are now preparing to hold our first long-service recognition event in January for those with 40 or more years of NHS service. This will signal the start of a new, regular programme of long-service recognition for CTMUHB.

Since we last met our Executive Director of Nursing, Professor Greg Dix has been recognised with a Lifetime Achievement Award at the Nursing Times Award ceremony in London. This award is agreed by the four Chief Nursing Officers of the United Kingdom and is the most prestigious award of the evening. Greg's contribution to this Board and to his profession has been recognised and celebrated, so a heartfelt congratulations from the whole Board!

I also congratulate our Chief Pharmacist Hannah Wilton who has also been recognised through the awarding of a Fellowship from the Royal Pharmaceutical Society. It is wonderful to see such public tributes paid to staff and, together with the work in thanking and presenting awards to staff across our organisation we can ensure that our health board is the 'go to' area for new recruits into the NHS!

2.2 Independent Member Vacancies

I am pleased to confirm that Kath Palmer, Vice Chair started with Cwm Taf Morgannwg University Health Board on the 13th November. I would like to formally welcome Kath to Cwm Taf Morgannwg UHB and to her first Board Meeting.

Helen Lentle who has been appointed as Independent Member, Legal for Cwm Taf Morgannwg UHB is due to commence in January 2024.

The Health Board have commenced the recruitment process for the Independent Member, Community position and interviews are scheduled for January 2024.

2.3 Board Development Session – 19 October 2023

The Board received the following presentations;

- **Annual Updates from WHSSC and EASC** – colleagues from EASC and WHSSC provided the Board with their annual update on their areas of activity.
- **Long Term Conditions** - the Board welcomed a presentation from the Clinical Director, Diagnostics, Therapies, Pharmacy and Specialties on the Long Term conditions activity being taken forward by the Therapies function.
- **Speaking up Safely** - The Director of Corporate Governance / Board Secretary, presented the self-assessment against the Speaking up Safely Framework for NHS Wales which the Board supported. The self-assessment was subsequently submitted to the Welsh Government by the deadline of the end of October 2023.

2.4 Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- Regional Partnership Board Meeting
- Meet with Chair HEIW
- Building A Healthier Wales (BAHW) Group Meeting
- Internal Audit Meeting
- NHS Chairs meeting with Chief Executives
- Meet with Chief Executive, Age Connects Morgannwg
- National Social Services Conference in Llandudno
- Meet with 2Wish
- Staff Q&A
- Cwm Taf Morgannwg and Local Authority Joint Working Meeting
- Launch of Speaking up Safely & NHS Wales Staff Survey
- Team Wales Event
- Regional Planning Chairs Briefing Group
- CTM2030 Community Leaders Meeting
- Meet with Association of British Pharmaceutical Industry (ABPI)
- Vice Chairs Peer Group Meeting
- Meet with Andy Wolfe, Boyden
- Welsh Government Innovation Session
- National Commissioning Oversight Board
- Interviews for Director of Public Health
- Visit to Pharmacy, Prince Charles Hospital
- Independent Member Appraisal Meetings
- Senior Doctors Away Day

- Webinar- Social Partnership and Public Procurement
- Research and Development Conference
- Leadership Group Meeting
- Meet with Audit Wales
- Consultant Panel Interviews
- Chair / Independent Members Monthly Meeting

Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

- **Contract between Cwm Taf Morgannwg University Local Health Board and British Airways Avionic Engineering Limited** - Deed of Surrender relating to Buildings A B And C, Ely Valley Road Meadow Talbot Green, Llantrisant.
- **Contract between Cwm Taf Morgannwg University Local Health Board and PJ Saunders Builders Ltd of Unit 9 The Beeches Industrial Estate, Talbot Green, CF72 9DY** - Minor Works Building Contract relating to Dust Extract LEV Carpenter's Workshops at Princess of Wales Hospital and Glanrhyd Hospital.
- **Contract between Cwm Taf Morgannwg University Health Board and Morris Churchfield Fire & Safety Solutions of Morris House, South Road, Bridgend Industrial Estate, Bridgend CF31 3RB** - relating to S-Quad Generation upgrade work on the fire alarm systems in accordance with HTM 05-03 Fire Detection and Alarms at Royal Glamorgan and Glanrhyd Hospitals.
- **Contract between Cwm Taf Morgannwg University Health Board and Tilbury Douglas Holdings Limited and Tilbury Douglas Construction Limited of 30-40 Eastcheap, London, EC3M 1HD** - relating to Prince Charles Hospital Scheme 3 Ground and First Floor Refurbishment Contract 3 – Phase 2
- **Contract between Cwm Taf Morgannwg UHB and Tilbury Douglas Holdings Limited and Tilbury Douglas Construction Limited of 1st Floor, 30-40 Eastcheap, London, EC3M 1HD** relating to Prince Charles Hospital Scheme 3 Ground and First Floor Refurbishment Contract 2 – Phase 1b
- **Contract between Cwm Taf Morgannwg University Health Board and Tilbury Douglas Holdings Limited and Tilbury Douglas Construction Limited of 1st Floor, 30-40 Eastcheap, London, EC3M 1HD** relating to Prince Charles Hospital Scheme 3 Ground and First Floor Refurbishment Contract 3 – Phase 2.

- **Contract between Cwm Taf Morgannwg University Health Board and Tilbury Douglas Holdings Limited and Tilbury Douglas Construction Limited of 1st Floor, 30-40 Eastcheap, London, EC3M 1HD** - relating to Prince Charles Hospital Scheme 3 Ground and First Floor Refurbishment Contract 3 – Phase 2.
- Contract between Cwm Taf Morgannwg University Health Board and Interserve Group Limited of Capital Tower, 91 Waterloo Road, London, SE1 8RT - Deed of Termination and Release.
- **Contract between Cwm Taf Morgannwg University Health Board and Interserve Group Limited of Capital Tower, 91 Waterloo Road, London, SE1 8RT** - Deed of Termination and Release.
- **Contract between Cwm Taf Morgannwg University Health Board and Interserve Group Limited of Capital Tower, 91 Waterloo Road, London, SE1 8RT** - Phase 1b Deed of Termination and Release.
- **Contract between Cwm Taf Morgannwg University Health Board and Interserve Group Limited of Capital Tower, 91 Waterloo Road, London, SE1 8RT** - Phase 2 Deed of Termination and Release.

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

3.2 **Chairs Urgent Action - UK Covid-19 Inquiry – Module 5 – Decision on the Application for Core Participant Status**

The Board was asked to approve an urgent Chair's action for the following:

- **Approve** the decision that CTMUHB will **NOT** apply for **Individual** Core Participant Status
- **Approve** that if there is an appetite in NHS Wales for **Group** Core Participant Status than the Health Board would join this collective, subject to robust governance and legal oversight.
- **Approve** that if a Group Application for Core Participant Status is progressed that the Health Board will Inform its legal team and agree to this information being shared internally within NWSSP Legal & Risk to facilitate such arrangements to support a joint application.
- **Note** – that the default position if no application is put forward or subsequently approved by the Chair of the Inquiry than the Health Board will move forward with no Core Participant Status.
- **Note** – that the Health Board will still retain its own Legal Advisors which includes Senior and Junior Counsel (from Crown Office Row) and designated Legal Advisors from NWSSP Legal & Risk Services.

The Board **APPROVED** the Chair's Urgent Action.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb	Yes: ☐	No: ☒



Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 Members of the Board are asked to **NOTE** the report and **ENDORSE** the Affixing of the Common Seal to the documents listed in section 3.1 and the Chair's Urgent Action in section 3.2.

Agenda Item 4.1.1

ACTION LOG HEALTH BOARD MEETING					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at date papers where circulated)
Agenda Item 6.1.2	24 November 2022	Integrated Performance Dashboard – Operational Delivery Performance Discussion to be held at a future Board Development Session in relation to Cancer Performance.	Chief Operating Officer	April 2023 To be scheduled into programme for 2024	In progress Topic was scheduled for the Board Development session being held in April 2023. Will need to be rescheduled as discussion not held at the April session.
Agenda Item 5.4	25 May 2023	Integrated Performance Dashboard Report Update to be provided at a future Board Development session in relation to the work being undertaken on workforce planning	Director for People	To be scheduled into programme for 2024	In progress This item has been added to the schedule of suggested topics for future Board Development sessions.
Agenda Item 5.3	27 July 2023	Annual Plan Update 2023-2026 – Quarter 1 Update Update to be included in the next iteration of the report as to why achievements of targets for the Attend Anywhere Hub at Maesteg Hospital had been listed as constraint given that there was a fully functioning busy Outpatient Department in place at the Hospital.	Director for Strategy & Transformation	30 November 2023	On agenda Further update has been included in the report being presented to the 30 November 2023 Board meeting.

Agenda Item 4.1.1

Agenda Item 7.1	27 July 2023	CTM 2030 Our Health, Our Future Six Monthly progress report to be presented to the Board in relation to the work being undertaken with partners, including the Regional Partnerships Board.	Director for Strategy & Transformation	30 November 2023	In progress Report to be presented to the Board meeting being held on 30 November 2023.
Agenda Item 5.1	28 September 2023	Integrated Performance Dashboard Update to be provided to N Milligan outside the meeting in relation to the timescales associated with the re-introduction of the length of service recognition process	Director of Engagement, Communications and Fundraising	30 November 2023	In progress The Director of Engagement, Communications and Fundraising is awaiting confirmation of the date of the event invite
Agenda Item 6.4	28 September 2023	Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review into Quality Governance Response to be provided to Audit Wales/Healthcare Inspectorate Wales in six months providing an update on progress against the outstanding areas for action contained within the report.	Executive Director of Nursing/Deputy Chief Executive	March 2024	In progress Written response to be drafted on progress in March 2024

Agenda Item 4.1.1

Completed Actions					
Agenda Item 5.1	26 January 2023	Chief Executives Report Ty Llidiard Team to be invited to a future Board meeting to outline the journey they had been through over the last few years.	Director of Therapies & Health Sciences	28 September 2023	Completed Team attended Board on 28 September 2023 to share their Listening & Learning Story
Agenda Item 5.1	28 September 2023	Integrated Performance Dashboard Report to be presented to a future Quality & Safety Committee in relation to the consequence of endoscopy delays	Chief Operating Officer	30 November 2023	Completed Added to the forward work programme for the Quality & Safety Committee for January 2024.
Agenda Item 5.1	28 September 2023	Integrated Performance Dashboard Review to be undertaken of the formatting of the graph containing data on Follow Ups not Booked to consider whether a log scale could be used on the x axis to make the data easier to read.	Director for Strategy & Transformation	30 November 2023	Completed This has been implemented and will be included in the November iteration of the report.
Agenda Item 5.1	28 September 2023	Integrated Performance Dashboard Future reports to include information on red release in relation to ambulance handovers	Director for Strategy & Transformation	30 November 2023	Completed Information contained within the report being presented to the 30 November 2023 meeting
Agenda Item 7.3	28 September 2023	Annual Carbon Plan Decarbonisation Action Plan to be shared with Board Members	Director for Strategy & Transformation	30 November 2023	Completed Included within the documents folder on Admincontrol in the 30 November 2023 meeting folder.



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
ACSP	Acute Clinical Services Plan
BMA	British Medical Association
CAMHS	Child and Adolescent Mental Health Services
EASC	Emergency Ambulance Services Committee
JET	Joint Executive Team
LHP	Llantrisant Health Park
NCCU	National Collaborative Commissioning Unit
OCP	Organisational Change Process
PID	Programme Initiation Document
SCP	Single Cancer Pathway
USW	University of South Wales
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee

1. Situation /Background

- 1.1 The purpose of this report is to keep the Board up to date with key issues affecting the organisation. A number of issues raised within this report feature more prominently within key reports on the main Board agenda.
- 1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports, and also highlights topical areas of interest to the Board

2. Specific Matters for Consideration

2.1 Escalation Status

On 8th November, the Executive team met with Welsh Government colleagues to take part in our mid-year Joint Executive Team (JET) meeting to outline progress against our priorities during the first half of this financial year, as well as provide an overview of the key areas of work for the remainder of the year and beyond.

On the same day, we also met with Welsh Government to undertake the quarterly review of escalation of the Health Board. This meeting largely focused on Targeted Intervention, and therefore we presented our end of quarter 2 progress against the key performance trajectories as agreed in April this year.

As a reminder, our current escalation status (updated September 2023) is summarised in the below table:

Area	Escalation Status
Planning and Finance	Enhanced Monitoring
Maternity and Neonatal	Enhanced Monitoring
Quality and Governance, Leadership and Culture, and Trust and Confidence	Enhanced Monitoring
Performance – Associated with long wait times	Targeted Intervention

I am pleased with the progress made in urgent and emergency care, planned care and CAMHS, recognising there is a need to maintain progress against the agreed trajectories by April next year, as well as providing assurance of the sustainability of the improved performance position. Targeted interventions are ongoing with the Single Cancer Pathway (SCP) workstream to focus on sustained improvements and reaching our agreed trajectory by the end of the financial year.

The next Tripartite (Welsh Government, Health Inspectorate Wales and Audit Wales) meeting takes place on 18 December. We have agreed with Welsh Government colleagues to present and submit our improvement evidence in two parts:

1. Quality and Governance, Leadership and Culture, and trust and Confidence evidence will be collated and submitted to WG Performance, Escalation and Intervention Team on 29th November and discussed in a follow-up meeting on the same day.
2. Maternity and Neonatal services improvement evidence will be presented during a roundtable discussion with WG colleagues during a multi-site visit scheduled for 5th December.

The de-escalation criteria for 1 and 2 above was discussed and agreed in the most recent WG meeting on 8th November. I am therefore confident we have clarity in respect of the evidence requirement on CTM ahead of the next Tripartite meeting.

2.2 Annual Plan 2023/24

I have ensured the Board has been kept up to date on latest developments regarding the financial position of the Health Board as the year has progressed. However, for completeness I would like to summarise the updated position confirmed with Welsh Government.

We entered 2023-24 with a £80m planned deficit. Welsh Government's response to this plan was that this level of deficit was not supportable. In August, we were asked to develop plans to reduce this deficit by up to 30%.

In October, the Minister for Finance and Local Government announced a package of financial measures in response to the unprecedented finance pressures facing public services. Significant funding has been redirected into the NHS from within the Welsh Government budget. This has involved difficult decisions and other Government budget areas have seen funding reduced. However, it is acknowledged that the NHS, in particular, still faces some extremely difficult decisions as a result of the challenging financial position.

Welsh Government have asked all Health Boards to improve their projected deficit positions by 10% meaning that we are required to deliver a further £8M improvement on our current plan which brings our expected deficit to £72M.

The allocation of additional funds from Welsh Government means for CTM additional in-year funding of £72m has been allocated to our budget for the rest of this financial year. This comprises £51M of recurrent funding with the recurrent funds next year being contingent on the delivery this year of our Control Total from Welsh Government. The further £21M is non-recurrent funding for this year to recognise the inflationary pressures in supplies and energy costs.

With the additional 10% deficit reduction and the additional funding from Welsh Government we have been set a control total of £0 to achieve at the end of the financial year meaning we will deliver a balanced financial position. Welsh Government have been very clear that the delivery of this position is essential to support the overall financial plan for the NHS in Wales and the wider Welsh Government financial position.

I have therefore asked the Chief Operating Officer through an updated Accountability Letter to ask Care Groups and Directorates to put in place actions to reduce expenditure over the remainder of the financial year to support the delivery of our new control total.

The Director of Finance and myself met with Welsh Government officials on 16th November to discuss this revised financial position and we have committed to achieving the revised control total whilst also highlighting the potential risks to delivery including potential British Medical Association (BMA) industrial action and winter pressures.

2.3 Collaboration with Local Authority Partners

In October, CTM hosted a collaborative workshop with senior teams from our three Local Authority partner organisations. This was held as a follow-up to the meeting held in April, where we have further developed the initial scoping of a joint programme of work pursuing initiatives to integrate health and social care provision in the future.

Together with our Local Authority colleagues, we have jointly funded and established a new Director of Integration post, working across all four organisations and providing a focus on driving forward the integration agenda. I am pleased to welcome Matt Jenkins who previously worked in the Social Care policy team in Welsh Government to this role.

As we embark on this integration agenda, we have focused our current work programme on two key areas:

1. Developing a "CTM Offer" – agreement by all parties to commit to resourcing our programme and giving our people and communities more power to influence our decision making and create positive change.
2. Taking a population health approach to focus on the development of integrated services for high need individuals – working towards risk stratification for health and social care and developing a single, standardised data sharing protocol between our organisations.

2.4 Acute Clinical Services Plan

As part of our CTM 2030 strategy we are in the process of developing our Acute Clinical Services Plan (ACSP). This plan will consider the future model of services for our hospitals including our community hospitals and acute

mental health facilities. It will change and improve the way we provide NHS services in Cwm Taf Morgannwg, making sure we use our resources, expertise and support to our staff to provide safe, effective care so that we can meet the needs of all those in our communities in the future.

It's important to note, that the ACSP is just one of three elements that will deliver CTM 2030, Our Health, Our Future. The other two elements are "Integrating Community Services" and "Building Healthier Communities", both of which are critical to improving the health and wellbeing of the population of CTM.

On 16th November we held an all-day event for senior medical staff to enable them to help shape the future model for acute services across CTM. This event was a very positive session enabling clinicians to work at specialty level with their Care Group colleagues designing the optimal model of services given the workforce, estate and financial sustainability challenges. Further iterations of this work will be undertaken in the coming months with a plan to bring together the overall draft proposals in the Spring.

In addition we have held briefing sessions with the three Local Authority leaders and CEOs and MS/MPs to ensure early engagement in the process.

2.5 CTM Operating Model Update

Following my last update on progress at the September Board meeting, I am pleased to report we are now a considerable way into the implementation phase of the Organisational Change Process (OCP) for phase 2 of our Care Group structure.

During the five week consultation period, over 270 individual staff responses were collected, assessed and analysed to support changes and enhancements to the final model and structures to be implemented across the organisation. I would like to thank all staff for taking the opportunity to read the consultation document and provide their feedback.

The assessment centre process to align staff to posts has been taking place throughout November, with a planned stand up of the new operating structure effective early December.

Immediately following implementation of this phase of work, the Care Group leadership triumvirates and newly established senior management teams (with the support of the central project team) will complete the design work to implement the roles at bands 6 and 7 to support the operational leadership and management teams.

I would like to thank Matthew Butt, Helen Watkins, Richard Hughes and other operational colleagues for all their hard work in taking this wide-

ranging process forward and for ensuring that the views and perspectives of all affected staff are considered as part of this process.

2.6 National Commissioning Arrangements

In September, I provided the Board with an update in relation to the National Commissioning Implementation Programme which will redesign the commissioning responsibilities of the Health Board currently delivered by the Welsh NHS Specialist Services Committee (WHSCC), The Emergency Ambulance Services Committee (EASC) and the National Collaborative Commissioning Unit (NCCU). All three of these committees discharge responsibilities on behalf of the seven Health Boards in Wales and CTM is the host employer for the staff working for these committees.

The programme to bring the functions of these committees into a new NHS Wales Joint Commissioning Committee is now well underway and progress against actions are being monitored and reported through the structure and to the Oversight Board which is accountable to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales.

We have had representation at the Implementation Board and the Oversight Board at a Chief Executive and Chair level.

The Programme Initiation Document (PID) has been included in the documents folder on Admincontrol for Board Members to view. Whilst the PID provides a summary of the key milestones and critical timelines to achieve the 1 April 2024 deadline, detailed action plans have been developed for each of the work streams, with specialist leads identified. Gareth Watts our Director of Corporate Governance / Board Secretary has been part of the Governance Workstream for this work to ensure the appropriate accountabilities for the new arrangements.

The name for the new joint committee has now been confirmed as the NHS Wales Joint Commissioning Committee and the structure and membership of the new Joint Committee has been finalised. Further work to meet the programme milestones is on-going and I will continue to update the Board of progress.

2.7 Leadership Team Update

Executive Director of Public Health – I am pleased to update the Board that following a recent recruitment process, an appointment has been made into the role of Executive Director of Public Health on a permanent basis, which is awaiting formal approval from the Remuneration & Terms of Services Committee.

Chief Nursing Officers' Award for Lifetime Achievement

I am delighted that Greg Dix, our Executive Director of Nursing was recently recognised by the four UK Chief Nursing Officers for his lifetime contribution

to nursing. This is a significant accolade for Greg and recognises his dedication to nursing and nurse leadership over many years. I know the Board will join with me in congratulating Greg on this achievement.

2.8 Recognition and Awards

Long Service Recognition

On 17 January 2024, as part of our programme to reward and recognise health board staff, more than 200 staff will be invited to an event to celebrate those CTM colleagues who have 40 or more years of NHS service.

The event will be held to at the University of South Wales (USW) conference centre where invitees will be presented with a commemorative badge and certificate celebrating their dedication to the health service.

Activities are being planned for later in the year to recognise those that have reached other NHS length of service milestones.

Seren Awards

At the end of September 2023, we launched the CTM Seren Awards, the first phase of which provided staff with an opportunity to recognise colleagues who had gone above and beyond to make CTM UHB a better place to work and receive care.

More than 650 Seren Awards have now been sent and this month we reviewed these submissions and chose our first Seren of the Month winner.

The winner was selected to receive the award by the ELG following shortlisting by a panel representing staff and unions from across the health board.

3. Key Risks / Matters for Escalation

- 3.1 Ensuring CTM is fully involved and engaged in shaping the new national commissioning arrangements.
- 3.2 Delivering the performance trajectories to ensure de-escalation with Welsh Government

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	Choose an item.	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Choose an item.	

5. Recommendation

- 5.1 The Cwm Taf Morgannwg University Health Board is asked to **NOTE** this report.

Agenda Item

5.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	15/11/2023	Endorsed for Approval

ACRONYMS	
AMU	Acute Medical Unit
BSW	Bowel Screening Wales
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMB	Post Menopausal Bleeding
POW	Princess of Wales Hospital
PTR	Putting Things Right
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIs	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda



1. SITUATION/BACKGROUND

- 1.1 During June 2023, Welsh Government released the NHS Performance Framework for 2023/24. The document is available at the following URL:

<https://www.gov.wales/sites/default/files/publications/2023-06/nhs-wales-performance-framework-2023-2024.pdf>

The performance framework reflects the Minister's areas of focus, and has fewer measures than previous years. Whilst civil servants have indicated that there will be a wider suite of assurance frameworks overseen by the policy and Executive leads within Welsh Government in areas such as Finance, Quality and Safety and Public Health and Protection, the timing of their release has not yet been communicated.

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

This report sets out the UHB's performance against the Welsh Government's performance framework, and a small number of local priority measures, such as stroke care, complaints and mortality indicators.

A one page summary of the UHB's recent performance against the highest profile indicators within the WG framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf.

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased or decreased.
The colour is intended to show whether this is positive [green] or negative [red].

Quality			Population Health	
56 NRI's remain open >90 days ↓ <i>Compared to last month there were 70</i>	15.4% of the eligible patients were thrombolysed ↑ <i>Compared to last month the rate was Zero%</i>	90.87 is the rate of E.coli per 100,000 population ↑ <i>Compared to the equivalent period last year the rate was 88.34</i>	74.9% of adults aged 65 and over received the influenza vaccine during 2022/23 ↓ <i>Compared to the previous year the uptake was 75.4%</i>	67.8% of frontline healthcare workers received the influenza vaccine during 2020/22 ↑ <i>Compared to the previous year the uptake was 63.2%</i>
The rolling 12 month mortality rate is 2.67% ↓ <i>Compared to the equivalent period last year the rate was 3.07%</i>		73.3% of complaints received a response within 30 days ↓ <i>Compared to last month the rate was 81.8%</i>	1.36% of adults who smoke made a quit attempt during Quarter 1 of 2023/24 ↑ <i>Compared to the previous year 0.92% attempted during Quarter 1</i>	90.8% of children aged 5 were up to date with their vaccinations ↑ <i>Compared to the previous quarter the rate was 89.0%</i>
Operational Performance			People	
64.3% of patients were seen within 4 hours from arrival at an Emergency Department ↑ <i>Compared to last month compliance was 62.8%</i>	There are currently 3,040 patients who have waited longer than 2 years for referral to treatment ↑ <i>Compared to the previous period 3,065 patients had waited this length of time</i>	100% of GP Practices have achieved in-hours access standards during 2022/23 ↑ <i>Compared to the previous year the rate was 98%</i>	6.9% of staff have been absent due to sickness during the 12 mth period (Oct 22 to Sep 23) ↑ <i>Compared to the previous year the rate was 6.8%</i>	The CTMUHB Nursing & Midwifery turnover rate is provisionally 11.2% ↓ <i>Compared to the previous month the rate was 11.4%</i>
50% of patients are waiting less than 28 days for 1st sCAMHS appointment ↑ <i>Compared to the previous month the rate was 28.6%</i>		51.6% of patients started their cancer treatment within 62 days ↓ <i>Compared to the previous month the rate was 52.5%</i>	62% of staff (excluding M&D) have received their PADR ↑ <i>Compared to the previous month the rate was 61.6%</i>	76.9% of staff have completed Level 1 mandatory training ↑ <i>Compared to the previous month the rate was 76.7%</i>
			Finance	
			The Month 6 financial position is £41.2m Deficit ↑ <i>Compared to last month it has increased by 5.2m</i>	

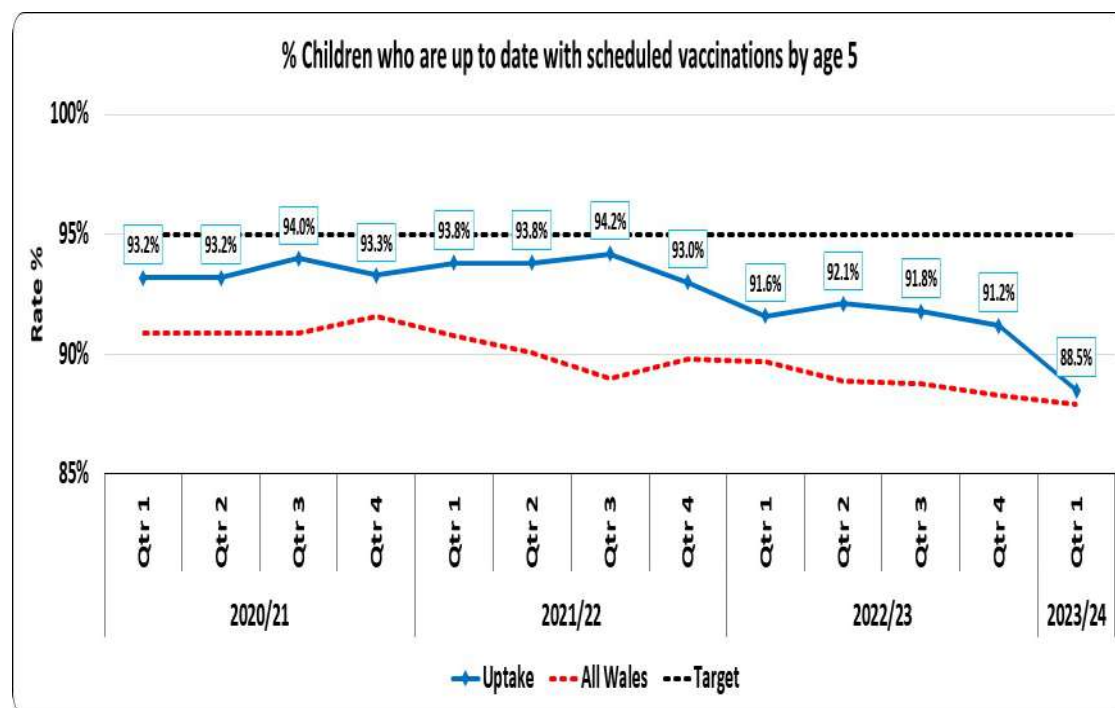
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Key: Trend Target/Trajectory	Key: Target Achieved	Target Failed
				Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	0% 2% 4% 6% Q1-Q4 2020/21 Q1-Q4 2021/22 Q1-Q4 2022/23 Q1 2023/24 1.36% on the basis of this extrapolation compliance should hit 5.6% at year end Q1 2023/24		
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend	40% 50% 60% 70% 80% 90% Q4 2021/22 Q1 2022/23 Q2 2022/23 Q3 2022/23 Q4 2022/23 Q1 2023/24 77.3% Q1 2023/24		
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%	80% 85% 90% 95% 100% Q1 2020/21 Q2 2020/21 Q3 2020/21 Q4 2020/21 Q1 2021/22 Q2 2021/22 Q3 2021/22 Q4 2021/22 Q1 2022/23 Q2 2022/23 Q3 2022/23 Q4 2022/23 Q1 2023/24 88.5% Q1 2023/24		
	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	85% 90% 95% 100% Q1 2023/24 Q2 2023/24 Q3 2023/24 Q4 2023/24 90.6% Q1 2023/24		
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	65% 70% 75% 80% 2019/20 2020/21 2022/23 74.9% 2022/23		
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring booster 2023: aged 75 yrs and over; residents in care home for older adults and immunosuppressed aged 5 yrs & over.		0% 20% 40% 60% 80% Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Please note data reflects just the last week of September 4.6% Sep-23		
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	0% 20% 40% 60% 80% 100% Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 4.8% Aug-23		
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	80% 85% 90% 95% 100% Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 97.4% Jul-23		
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	90% 92% 94% 96% 98% 100% Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 95.3% Oct-23		
	Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	Evidence of Improvement	On Track		N/A
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Majority on track, but scope to improve				

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5
('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)
Target 95%

(reporting frequency is Quarterly & as expected there is a time lag of approx. 3 months)



Quarter 1 2023/24 Uptake	
Merthyr Tydfil LA	85.8%
RCT LA	88.6%
Bridgend LA	89.6%
CTMUHB	88.5%

Quarter 1 2023/24 Uptake Welsh HB's	
ABUHB	87.5%
BCUHB	91.4%
C&VUHB	83.7%
CTMUHB	88.5%
HDUHB	87.7%
PTHB	91.7%
SBUHB	86.7%
All Wales	87.9%

What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

- Staffing levels in Primary Care
- Patient information data is not up to date e.g. telephone numbers for parents/carers
- Appointment times for working parents
- Knowledge and information e.g.
 - Concerns over content of vaccine such as porcine gelatine
 - Concerns over vaccine links to illness such as autism

Actions:

- MMR Task Group established in support of sub-optimal uptake.
- MMR FAQ developed and disseminated.
- Vaccine hesitancy training undertaken with Health Visitors.
- CTM representation at All Wales Vaccine Equity Network.
- Where staffing is an issue support practices in utilising resource available within the primary care immunisation team.
- Link practices in with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available.
- Information on training and updates to be provided via Practice Nurse Forum.
- Link in with Primary Care & Community Training Academy.
- Health Visitors to link in with schools and GP practice to ensure patient information held is correct and up to date where patients do not engage.
- Multi-professional approach to be taken in respect of optimising access to vaccines.
- Public Health information on benefits of vaccine to be given to parents at earliest opportunity by Midwives, Health Visitors and practice team.
- Consistent messaging by all professionals.
- Messages to be re-enforced at every opportunity (MECC - Making Every Contact Count)

% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Target 90%

(reporting frequency is quarterly, and applicable during
01.04.23 to 30.6.23 & 1.1.24 to 31.03.24)

Please note that there is no data available prior to 1st April 2023 as data collection was based on children receiving the vaccine rather than girls.

Quarter 1 2023/24 Uptake		Quarter 1 2023/24 Uptake	
Merthyr Tydfil LA	89.4%	ABUHB	82.7%
RCT LA	89.8%	BCUHB	84.2%
Bridgend LA	92.4%	C&VUHB	80.9%
CTMUHB	90.6%	CTMUHB	90.6%
		HDUHB	86.5%
		PTHB	84.7%
		SBUHB	90.7%
		All Wales	85.3%

What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

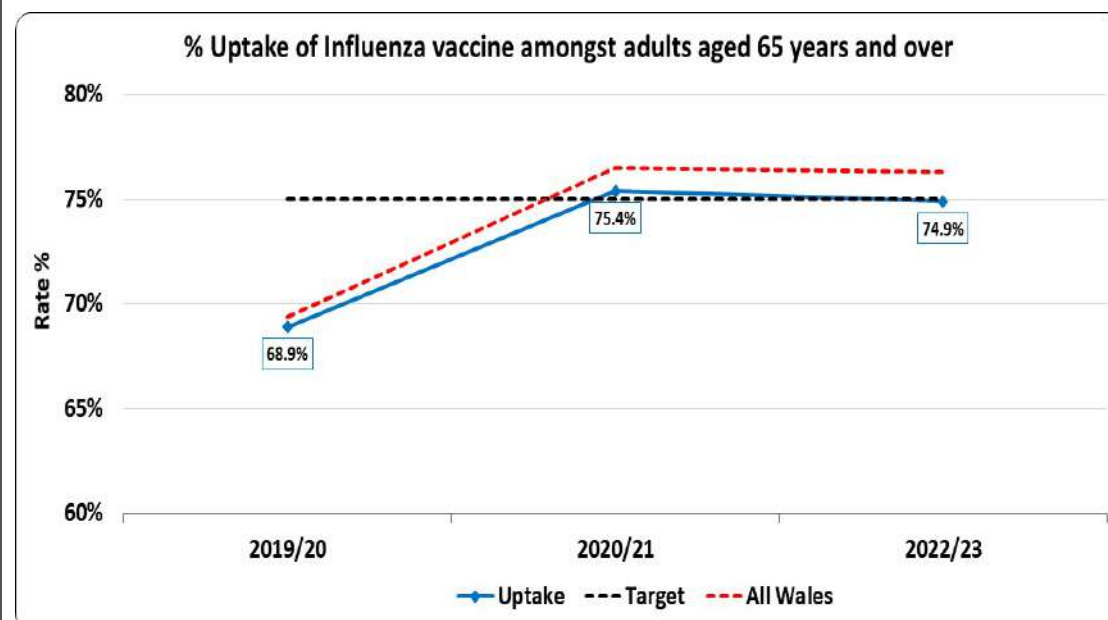
- Staffing resource within School Nursing
- Consent forms not being returned to schools and insufficient capacity within the school nursing service to telephone for consent
- Lack of comms engagement to support school aged immunisation programme.

Actions:

- CTM representation at All Wales Vaccine Equity Network
- Recruitment into substantive posts to increase capacity into service
- Pilot and rollout of e-consent in 2024
- Engage with comms in LA's and HB comms to raise the profile of the school immunisation programme to parents and carers and eligible pupil's signposting to PHW information.
- Work with education to optimise immunisation uptake.
- Engage with CYP colleagues to raise the profile of immunisations by acute Paediatric wards, Paediatrician, Community Children's team and Paediatric CNS's.
- School Nursing service to target low uptake areas to increase immunisation rates with an aim to reduce inequalities.

% uptake of the influenza vaccination amongst adults aged 65 years & over -Target 75%

Please note that 2023/24 data is not yet available & is applicable during 01.09.23 to 31.03.24 – data below highlights last years campaign



2022/23 Uptake

Merthyr Tydfil LA	70.2%
RCT LA	73.6%
Bridgend LA	78.3%
CTMUHB	74.9%

2022/23 Uptake Welsh HB's

ABUHB	78.2%
BCUHB	78.4%
C&VUHB	75.7%
CTMUHB	74.9%
HUHB	73.5%
PTHB	73.8%
SBUHB	75.9%
All Wales	76.3%

Challenges posed by the National Immunisation Framework (NIF) & actions being taken?

Challenges:

- Embedding NIF into the health protection system and lack of clarity regarding recurring funding and the subsequent impact on development of delivery models and recruitment of staff
- Ensuring supporting information e.g. PGD (Patient Group Direction) Training etc. is provided in a timely manner to ensure practices are engaged and able to start planning flu vaccination programme prior to delivery of flu vaccinations.
- Dispelling flu vaccination myths to reassure patients.
- Ensuring cohort are well informed on benefits of flu vaccination.
- Ensuring that community pharmacies have sufficient access to trained and accredited vaccinators prior to the start of vaccination season.
- Ensuring that community pharmacies have sufficient vaccines available to meet patient demand.
- Ensuring that vaccinating services collaborate to raise overall vaccination rates, rather than compete for the same patient groups.
- Supporting pharmacies to optimise their flu vaccination programme and deliver more vaccinations each year.

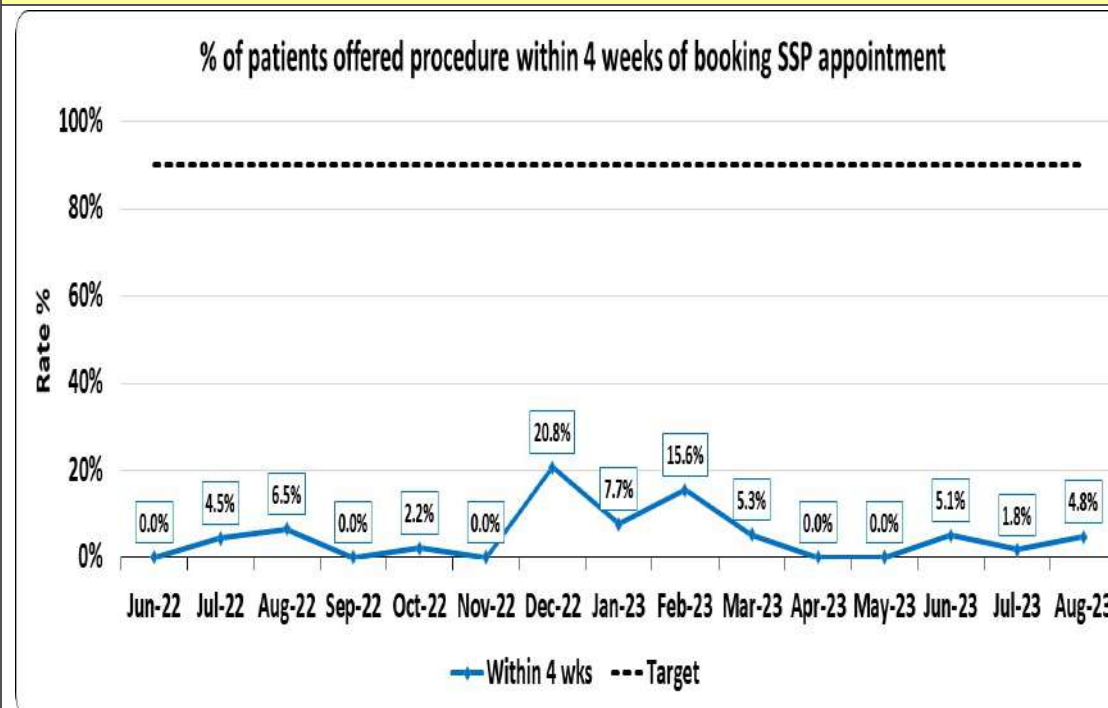
Actions:

- CTM representation in national NIF fora / development of a regional governance structure to align with national structure?
- CTM representation at All Wales Vaccine Equity Network
- GMS team to start planning early to ensure information is disseminated and supports the practices in the development of their flu plans.
- Have a robust flu vaccination information campaign ready to roll out in early autumn.
- Multi-Disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.

CTM to: support national work regarding the HEIW vaccinator accreditation framework &

- maintain current position regarding maintaining pharmacy opening hours on the weekend.
- support pharmacy inclusion in national discussions about centralised procurement of vaccines.
- utilise primary care clusters to support a collaborative approach to vaccination.
- routinely monitor community pharmacy vaccination provision and engage with low level providers to support greater provision.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment Target 90% - August 2023 – 4.8%



At the end of October there are 243 patients awaiting an index colonoscopy. To date capacity has been sourced for 138 of these patients throughout November & December.

How are we doing & what actions are we taking?

Improvements continue to be made at 1st Assessment Stage through the dedicated SSP and Admin team to bring waits down to less than 1 week, this is being maintained at around 6 days. The service has a 0.8 WTE admin post live advert via TRAC, this post will support current activity and the Optimisation Programme. Additional ad hoc lists continue to support throughput and are booked throughout November and December. Two additional fixed term lists are being explored at POW (JAG accredited unit) to support our suitability plan for this year's optimisation demand increase. PHW has visited the site and approved the unit for screening. The service are completing a workforce model for the 2 x unfunded sessions and case for approval. The 2023/24 sustainability plan will increase CTM's weekly core planned screening lists from 5.5 to 7.5

The sustainability plan will be alongside our short term plan for insourcing to clear the current backlog, which has now been awarded and the service are developing the clinical pathways with the insourcing company and CV's being checked via PHW team in line with SOP.

To ensure maximum productivity and efficiencies the BSW Screening service continues to be part of the weekly endoscopy 6/4/2-1 process/discussions and Task & Finish Group within the Endoscopy Service. This has seen an increase in utilisation and continues to be maintained.

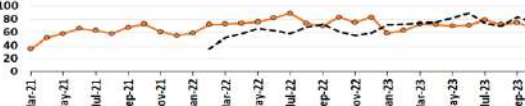
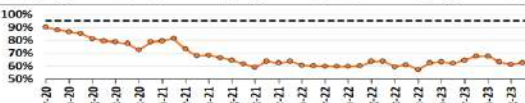
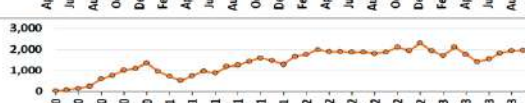
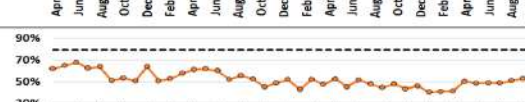
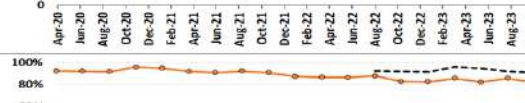
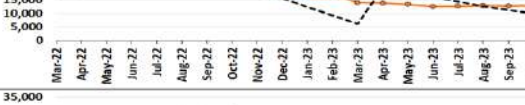
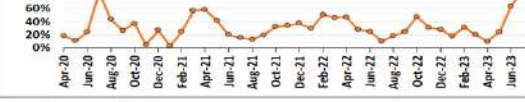
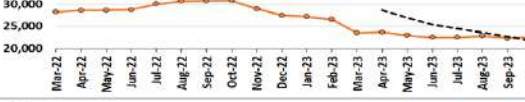
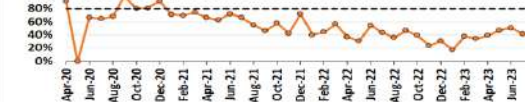
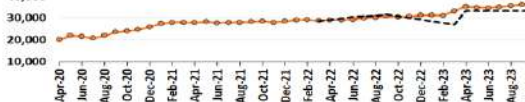
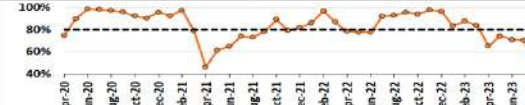
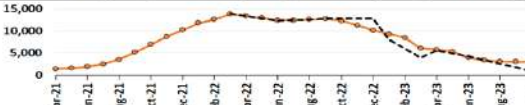
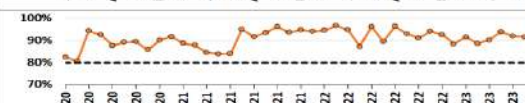
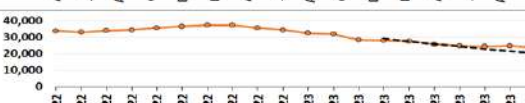
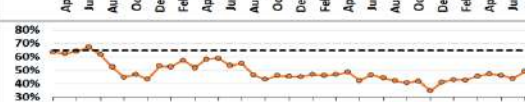
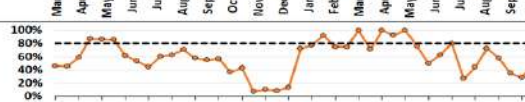
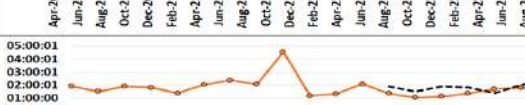
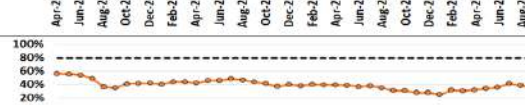
The operational challenges that have an impact on activity are:

- Compliance of 4 week target will continue to remain low as the service continues to clear long waiting backlog.
- Providing cover for period of leave and on call commitments – this is now being managed through 6/4/2-1 process which has seen an increase of adhoc cover plus additional lists through backfilling of symptomatic lists.
- Lead time of Screening Colonoscopist sign off – CTM has another Consultant to complete sign-off process (no assessment date at this time).
- Uptake and current conversion to surgery.

Actions being taken:

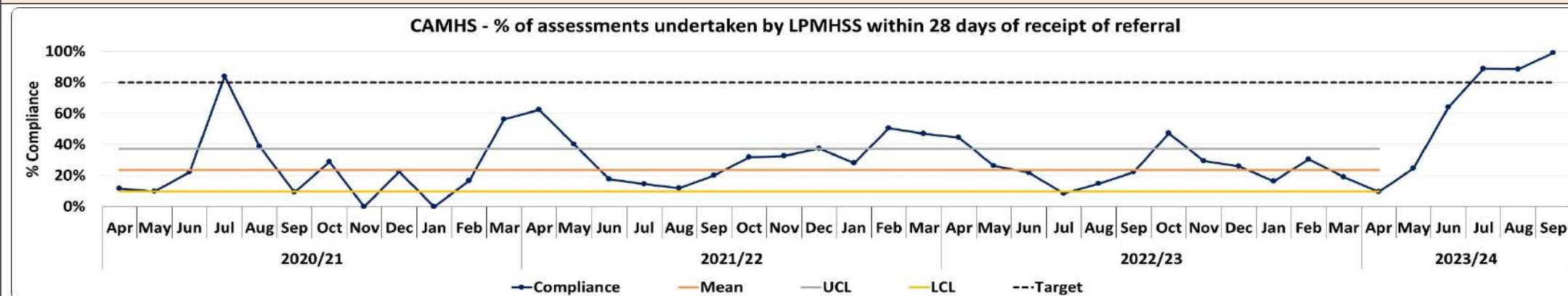
- Insourcing to support the backlog clearance. Once cleared this will improve 4 week compliance significantly.
- Once backlog cleared (estimated date 19/02/24 with deliverable risks), next step will be to improve 4 week compliance.
- Sustainability plan – ongoing to increase core lists to meet optimisation steps. 2 additional core lists at POW.
- Future plans to meet next steps for optimisation Programme 2024/25 to include new endoscopy unit at PCH

2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement						Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement							
Performance Measure		Target	Key: Trend Target/Trajectory		Key: Target Achieved	Target Failed	Performance Measure		Target	Key: Trend Target/Trajectory		Key: Target Achieved	Target Failed
					Latest Position							Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%			100.0%	2022/23	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend		67			
	Qualitative report providing assurance on GP access improvement	Evidence of Improvement	Data not available as yet				% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in 2022-23, towards the national target of 95%		64.3%	Oct-23		
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	April 2023 to September 2023		54.8%	as at Sep 2023	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by 31 March 2024		1,935			
	Allied Health Professionals accessible by Health Board and Regional Partnership Board footprint	Annual increase compared to baseline assessment	Data not available as yet				% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 31 March 2026		51.6%	Sep-23		
	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway	Evidence of Improvement	Data not available as yet				Number of patients waiting more than 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by 31 March 2024		11,006			
	Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by 31 March 2024			1329	Sep-23	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		82.1%			
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	An increase on the number in the equivalent month in the previous year			932	Aug-23	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Improvement trajectory towards a national target of zero by 31 March 2024		1,604			
	Qualitative report detailing progress to develop a whole schools approach to CAMHS in reach services	Evidence of Improvement	On Track		N/A	Sep 22 - Mar 23	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero		12,887	Sep-23		
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%			99.2%	Sep-23			Number of patients waiting over 36 weeks for a new outpatient appointment			22,591	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				37.1%				Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%			36,990	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)				46.6%				Number of patients waiting more than 104 weeks for referral to treatment			3,040	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				87.2%				Number of patients waiting more than 52 weeks for treatment			23,625	
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%			39.8%		% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)	80%		50.0%			
	Median emergency response time to amber calls	12 Month Improvement Trend			01:48:00	Oct-23	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment			35.4%	Sep-23		
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend			12		% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			50.9%			

CTM Child & Adolescent Mental Health Services (CAMHS) – September 2023

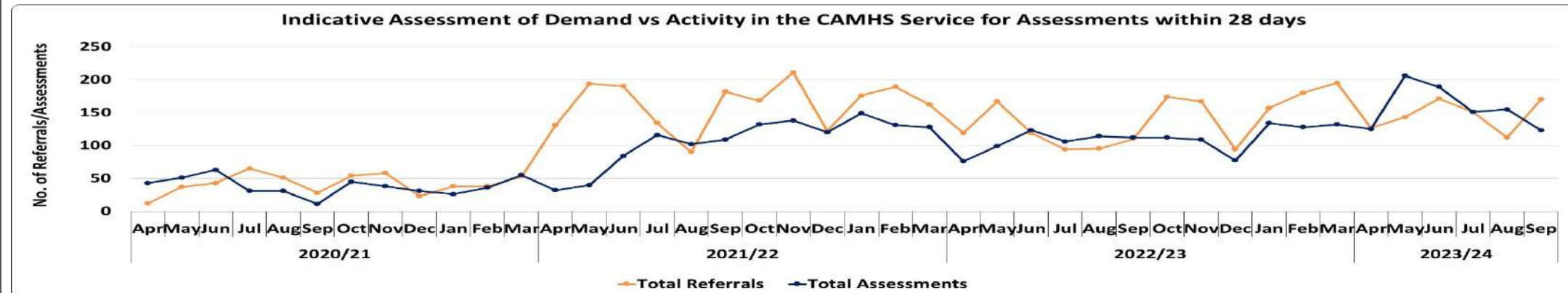
% of assessments undertaken by LPMHSS within 28 days of receipt of referral (99.2%) - Target 80%



The number of assessments undertaken within 28 days of referral further improved to 99.2%, the highest level observed and surpassing the WG target of 80% for the third consecutive month.

As the backlog reduces the signs of recovery are being observed, with performance levels improving from May this year (please see action section overleaf).

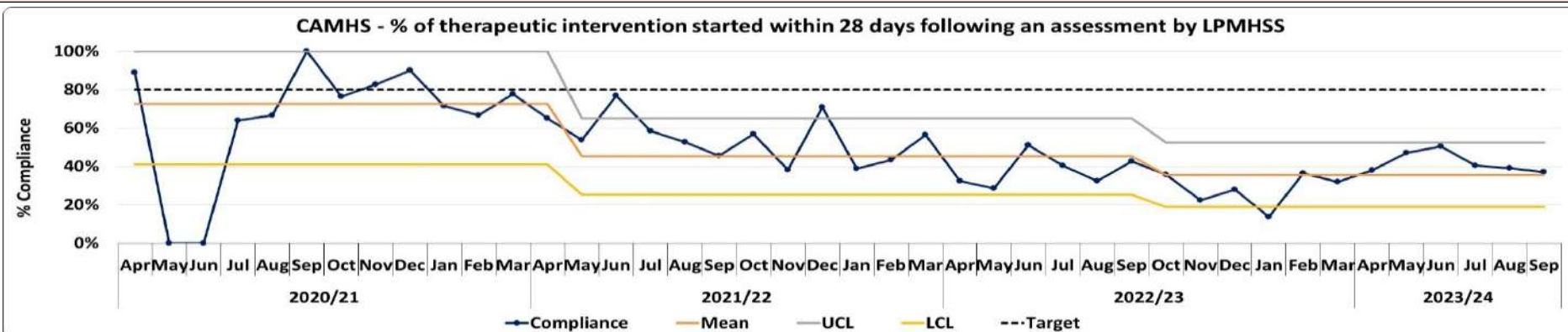
The number of assessments each month is fairly stationary, given the variability in the number of working days in the month.



% of therapeutic intervention started within 28 days following an assessment by LPMHSS (37.1%) - Target 80%

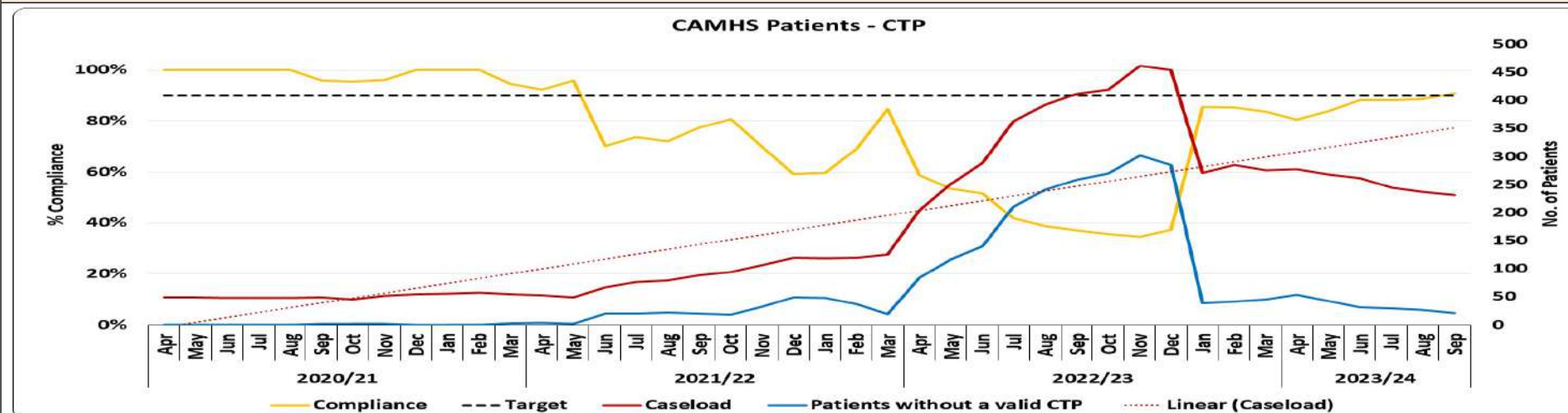
The proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS further declined this month to 37.1%, with just 26 of the 70 interventions commencing within 28 days.

Compliance continues to lie below the 80% threshold, with December 2020 being the last time the target was met; achieving 90%.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities

% of HB residents who are in receipt of secondary MH services who have a valid CTP (90.9%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved to 90.9% during September and met the WG standard of 90% for the first time since May 2021.

As shown in the chart to the left; from January 2023, we observe that caseloads have continued to reduce by 50% from the peak seen in November 2022 (462). The number of patients without a valid CTP at the end of the month stands at 21.

Part 3: There were no requests for a CAMHS assessment under Part 3 of the Mental Health Measure during September.

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1a, b and 2 of the Mental Health Measure. This has delivered improvement in Part 1a and 2 with further work required on Part 1b.
- Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. The NHS Executive has helpfully provided some demand and capacity training to help our focus in this area.
- Part 1b:** We are working with the 3rd Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. This programme commenced at the start of August and will be rolled out across each of the 3 Local Authority areas from this month (November).
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs), whilst compliance with the required annual review is improving. This includes some joint training between Adult Mental Health services and CAMHS
- Monthly supportive meetings are in place with the NHS Executive which is helping to improve compliance in all areas and in a sustainable way.

When is improvement anticipated and what are the main areas of risk?

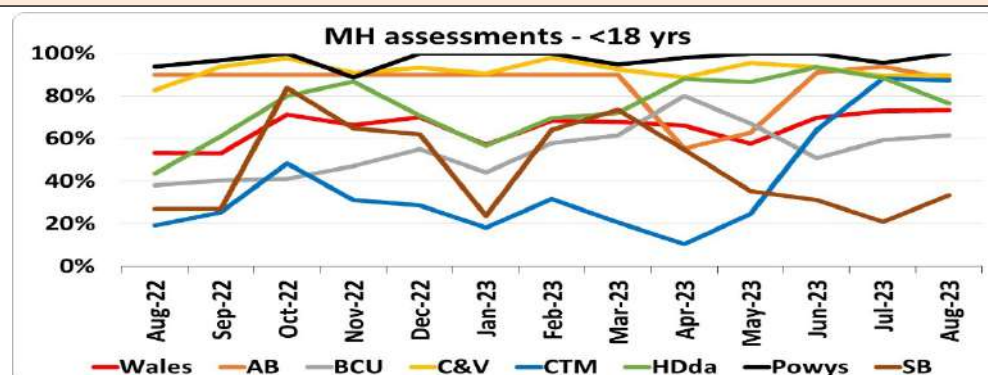
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at 30th September we had 105 patients on the waiting list, rising from 63 in the previous month. However, none were waiting beyond 4 weeks and the average waiting time has reduced to 1.2 weeks from 2.3 weeks at the end of August.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered each month had been increasing incrementally from 73 in January up to 87 in August. In September however, they fell back to 70. Going forward into November both the MIND and Mental Health Matters schemes are delivering additional capacity in each of the 3 Local Authority areas. There remain three Band 5 registrant vacancies in the Intervention Team.
- Part 2:** As part of the improvement plan the Care Co-ordinated caseload was reviewed in December 2022. As a result 180 patients were transferred from Part 2. The NHS Executive at the supportive meeting in October were provided with further information on patient outcomes following this review. We have had some success in recruiting to a vacant care coordinator position in the Taff Ely area, which will help with compliance.

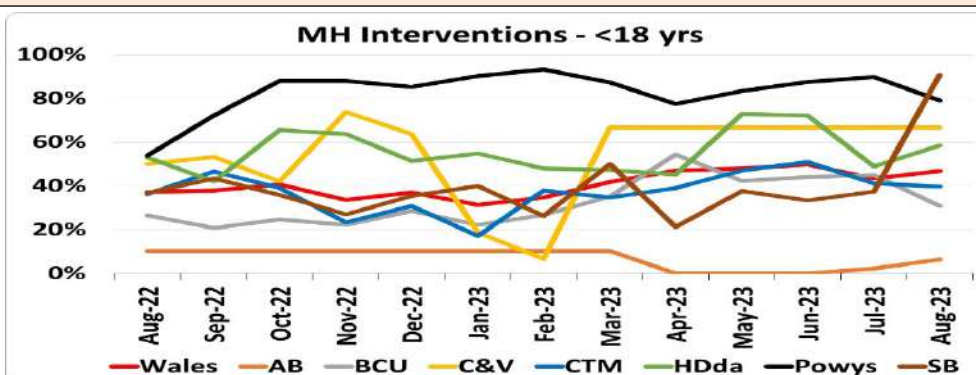
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. In September 2023, 173 referrals were accepted into the Part 1a service in comparison to 111 in August. Going forward, further work is required to better predict the impact of this fluctuating demand on the service and increasing capacity in response to temporary rises.
- The service is prioritising recruitment to vacant positions. Whilst the outstanding vacancy in the Taff Ely Community Team has been filled, which will help with Part 2 compliance, there remains three registrant vacancies in the Part 1b Interventions Team. Colleagues are in discussion with universities to identify possible students nearing qualification.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward

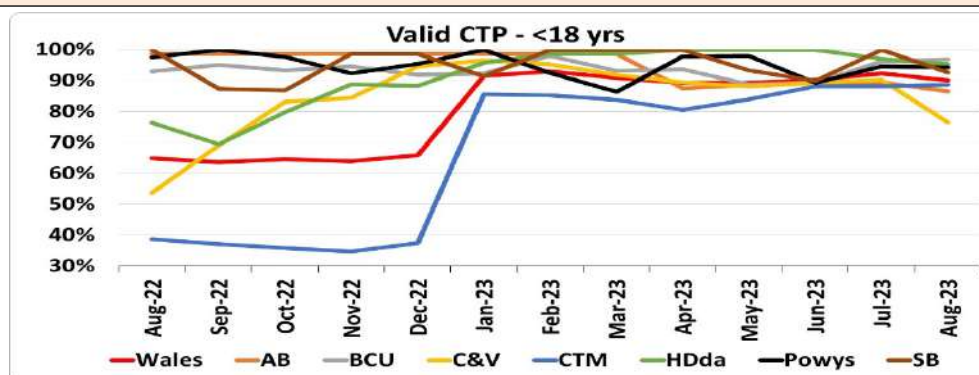
How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	100.0%	1st
C&V	89.9%	2nd
AB	88.0%	3rd
CTM	87.3%	4th
HDda	76.5%	5th
BCU	61.5%	6th
SB	33.3%	7th



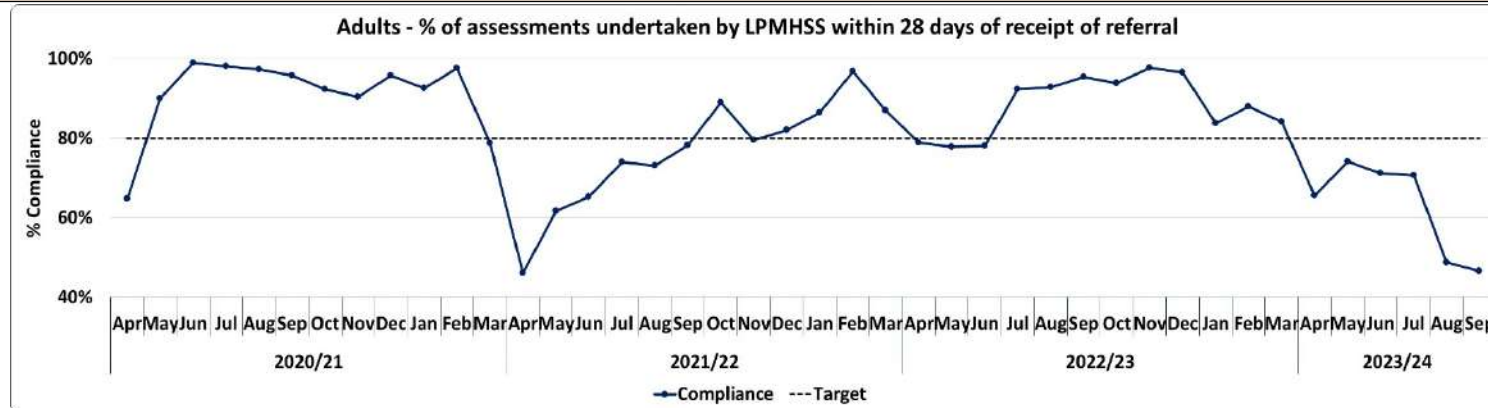
Status as at August 2023		
Health Board	Compliance	Rank
SB	90.7%	1st
Powys	78.9%	2nd
C&V	66.7%	3rd
HDda	58.5%	4th
CTM	39.8%	5th
BCU	30.8%	6th
AB	6.5%	7th



Status as at August 2023		
Health Board	Compliance	Rank
BCU	96.9%	1st
HDda	95.2%	2nd
Powys	94.3%	3rd
SB	92.6%	4th
CTM	88.6%	5th
AB	86.5%	6th
C&V	76.6%	7th

CTM Mental Health Services (excluding CAMHS) – September 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (46.6%) - Target 80%



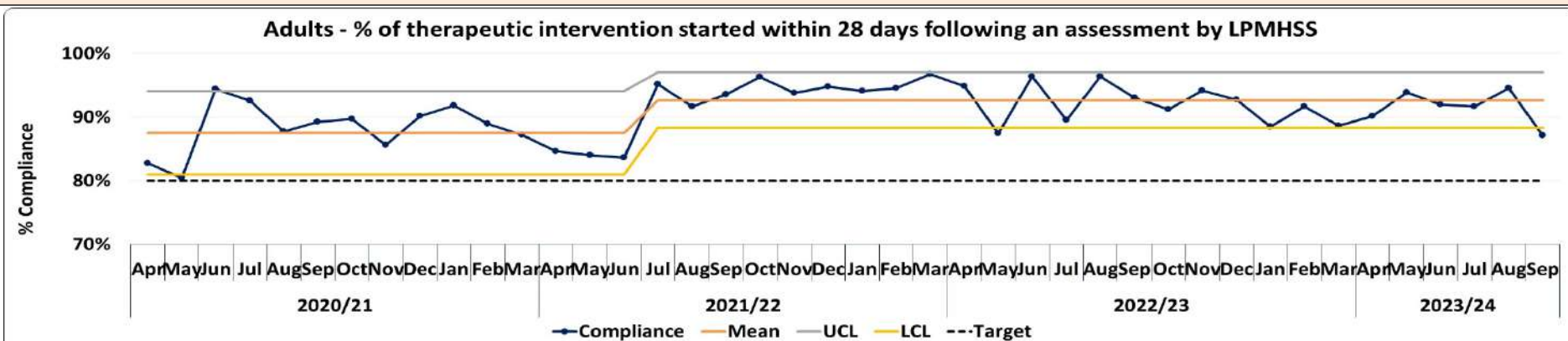
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during September continued to fall with compliance at 46.6% and has remained below the 80% target for the past six months. This is predominantly driven by higher levels of sickness absence, resulting in lower levels of activity. It is expected that sickness absence will improve during the third quarter.

Referrals during September increased to 735, with the 12 month average being 701 referrals. However volumes continue to remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

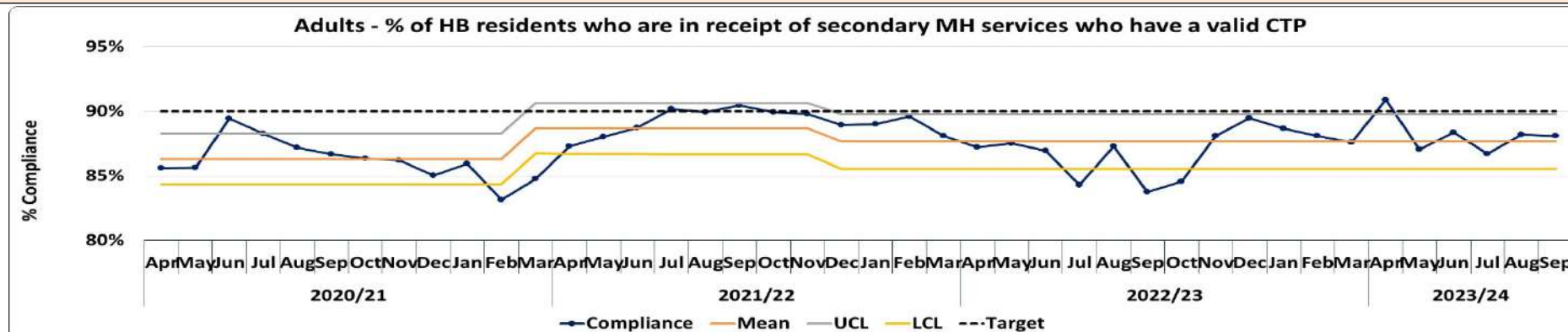
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (87.2%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell to 87.2% during September having been in the range of 90.2% to 94.5% during April to August this year.

However, compliance remains above the WG target of 80% with 367 of the 421 interventions commencing within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.1%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remained stable at 88.1% during September, sitting just below the 90% WG standard.

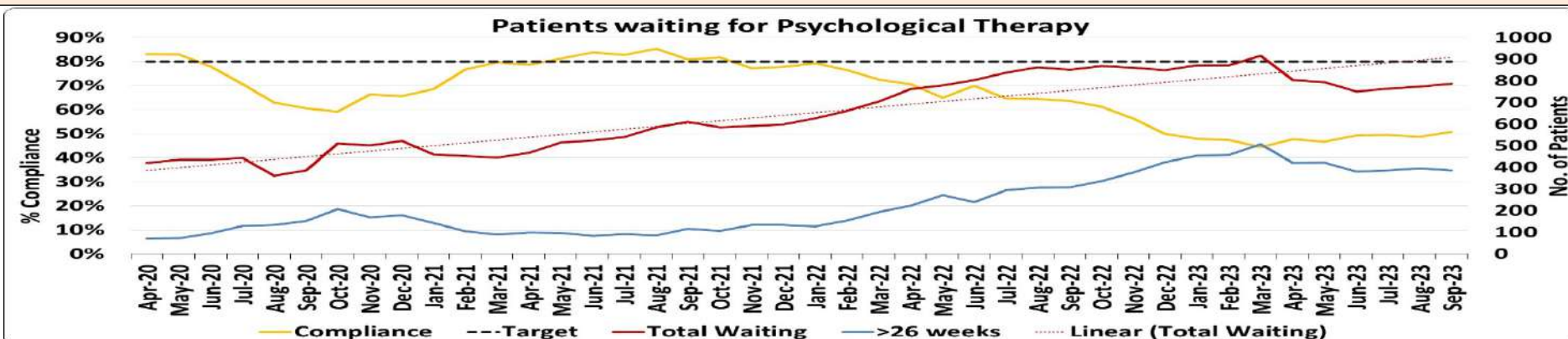
Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during September.

% of patients waiting less than 26 weeks to start a Psychological Therapy (50.9%) - Target 80%

During September, Psychological Therapies compliance saw a small improvement to 50.9%, but remains below the 80% compliance threshold set by WG.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow). We observe a another slight increase in the total number of patients waiting this period after seeing a month on month reduction in the first quarter of this year.

However, at the end of September the waiting list stood at 788 patients which represents a 14% reduction from the peak of 916 in March.



Adult Mental Health Services continued on the next page...

How are we doing?

Part 1a: Adult mental health services compliance declined from 48.7% in August to 46.6% in September and remains below the WG target of 80%.

Merthyr Cynon area has declined further in their performance compared to the previous month and are now below the threshold at 40.3%. Similarly, Rhondda Taff Ely area saw a decline compared to the previous month from 46.2% to 43.2% with the Bridgend area remaining stable at 71%.

Part 1b: Performance continues to be above target at 87.2%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services is stable at 88.1%, but remains below the WG target of 90%:

- Adult Services improved slightly from 86.5% to 87%
- Older Adult Services declined from 93.5% to 89.8%
- Learning Disability Services has improved from 90.3% to 97.8%

Psychological Therapies: The overall position for Psychological Therapies waiting list for September 2023 stands at 788, which is an increase of 15 compared to August 2023. 387 patients (49% of the waiting list) are presently waiting over 26 weeks to be assessed.

The current performance of just under 51% of people waiting less than 26 weeks is lower than the trajectory target of 54% at September 2023. A key factor linked to this variance is that the trajectory assumed that outsourcing some of the LPMHSS waiting list would have taken place prior to October, whilst the approach has been revised in favour of appointing three locum therapists who will treat c. 50 patients per month from October. Ongoing validation work continues around ensuring that all waiting lists are accurate and up to date.

There were 137 new referrals into the service during September 2023 which is an increase from 118 in August 2023. This is due to seasonality issues such as school holidays, with the highest number of referrals seen in LPMHSS. In addition to this, a second batch of outsourcing in CMHT (via problem Shared) will start from November 2023, supporting the waiting list management.

During November 2023, a deep dive will also take place. This will be focused on patients waiting for LPMHSS band 6 practitioners, and intended to understand the status of each patient and to ascertain if there are capacity opportunities working pan care group.

What actions are we taking and when is improvement anticipated? What are the main areas of risk?

Actions to improve performance are:

Part 1a:

- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of people with frequent or long absence.
- Review of IT systems to support proactive performance management of the service through Qlik
- Demand and capacity work – review of job plans to identify sufficient capacity to meet the data and training from NHS Executive
- Review data input and reporting and ensure ongoing validation and management with introduction of weekly review meetings
- Where possible, appointments are being offered in nearby teams to ensure there is a balance. This is proving effective to reduce the amount of breach appointments in certain areas, thus reducing the time taken to improve compliance as staff return from sickness.

Improvements in Part 1a compliance are anticipated in Quarter 3 (2023/24) in line with staff scheduled to return to work after sickness absence.

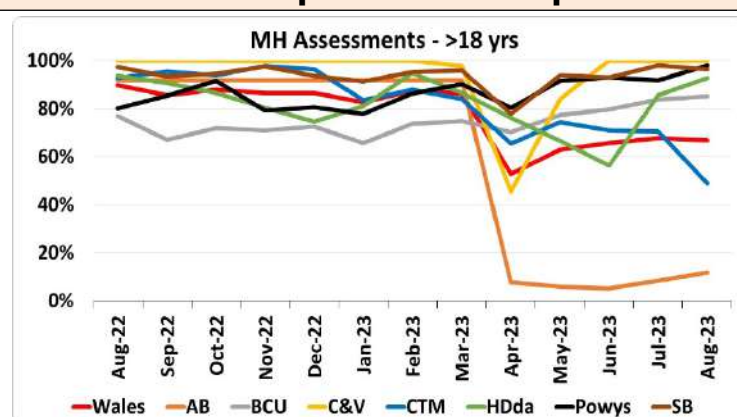
Part 1b: Compliance continues to remain above target.

Part 2: Targeted work on non-compliant CTPs is continual. Work is ongoing with Community Mental Health Team leads and Local Authority partners to ensure any non-compliant CTPs are prioritised based on reducing risk. The primary risk to sustained improvements remains the reduction in staffing capacity caused by sickness and high caseloads in certain areas within CTM. Managers are monitoring compliance weekly to mitigate reductions, whilst work on Demand & Capacity and resources for large caseloads is reviewed. Improvements in Part 2 compliance are anticipated in Quarter 3 and 4 in line with staff scheduled to return from sickness.

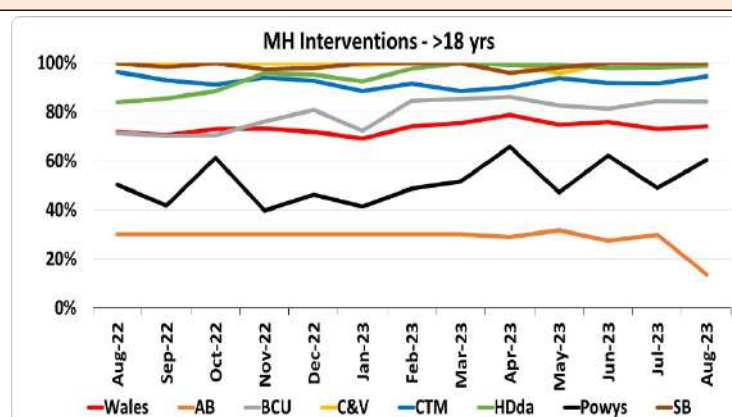
Psychological Therapies: Actions taken to improve position:

- Detailed Psychological therapies recovery programme overseeing a number of improvement plans, including development of a minimum dataset and a performance and accountability framework
- Ongoing waiting list and data validation including application of access policy
- Demand and capacity review with training from NHS Executive
- Recruitment to vacant posts and use of locums to increase capacity with additional capacity commissioned to end March 2024
- Outsourcing of patients on the waiting list subject to available resource.

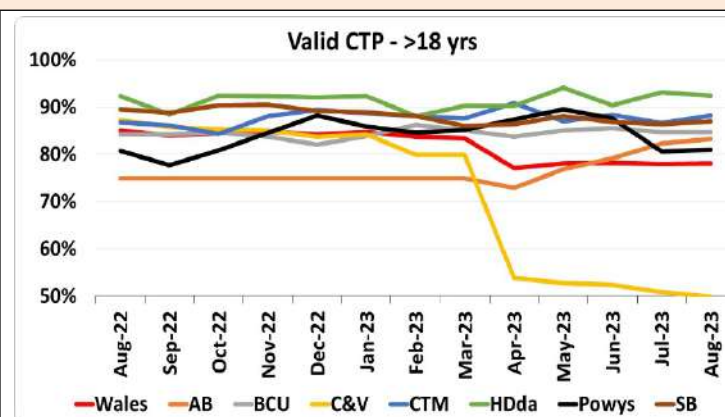
How do we compare with our peers?



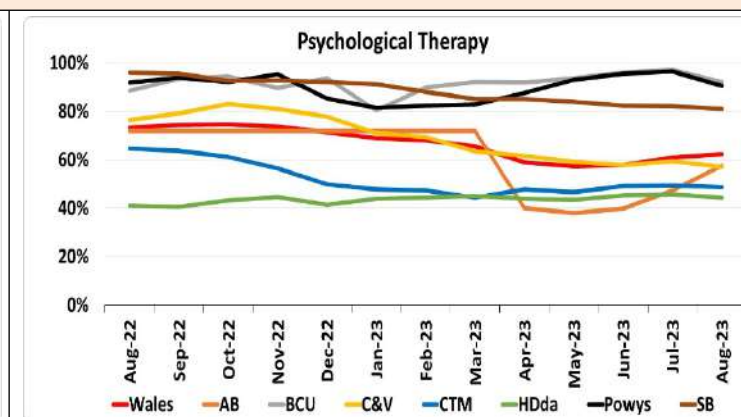
Status as at August 2023		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	97.9%	2nd
SB	96.3%	3rd
HDda	92.8%	4th
BCU	85.1%	5th
CTM	49.0%	6th
AB	11.9%	7th



Status as at August 2023		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	2nd
HDda	98.8%	3rd
CTM	94.5%	4th
BCU	84.3%	5th
Powys	60.5%	6th
AB	13.8%	7th



Status as at August 2023		
Health Board	Compliance	Rank
HDda	92.5%	1st
CTM	88.2%	2nd
SB	87.0%	3rd
BCU	84.7%	4th
AB	83.3%	5th
Powys	81.0%	6th
C&V	49.9%	7th

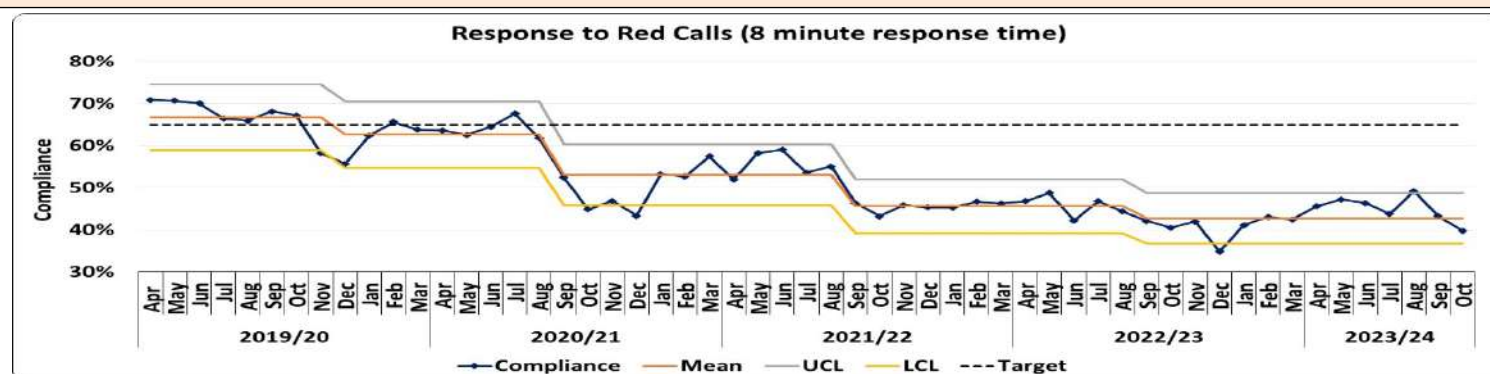


Status as at August 2023		
Health Board	Compliance	Rank
BCU	92.1%	1st
Powys	90.5%	2nd
SB	81.0%	3rd
AB	57.6%	4th
C&V	57.1%	5th
CTM	48.8%	6th
HDda	44.5%	7th

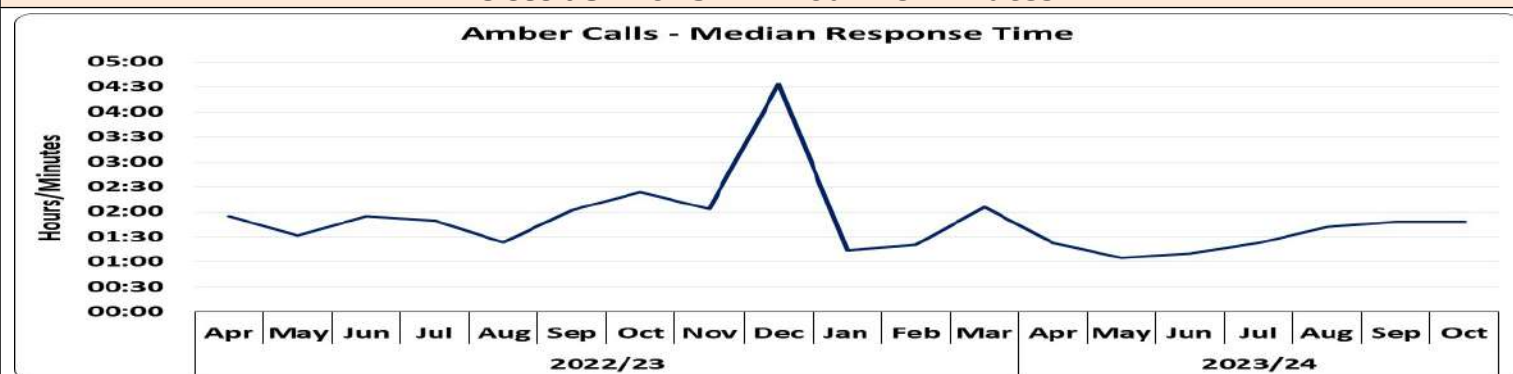


Emergency Ambulance Services – October 2023

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
October 2023 – 39.8%



Median emergency response time to Amber Calls – Target is 12 month improvement trend
October 2023 – 1 hour 48 minutes



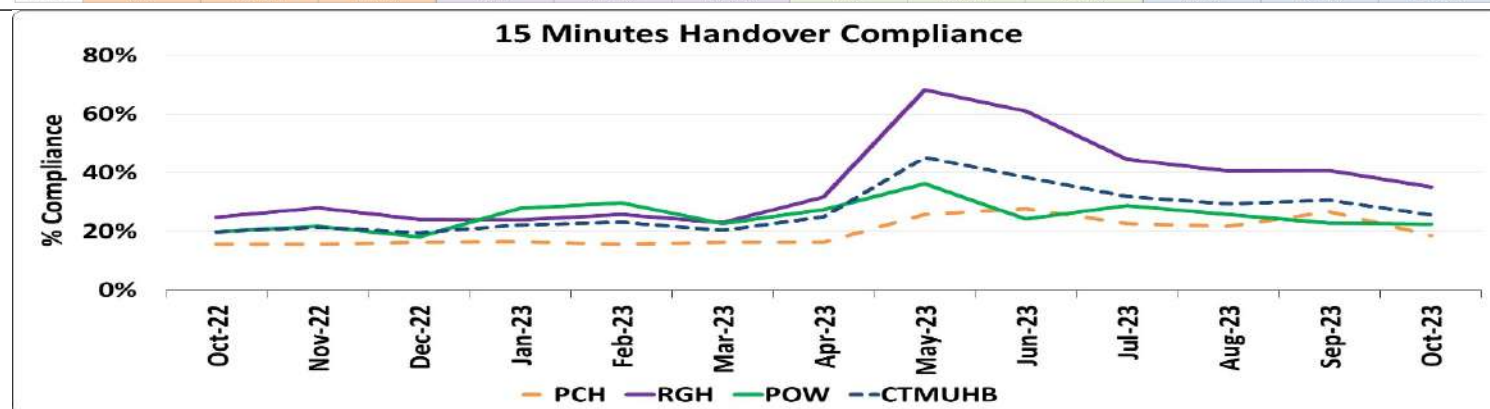
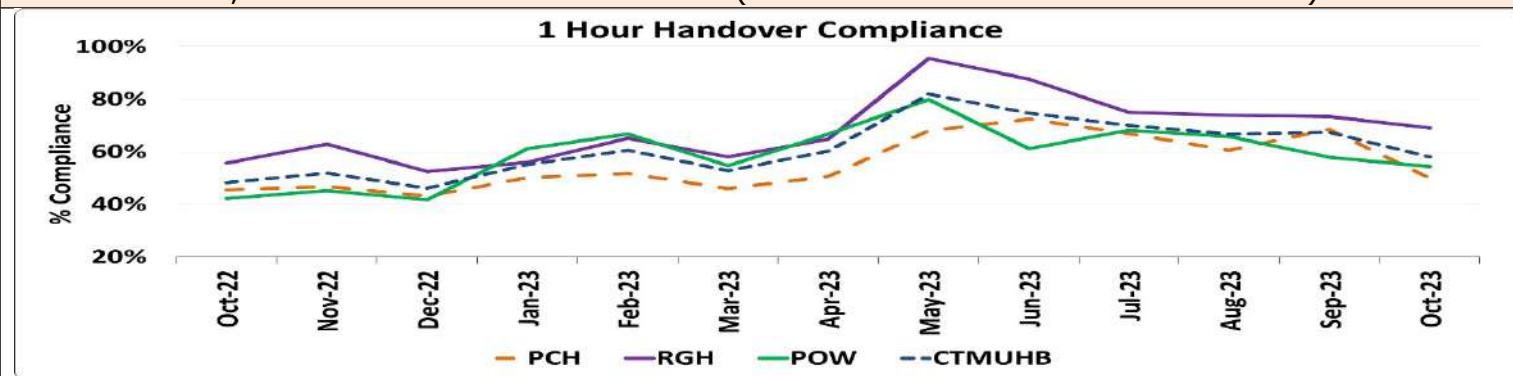
Number of ambulance handovers within 15 minutes – Target Improvement

Total handovers 2,572 of which 658 handovers were within 15 minutes (25.6%)

	PCH			RGH			POW			CTMUHB		
Period	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total	% <15 mins	% <60 mins
Oct-22	984	15.8%	45.5%	821	24.7%	55.7%	587	19.9%	42.2%	2392	19.9%	48.2%
Nov-22	909	15.6%	46.8%	773	28.1%	63.0%	597	21.8%	45.2%	2279	21.5%	51.9%
Dec-22	775	16.3%	43.2%	745	24.0%	52.5%	527	18.2%	41.7%	2047	19.6%	46.2%
Jan-23	812	16.5%	50.1%	750	23.9%	56.0%	564	27.8%	61.2%	2126	22.1%	55.1%
Feb-23	750	15.7%	51.7%	734	25.7%	65.1%	518	29.7%	66.8%	2002	23.0%	60.5%
Mar-23	849	16.3%	45.9%	873	22.9%	58.1%	593	22.6%	54.6%	2315	20.4%	52.7%
Apr-23	857	16.3%	50.5%	830	31.7%	64.8%	711	27.4%	66.8%	2398	24.9%	60.3%
May-23	831	25.8%	68.0%	962	68.3%	95.5%	678	36.3%	79.9%	2471	45.2%	82.0%
Jun-23	875	27.8%	72.5%	822	60.9%	87.7%	649	24.2%	61.2%	2346	38.4%	74.7%
Jul-23	940	22.7%	66.9%	864	44.6%	75.0%	721	28.8%	68.2%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	832	40.6%	73.9%	644	25.8%	65.8%	2345	29.5%	66.7%
Sep-23	876	26.6%	68.5%	837	40.7%	73.4%	628	22.8%	57.8%	2341	30.6%	67.4%
Oct-23	971	18.6%	49.9%	928	35.1%	69.2%	673	22.4%	54.4%	2572	25.6%	58.0%

Number of ambulance handovers over 1 hour – Target Zero - Please note that this measure is Quadruple Aim 4 but has been included in this area for ease of reference

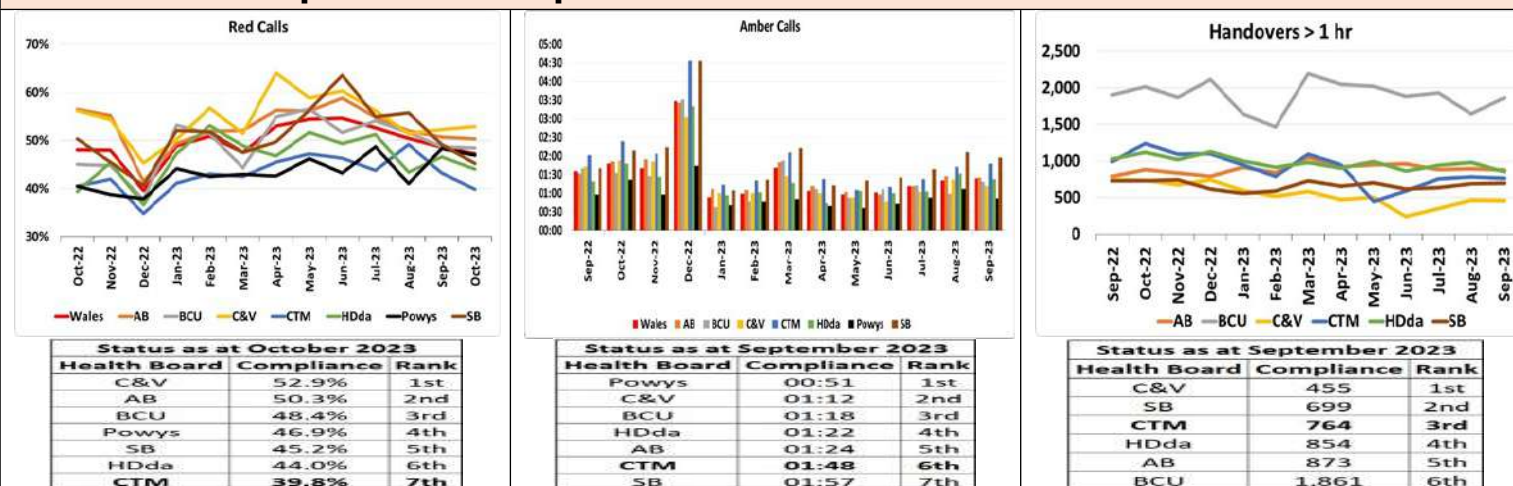
1,079 handovers were over 1 hour (58% of handovers were within 1 hour)



Red Release Requests – October 2023 95.9%

Period	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Oct-22	26	26	100.0%	16	12	75.0%	15	4	26.7%	57	42	73.7%
Nov-22	25	24	96.0%	19	15	78.9%	17	9	52.9%	61	48	78.7%
Dec-22	30	25	83.3%	32	26	81.3%	25	1	4.0%	87	52	59.8%
Jan-23	20	19	95.0%	19	13	68.4%	7	2	28.6%	46	34	73.9%
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%	21	20	95.2%
Mar-23	14	14	100.0%	11	10	90.9%	12	11	91.7%	37	35	94.6%
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
May-23	10	10	100.0%	4	4	100.0%	1	1	100.0%	15	15	100.0%
Jun-23	12	12	100.0%	5	5	100.0%	6	6	100.0%	23	23	100.0%
Jul-23	16	16	100.0%	7	7	100.0%	10	10	100.0%	33	33	100.0%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	12	12	100.0%	19	17	89.5%	18	18	100.0%	49	47	95.9%

How do we compare with our peers?



Emergency Ambulance Services continued overleaf:

How are we doing?

Response to Red Calls per WAST Operational Area				
Oct-23	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	126	70	55.6%	56.9%
RCT	379	138	36.4%	37.1%
Bridgend	227	83	36.6%	44.4%
CTM	732	291	39.8%	42.9%

Response to Red Calls: Response times to life-threatening calls for the CTM area continued on a downward trajectory with compliance during October at 39.8%. With the exception of December last year, compliance is at its lowest level and also sits below the 12 month average of 42.9%. This month saw the National compliance remaining below 50% for the second consecutive period after seeing compliance ranging from 50% to 55% between April and August. The minimum expected standard is for 65% of Red Calls to be responded to within 8 minutes. As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough experiencing the poorest response times during October, though Bridgend was only marginally better.

The volume of Red Calls during October for CTM totalled 732, a 15% increase on the previous month and is 11% higher than the same period of 2022. The current volume stands above the 12 month average of 630.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 108 minutes during October. Although the chart (page 13, top right) demonstrates fluctuations in the median response times, we observe that the overall trend during the latest 12 month period (Nov 22 to Oct 23) shows a 13% reduction (16 minutes).

Ambulance Handover Compliance: Ambulance conveyances to ED were 7.5% higher in October 2023 than they were during October of last year.

Performance against the 15 minute handover was just over 25%, with the number of patients and ambulance crews detained longer than an hour totalling 1,079 and remaining outside the desired trajectory.

During 2022/23, the number of patients waiting more than 1 hour for their transfer of care averaged 1,012 patients per month. Thus far, the average for this year equates to 767 patients and as it currently stands represents a 24% reduction in the number of patient breaches.

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 49 during October. The ED services were able to support affirmatively 47 (95.9%) of those requests. The expectation is for all red release requests to be supported.

What actions are we taking & when is improvement anticipated?

- Pan CTM Emergency Pressure Escalation Procedure Policy implemented
- Zero tolerance >4 hours launched – improvement plan in place across CTM
- Robust out of hours and weekend planning process in place
- USC Senior leadership team proactively engaged and leading programme for improvement
- USC has established a weekly Performance meeting to monitor performance and oversee improvement plans being developed by each site.
- Weekly data for the indicators being provided currently with the USC dashboard awaited which will provide data to enhance the context and identification of actions for improvement plans.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- Winter 2023/24 – winter planning meetings established and USC Plan developed.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites in relation to attendances and ambulances.



Emergency Unit Waits – October 2023 (Provisional Position) - Total Attendances 16,655

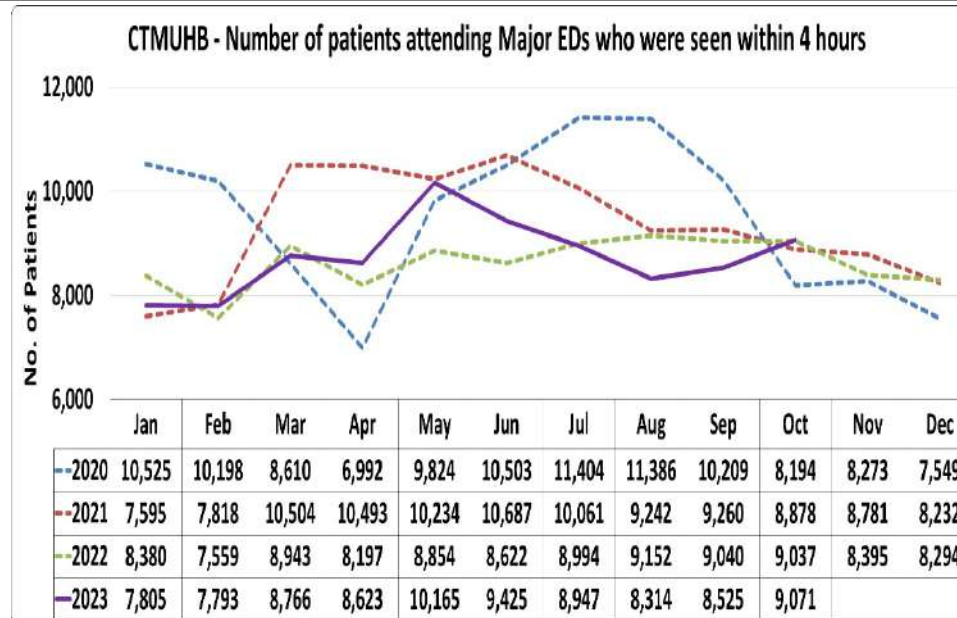
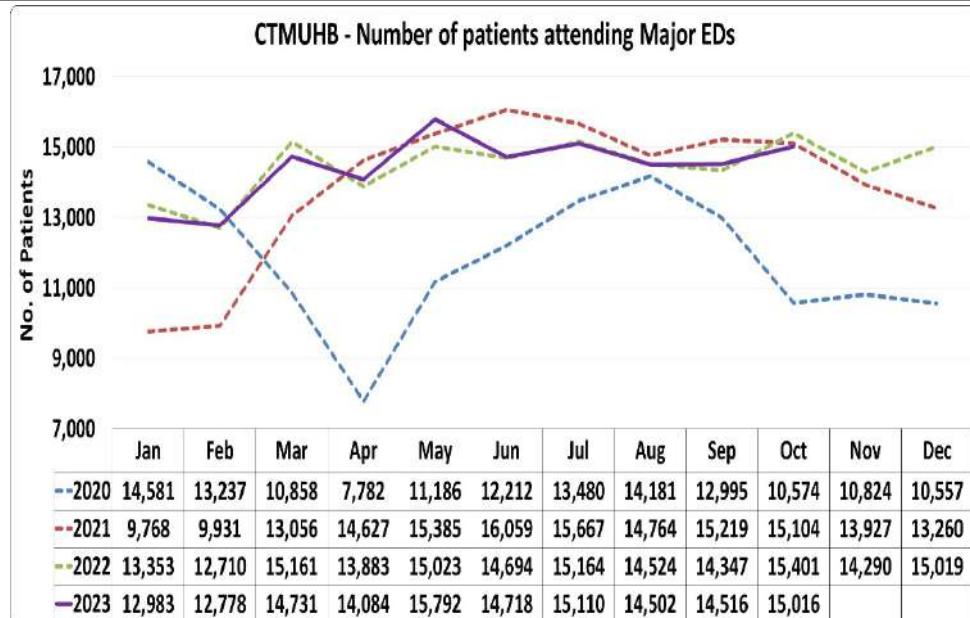
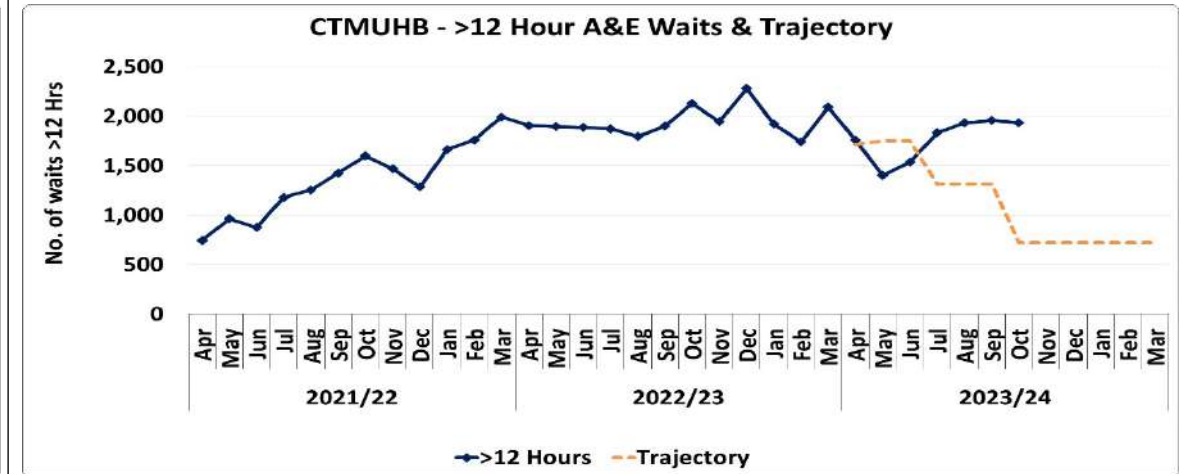
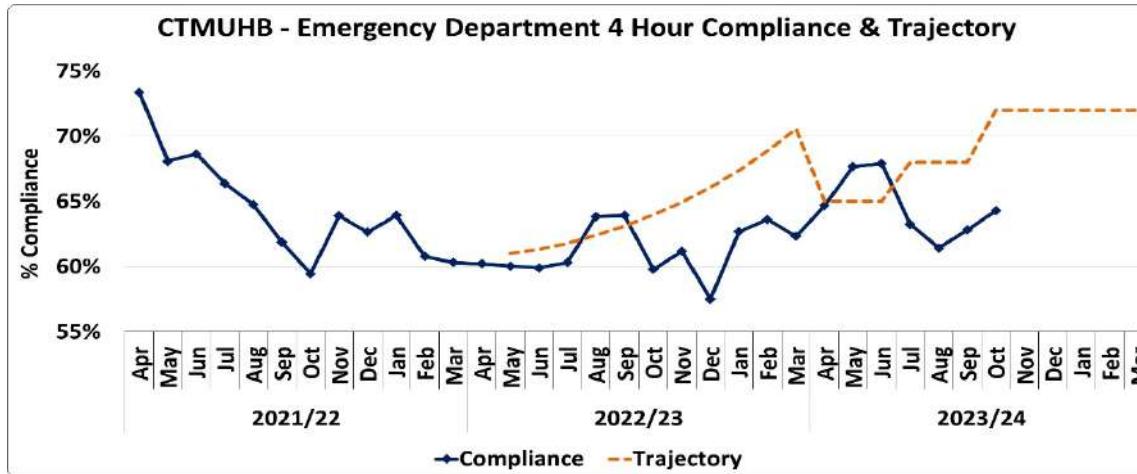
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Improvement trajectory towards a national target of Zero by 31st March 2024

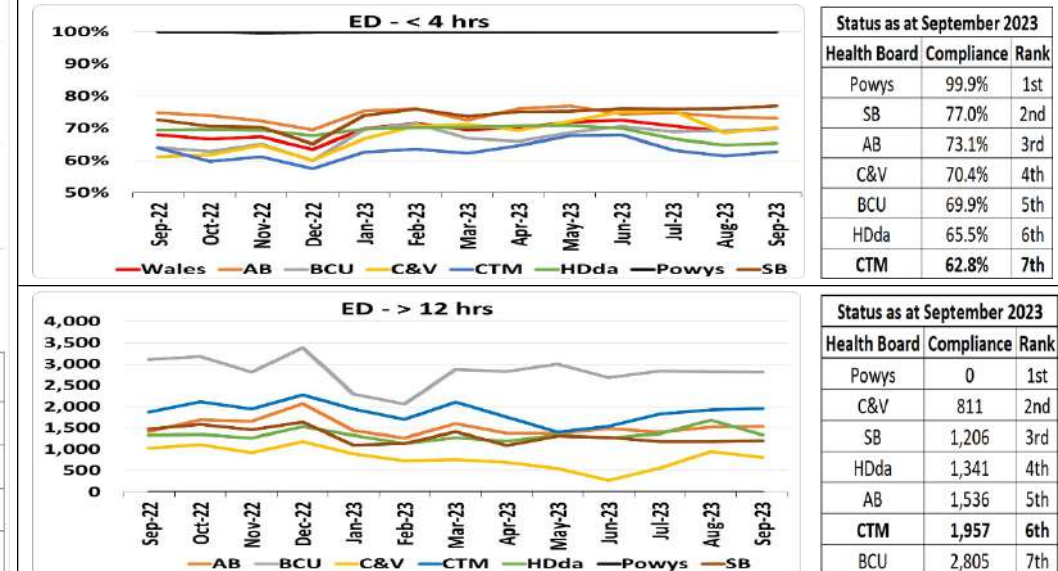
64.3% were seen within 4 hours (Patients Waiting >4 hours 5,947)

11.6% of patients were waiting over 12 hours (1,935)

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Oct-22	15,830	59.8%	2,128
Nov-22	15,226	61.2%	1,946
Dec-22	15,829	57.5%	2,280
Jan-23	13,883	62.7%	1,920
Feb-23	13,723	63.6%	1,740
Mar-23	15,844	62.3%	2,092
Apr-23	15,508	64.7%	1,760
May-23	17,529	67.7%	1,402
Jun-23	16,682	67.9%	1,536
Jul-23	16,790	63.3%	1,833
Aug-23	16,054	61.4%	1,932
Sep-23	16,129	62.8%	1,957
Oct-23	16,655	64.3%	1,935



How do we compare with our peers?



How are we doing?

The total number of ED attendances at our 3 acute hospital sites was 2.5% (385) lower than last October (graph above), however overall numbers of Minor Injuries and ED attendances increased by 5%, driven by the re-opening of the MIU at YCC (top left table).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during October was 64.3%, a small improvement in compliance on the previous month, but remaining well below the WG compliance target of 95%.

The twelve hours performance saw 1,935 patients waiting in excess of 12 hours and is 9% lower than October of last year.

The average number of twelve hour patient breaches during the past 12 months is 1,861, compared to the previous 12 month time span averages were 1,796; representing a 3.6% increase.

What actions are we taking & when is improvement anticipated?

- Pan CTM Emergency Pressure Escalation Procedure Policy implemented
- Zero tolerance >4 hours launched – improvement plan in place across CTM
- Robust out of hours and weekend planning process in place
- USC Senior leadership team proactively engaged and leading programme for improvement
- USC has established a weekly Performance meeting to monitor performance and oversee improvement plans being developed by each site.
- Weekly data for the indicators being provided currently with the USC dashboard awaited which will provide data to enhance the context and identification of actions for improvement plans.
- SDEC Project Board established

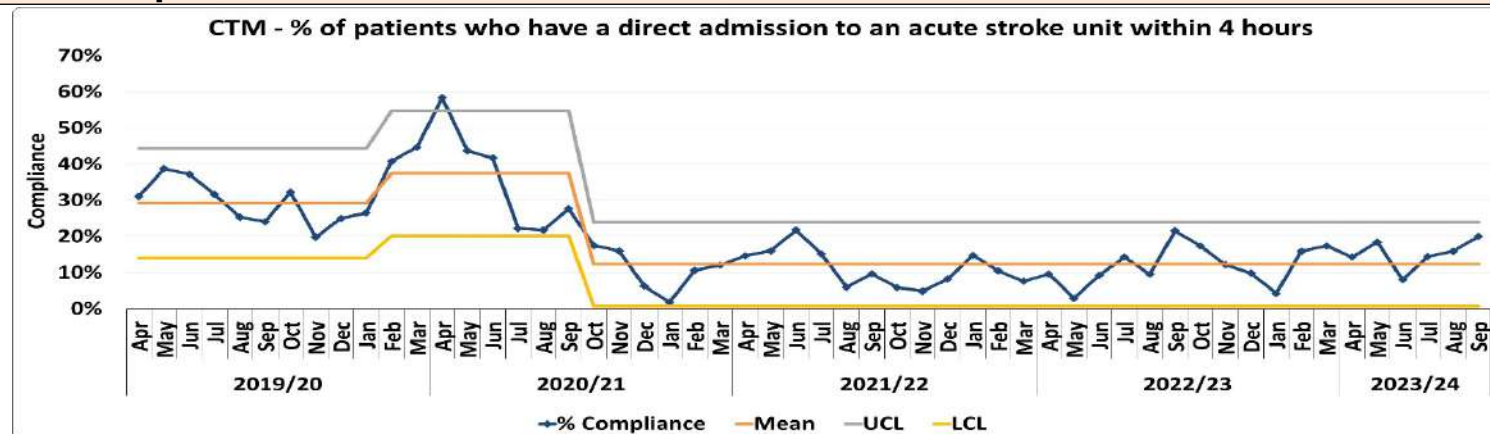
What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- Winter 2023/24 – winter planning meetings established and USC Plan developed.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites in relation to attendances and ambulances.

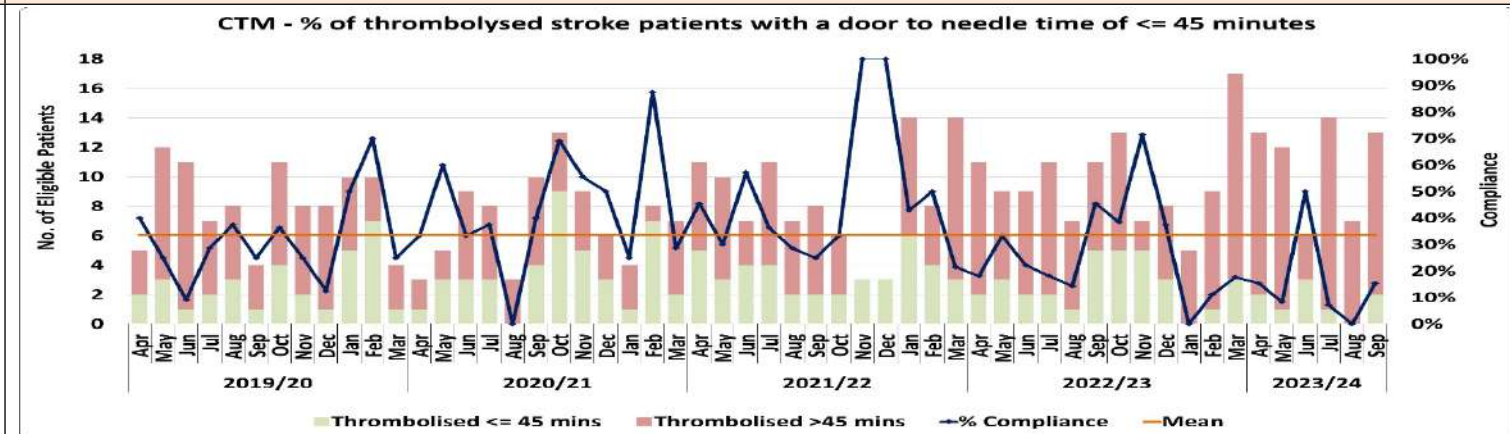
CTMUHB – Focus on Stroke Quality Improvement Measures (QIMs) – September 2023

(please note that Stroke Measures are not included in the 2023/24 WG Performance Framework)

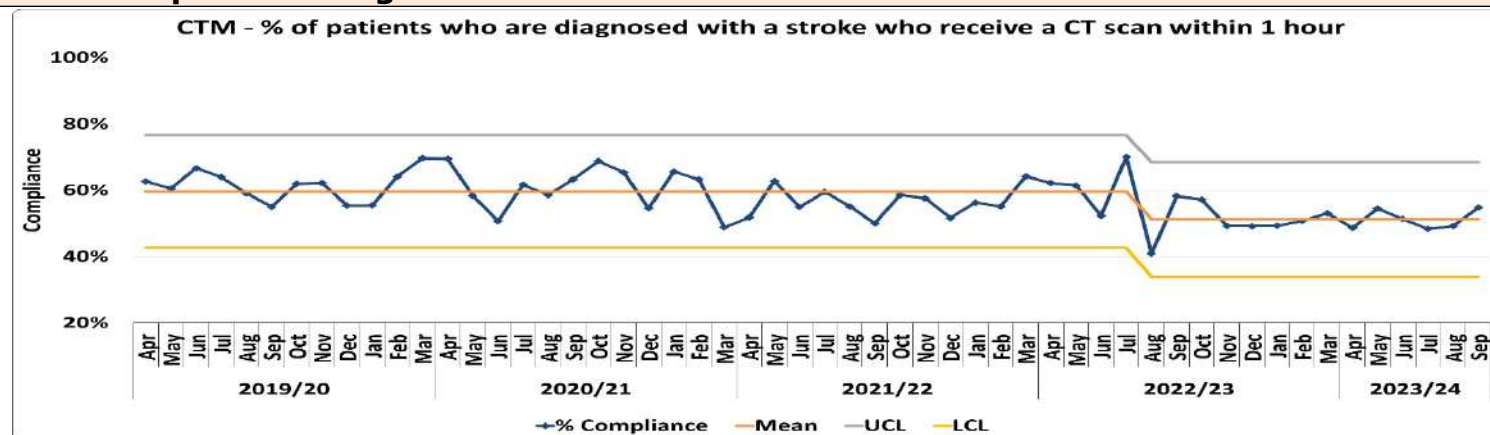
% compliance with direct admission to an acute stroke unit within 4 hours – 20.3%



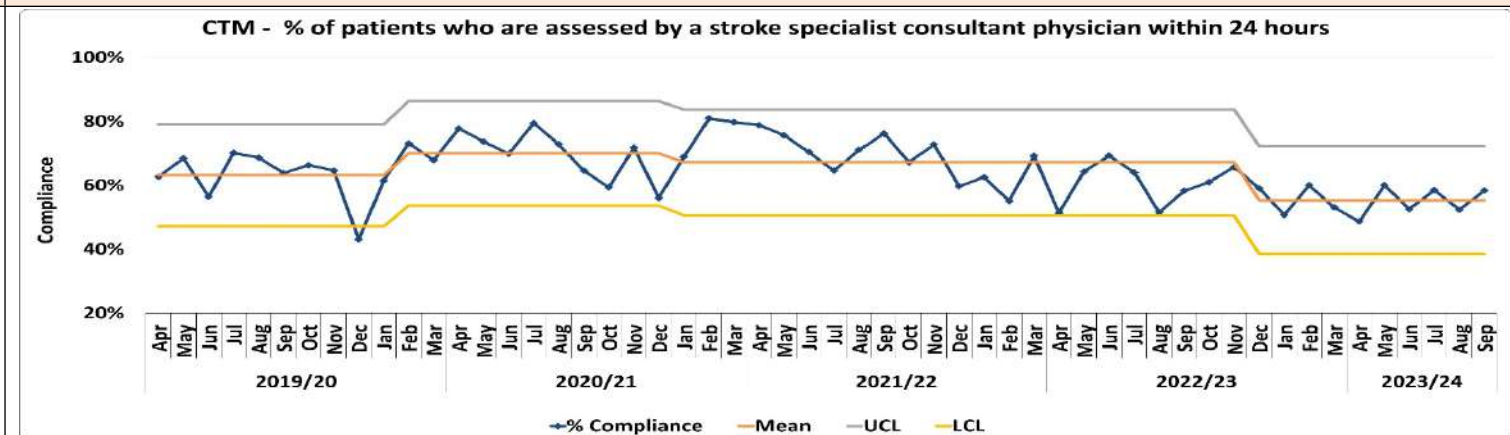
% of eligible patients thrombolysed door to needle time within 45 minutes – 15.4%



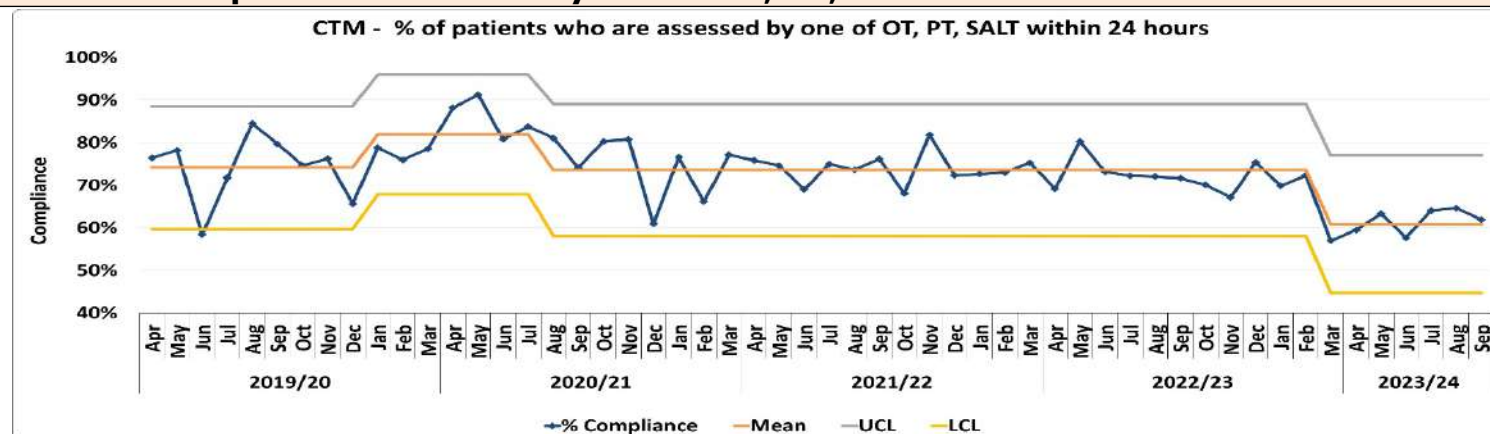
% of patients diagnosed with stroke received a CT scan within 1 hour – 55.4%



% of patients assessed by a stroke consultant within 24 hours – 59.0%

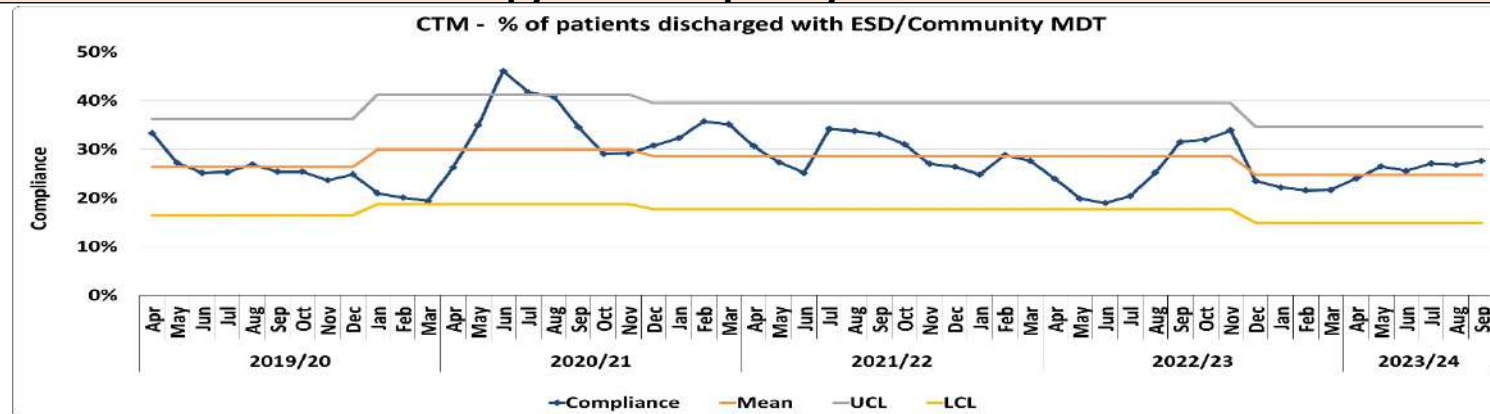


% of patients assessed by one of OT, PT, SALT within 24 hours – 62.7%



Current month stats

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 27.7%



Stroke QIMs as per current month submitted data - September 2023		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	51	28	N/A	79
	No. of patients within 4 hours	14	2		16
	% Compliance	27.5%	7.1%		20.3%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	8	5	N/A	13
	No. of patients within 45 mins	2	0		2
	% Compliance	25.0%	0.0%		15.4%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	55	28	N/A	83
	No. of patients within 1 hour	32	14		46
	% Compliance	58.2%	50.0%		55.4%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	55	28	N/A	83
	No. of patients within 24 hours	32	17		49
	% Compliance	58.2%	60.7%		59.0%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	55	28	N/A	83
	No. of patients within 24 hours	34	18		52
	% Compliance	61.8%	64.3%		62.7%
% of applicable patients discharged with ESD/Community Therapy MDT	Applicable Patients	84	84	20	188
	No. of patients with ESD/MDT	44	3	5	52
	% Compliance	52.4%	3.6%	25.0%	27.7%

How are we doing?

During September, 20.3% (16 out of 79) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Two of the 13 eligible patients were thrombolysed within 45 minutes (15.4%).

55.4% of patients (46 out of 83 diagnosed patients) had a CT scan within an hour and 59% (49 out of 83) of stroke patients treated in September were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

62.7% (52 out of 83) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech & Language Therapist within 24 hours of arrival and the rolling 3 months discharge standard saw 52 out of 188 (27.7%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT.

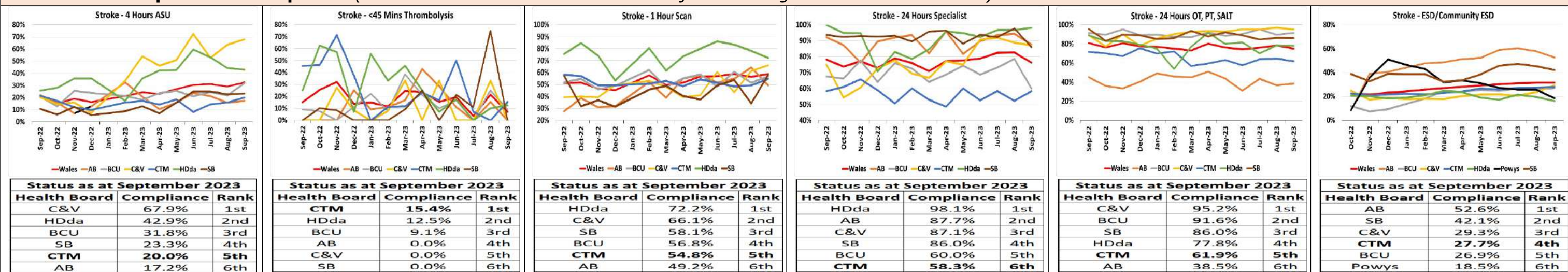
What actions are we taking & when is improvement expected?

- Brainomix AI software reporting for CTs and CT angiograms, in order to minimise delays in referral for thrombectomy, with Year 1 funding agreed via Therapies.
- To maintain the USC Care Group Stroke Programme Board and Stroke Operational Group, with a focus on analysis of the data and updating the programme of improvement actions to feed into the Programme Board.
- Changes to Clinical Nurse Specialists' working patterns across both sites to ensure extended cover to 18:30 to provide more of a window for thrombectomy referral/transfers.
- The Stroke Operational Group is in the process of updating the Improvement Plan with actions identified to improve performance.

What are the main areas of risk?

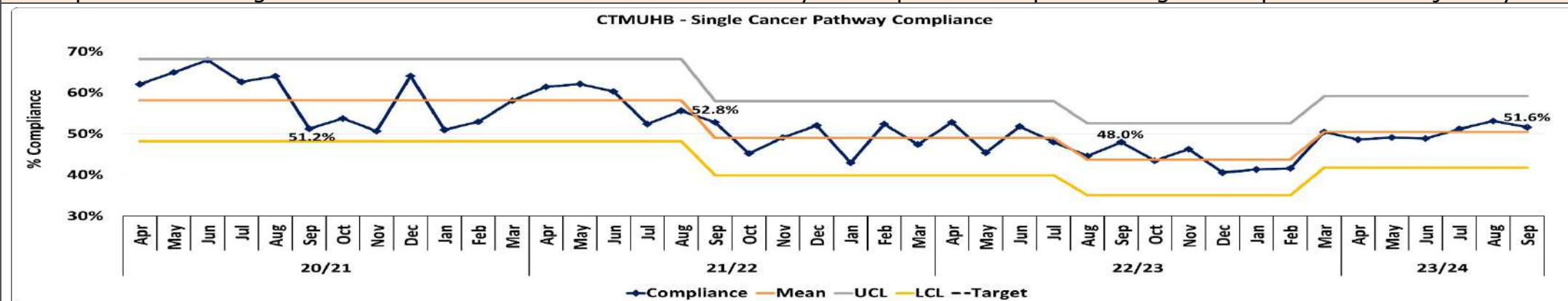
- Resilience in the CNS workforce at PCH and POW – Business Case under development to address this.
- Inpatient therapies resource.
- Recruitment of Stroke Consultant – rolling advert
- Data quality – business case under development for resource to support POW

How do we compare with our peers? *(Please note that the data below is subject to change due to refreshed data)*



Single Cancer Pathway (SCP) September 2023 – 51.6%

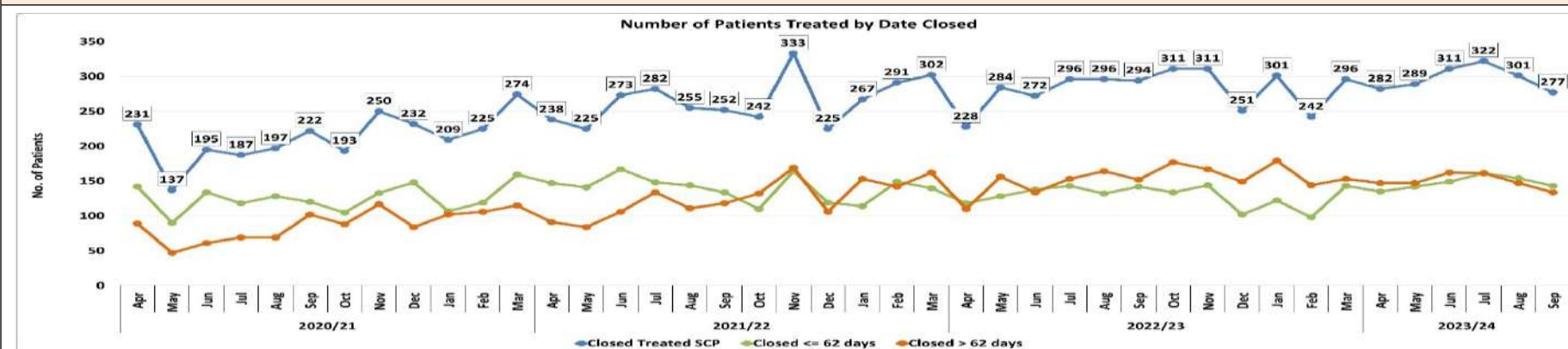
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - September 2023				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	5	8	13	38.5%
Upper GI	11	10	21	52.4%
Lower GI	11	17	28	39.3%
Lung	21	11	32	65.6%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	57	9	66	86.4%
Brain/CNS	1	0	1	100.0%
Breast	16	29	45	35.6%
Gynaecological	6	9	15	40.0%
Urological	10	35	45	22.2%
Haematological	3	4	7	42.9%
Other	2	1	3	66.7%
Total	143	134	277	51.6%

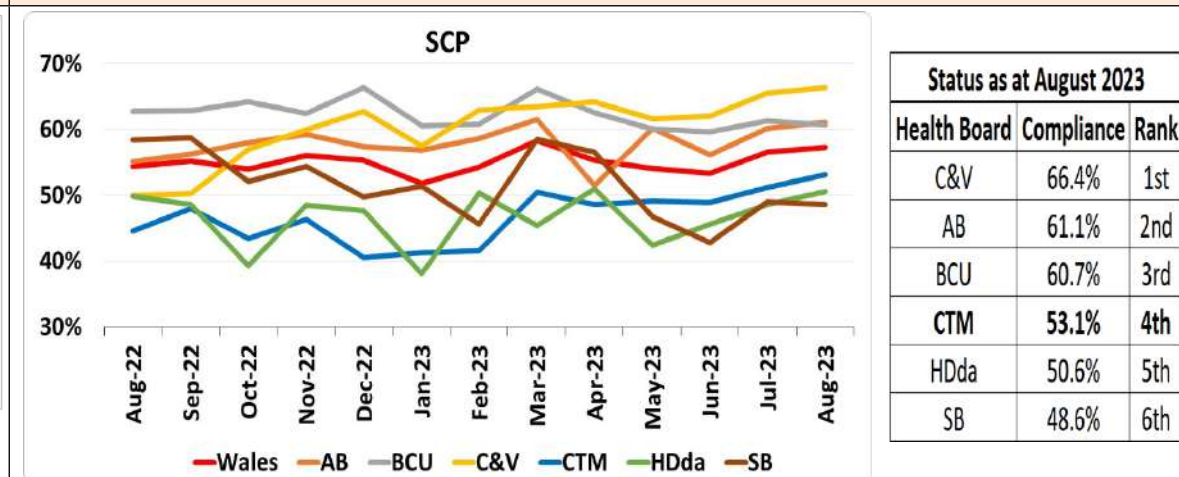
Performance during September dipped to 51.6%, with just two of the tumour sites reaching the desired target threshold, as seen in the table above. Predicted compliance for October currently stands at 46.6%. Delays at first outpatient (33%) and diagnostic stage (50%) continue to be the greatest concern and the significant factors in not achieving the target. Diagnostic delays remain in endoscopy and pathology. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date

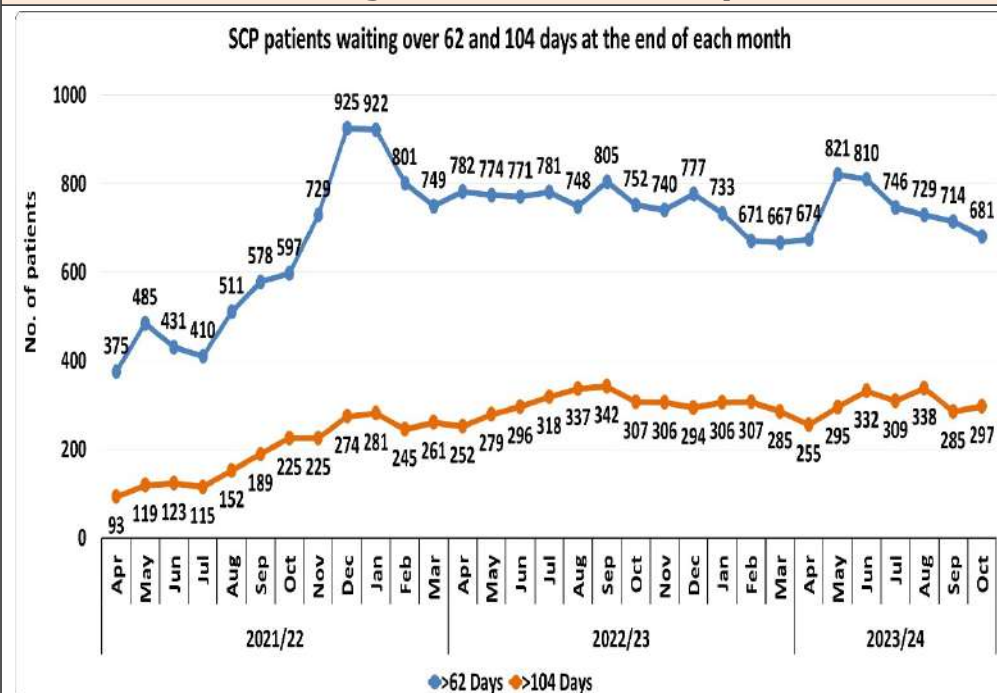


Overall cancer treatment volumes have increased marginally during the past 12 months to an average of 291 per month, compared to 278 in the previous 12 month period. This represents an average monthly increase of 5%.

How do we compare with our peers?



Patients currently waiting on a Cancer Pathway waiting in excess of 62 days



What actions are we taking & when is improvement anticipated?

- Insourcing tender awarded to assist with Bowel Screening Wales.
- Streamlined haematuria pathway across CTM planned to go live from 1st December.
- Weekly meetings with DU to support endoscopy transformation and urology sustainability
- Centralisation of Breast service – March 24
- Increasing Straight to Test (STT) where possible
- Shifting Transnasal Endoscopy (TNE) to outpatients.
- Merging of Lower GI departments, along with centralisation of operating on one site for major cases.
- Centralisation of Gynaecology services
- Roll out of digital referrals – Breast scheduled this month (November)
- Shift in breast capacity <40 to >40 to assist in meeting demand and reducing backlog
- Waiting List Initiatives (WLI's)
- Continuing outsourcing of pathology
- New data summary to identify diagnostics waiting longer than 3 weeks established

What are the main areas of risk?

- National shortage of isotope affecting breast and urology cancer pathways
- Vulval colposcopy capacity insufficient to meet demand
- Delays in pathology & endoscopy continue with SBUHB pathology for POW patients remaining at around 4-5 weeks.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Significant delays for Post Menopausal Bleeding (PMB) at Neath Port Talbot Hospital - current waits for one stop clinic is 9 weeks.
- Implementation of genomic testing for new targeted therapies.
- Lack of data provision following rollout of new cancer solution. Patient data missing from reports pulled, causing validation issues and assurance surrounding data quality
- Potential increase in breast malignant patients to treat due to BTW consultants sharing patients rather than closing boundaries



Diagnostics & Therapies – October 2023 (Provisional Position)

Number of patients waiting more than 8 weeks for a specified diagnostic – Target is improvement trajectory towards a national target of Zero by 31st March 2024

Number of Patients waiting >8 Weeks for a Diagnostic Test		
Cardiology Cardiology Services	Echo Cardiogram	1,031
	Cardiac CT	19
	Cardiac MRI	2
	Diagnostic Angiography	80
	Stress Test	3
	DSE	57
	TOE	1
	Heart Rhythm Recording	45
	B.P. Monitoring	2
		4
Bronchoscopy		458
Colonoscopy		547
Gastrosocopy		653
Cystoscopy		527
Flexi Sig		704
Radiology	Non-Cardiac CT	849
	Non-Cardiac MRI	5,096
	NOUS	68
	Non-Cardiac Nuclear Medicine	116
Imaging	Fluoroscopy	94
Physiological Measurement	Urodynamics	275
Neurophysiology	EMG	375
	NCS	11,006

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	11,006					

Number of patients (all ages) waiting more than 14 weeks for a specified therapy – Target is improvement trajectory towards a national target of Zero by 31st March 2024

Number of Patients waiting >14 Weeks	
Arts Therapy	2
Audiology	35
Dietetics	1,395
Occupational Therapy	18
Physiotherapy	1
Podiatry	10
Speech & Language	143
Total	1,604

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,173	1,323	1,442	1,438	1,654	1,758	1,604					

Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 12 month improvement trend

CTMUHB - % of children waiting less than 14 Weeks for AHP	
Dietetics	71.4%
Occupational Therapy	83.3%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	93.8%
Total	82.1%

AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	92.4%	92.2%	91.9%	96.1%	94.9%	92.0%	91.0%	92.3%	90.9%	87.6%	86.8%	86.5%
2023/24	87.8%	82.9%	82.8%	86.0%	82.6%	85.8%	82.1%					

How are we doing?

Diagnostics: At the end of October 11,006 patients had been waiting in excess of 8 weeks for a diagnostic procedure, a reduction of 11% (1,384) on the number of patients waiting over 8 weeks that was reported at the end of September.

During October, Endoscopy saw an improvement of around 9% (227) in the number of patients waiting in excess of eight weeks, although the number of patients currently breaching the target stands at 2,189.

The NOUS service continues to have the highest volume of breaching patients with 5,096 currently waiting over 8 weeks for a scan, however a reduction of 15% (906) is observed from the September reported position.

Therapies: There are provisionally 1,604 patients breaching the 14 week target for therapies in October, a decrease of 9% (154 patients) on the reported position for September. The dietetic position has improved by around 7% (109) this month after seeing a month on month increase in the number of breaching patients since January this year.

The Dietetic service continues to account for 87% of the total patients waiting beyond the 14 week target for therapies. Options to streamline the acceptance onto the list have been taken and the list is validated regularly to ensure the patients are correctly signposted to other support services if appropriate. We are outliers in CTM as our Weight Management Service (WMS) is in its infancy and CTM has the greatest population need for WMS in Wales.

What actions are we taking & when is improvement anticipated?

Radiology: Plan for Non Obstetric Ultra Sound (NOUS) backlog continues to deliver significant capacity over core and is also continuing to reduce the over 8 week breaches demonstrated in the performance month on month.

Additional Plans are now in place to tackle MRI delays following Exec approval and are starting to deliver a reduction in the backlog of reporting capacity.

Trajectories for CT and MR have been developed and are showing scanning capacity shortfalls with the additional demand trends. The Radiology team have drafted a plan to potentially use more in-house capacity on weekends and in evenings for consideration.

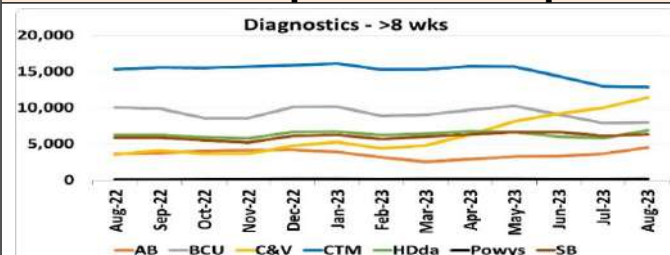
Endoscopy: Awaiting approval on business paper for Endoscopy workforce. Detailed staff numbers identified in business paper, currently inadequate workforce numbers and unable to work without overtime or agency staff.

Endoscopy Transformation Programme ongoing with developments and improvement already underway, including weekly 6/4/2-1 and weekly task and finish group. A number of actions completed which has resulted in an increase in throughput due to ongoing productivity and efficiency schemes including digital solutions, booking processes and pathway management. Bowel Screening Wales (BSW) – recovery plan developed which includes a short term plan to clear current backlog to run alongside the sustainable plan. Insourcing tender completed and awarded, working through the interdependencies before agreeing a start date, this will be completed by March 2024.

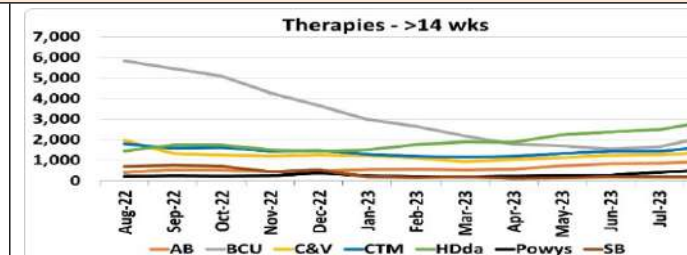
What are the main areas of risk?

- Demand and Capacity imbalance shown in most diagnostic and therapy services as demand has risen. Also CT colon demand likely to rise further with new BSW criteria and reduction in age limit for testing/screening for younger patients.
- Sustained increase in CT Out of Hours emergency demand. Additional Outsourcing agreed to help with timely reporting.
- Radiology service continues to hold 5.5 WTE Consultant vacancies. Looking to re-advertise 2 posts in December and further posts in February to tie in with new consultants coming off training rotation.
- Endoscopy – continues to face challenges with competing priorities with the service trying to deliver and maintain the cancer pathway, accommodate longest waiters for delivery of the RTT targets – all over 156 and 104 weeks waits in both gastro and surgery are now partially booked; hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients. BSW waits has seen a significant improvement but still remains a challenge due to backlog and next steps of the Optimisation Programme, which continues to impact on CTM's overall LGI diagnostic waits – short and long term plan developed. It has now been agreed that CTM are correctly reporting screening and tracking of participants, this will now need to be adopted by all HBs across Wales.
- BSW - An urgent budget review is underway to support the sustainability plan and next steps in the optimisation programme. The need to increase lists to 8 this year and 11 per week by October 2024. Currently delivering an average of 7 lists per week.
- Neurophysiology Services – following a recent reduction in the availability of Neurology services in CTM, capacity for Nerve Conduction Studies has been significantly reduced. This will have a direct impact on delivery for the Orthopaedic targets going forward.
- Cardio Pulmonary Service – Backlogs in CPU will continue to directly impact on the delivery of Cardiology targets.

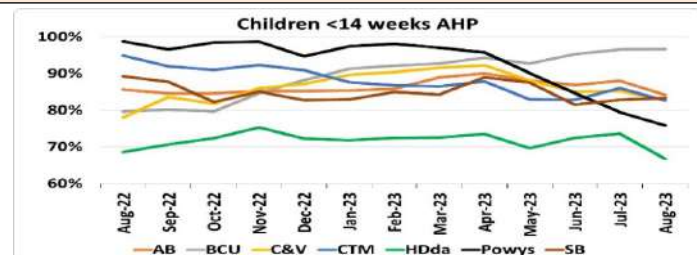
How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	152	1st
AB	4,497	2nd
SB	6,314	3rd
HDda	6,867	4th
BCU	7,956	5th
C&V	11,415	6th
CTM	12,843	7th



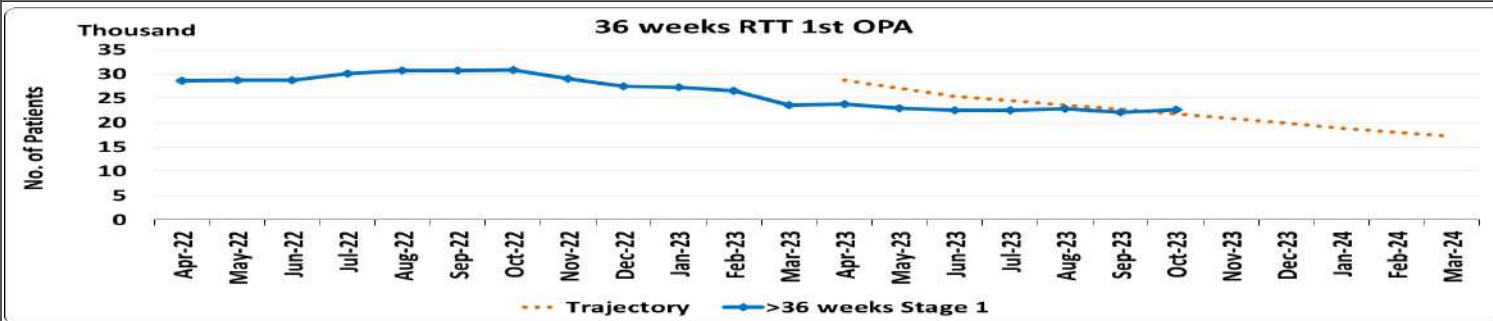
Status as at August 2023		
Health Board	Compliance	Rank
SB	183	1st
Powys	511	2nd
AB	944	3rd
C&V	1,373	4th
CTM	1,654	5th
BCU	2,138	6th
HDda	2,896	7th



Status as at August 2023		
Health Board	Compliance	Rank
BCU	96.7%	1st
AB	84.2%	2nd
SB	83.3%	3rd
C&V	82.8%	4th
CTM	82.6%	5th
Powys	75.8%	6th
HDda	66.8%	7th

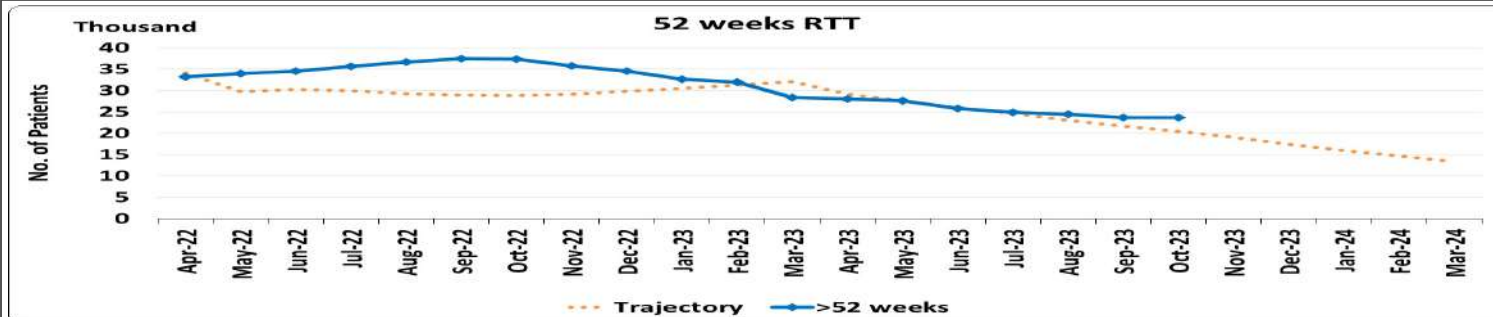
Referral to Treatment Times (RTT) – September 2023 (Provisional Position)

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (22,591)**
- Target is Improvement Trajectory towards a national target of Zero



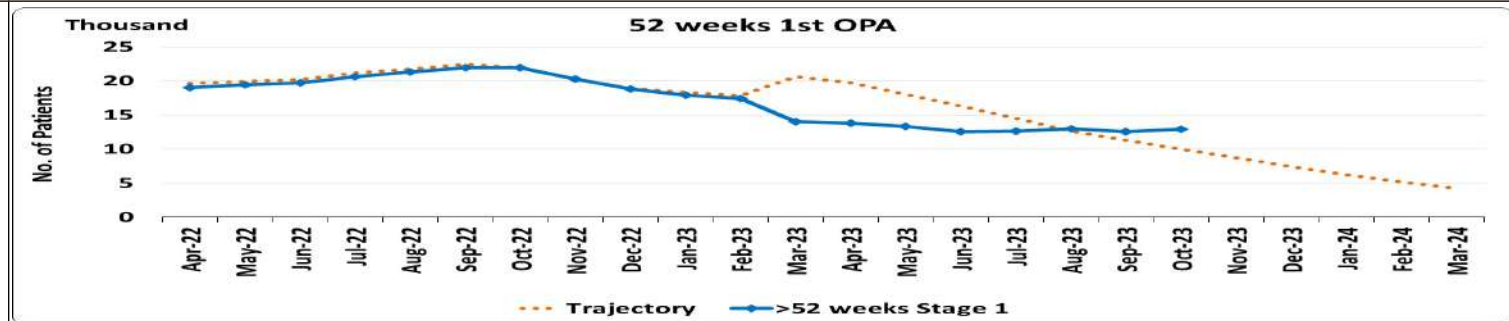
The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of October is 22,591. This is an increase of 2.2% (489) from the September reported position and is just off trajectory by 4% (825) as shown above.

Number of patients waiting **>52 weeks RTT (23,625)** – Target is Improvement Trajectory towards a national target of Zero



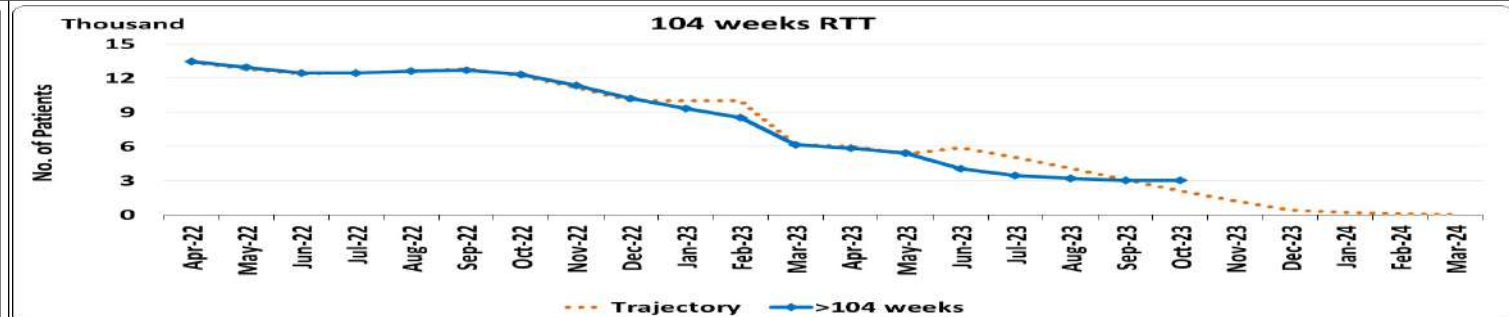
The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of October is 23,625, a small improvement of 0.3% (64) from the September reported position, but is 16% higher than the forecasted level, as shown above.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (12,887)**
- Target is Improvement Trajectory towards a national target of Zero



The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of October is 12,887, a fall in performance of 2.7% (increase of 339) from the September reported position and is off trajectory by 29% (2,913) as shown above.

Number of patients waiting **>104 weeks (3,040)** – Target is Improvement Trajectory towards a national target of Zero

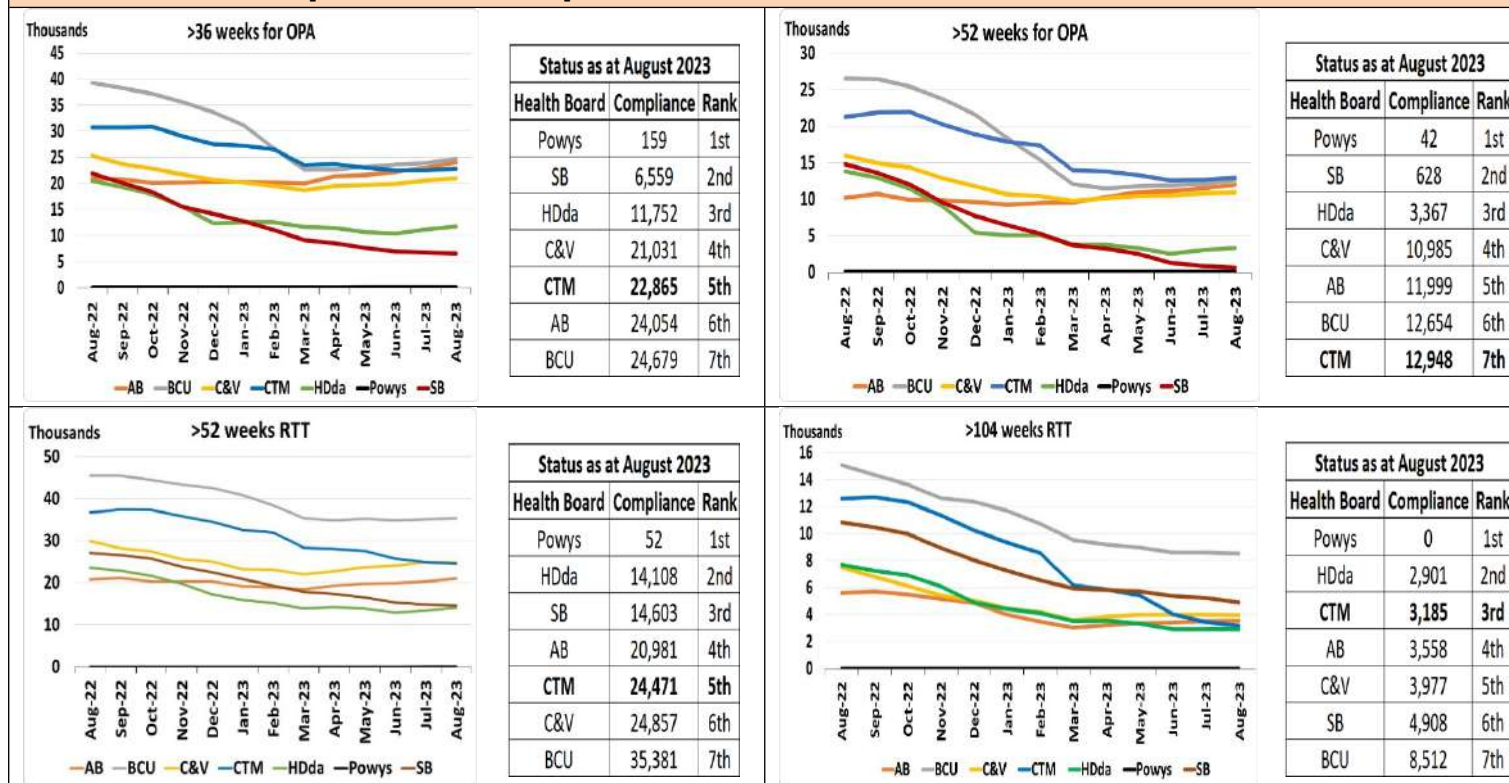


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of October is 3,040. As it currently stands this is a slight increase of 0.8% (25) from the reported September position and higher than forecasted as shown above.

Total number of open pathways per specialty – October 2023 (provisional)					
Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	115	203	247	13	1068
Breast Surgery	251	210	204	16	1275
Cardiology	990	877	369	4	5461
Care of the Elderly		585	1109	0	3589
Colorectal	684	1196	1596	98	7994
Dermatology	1714	722	442	49	6574
Diagnostics		1663	4057	0	12399
Ear, Nose & Throat Service	806	26	-536	536	274
Endocrinology	2	584	588	0	4019
Gastroenterology	1226	377	252	44	2633
General Medicine	594	1021	1684	7	7813
General Surgery	682	1	-255	255	106
Geriatric Medicine	7	1212	1351	0	8543
Gynaecology	1017	33	-286	286	329
Haematology (Clinical)	35	14	0	0	174
Nephrology	24	2172	4586	0	14790
Ophthalmology	527	510	-206	634	3286
Oral Surgery	594	34	-25	27	321
Orthodontics	84	1864	4085	0	12544
Orthopaedics	1869	387	-596	672	3194
Paediatrics	211	0	0	0	161
Rapid Diagnostic Centre		224	209	0	2079
Respiratory Medicine	136	29	71	1	178
Restorative Dentistry	37	169	71	16	1596
Rheumatology	393	0	-14	14	14
Sport and Exercise Medicine		175	74	0	3116
Therapies		46	0	0	528
Thoracic Medicine	6	950	1508	368	7119
Urology	1108	15284	20585	3040	111177
Total	13112	15284	20585	3040	111177

N.B. The numbers reported above include patients waiting for an INNU procedure. Following guidance by the NHS Executive, the formally reported position for the end of October will exclude 308 patients whose pathway of care is undergoing clinical review.

How do we compare with our peers?

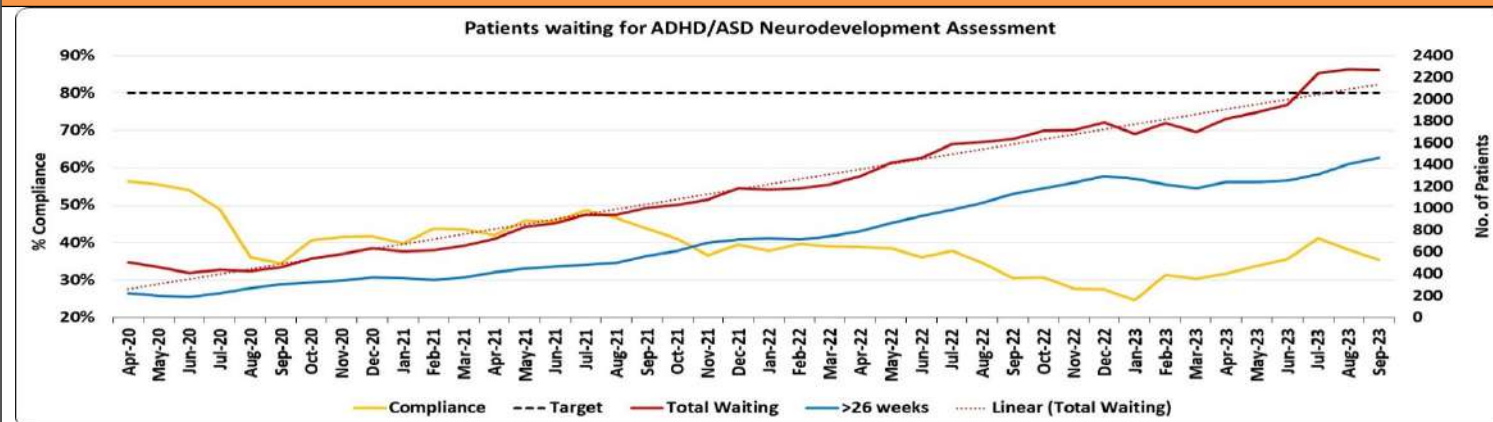


RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT)

How are we doing?	What actions are we taking & when is improvement	What are the main areas of risk?
General Surgery and Colorectal – We continue to reduce 156 & 104 week waits and are on target to clear by end of December. Stage 1 (new outpatient) & 4 (treatment) over 156 weeks are seen and treated. With small cohort left at stages 2 & 3 (Diagnostic and follow up). Orthopaedics – Clear at stage 1 for 156 weeks; middle stage delays with Nerve Conduction Studies (NCS) escalated. Stage 4 – Eight inpatients require surgery at RGH, plans for which are in development	General Surgery – Running large hernia clinics with one consultant and registers to reduce stage 1 wait. New registrar timetable to increase capacity in general clinics. Appointment of 6 month NHS locum to target the stage 4 waiting list (mid November). Review of all clinic templates to increase new appointment slots. Endoscopy – Working closely with Endoscopy to ensure all long waiters are booked or partial booked; monitor conversions. All stage 2 & 3's (>104 & >156 weeks) to be cleared by end of December. Orthopaedics – Across site collaboration to support booking stage 4's in turn. Medical Records have pooled first appointment lists. Ophthalmology – Long waiting RGH new glaucoma patients transferred to the virtual Maesteg (POW) pathway. Appointment of 2 locum glaucoma consultant posts to target urgent, long waiting glaucoma patients. Outsourcing longest waiting stage 1 cataract patient to UHW. Recently sent 504 patients. Utilising doctors/trainees by arranging extra clinics during cancelled theatre sessions. Validation of patients waiting >104 weeks across all sub specialties. 20 long waiting YAG laser patients sent to POW to be treated sooner. OMFS – We are continuing to run additional waiting list initiative clinics with an aim to reduce the routine new waiting times down to 52 weeks and reduce the urgent waiting time to 16 weeks. We are hoping to run additional minor operating lists to help reduce the stage 4 numbers. We are awaiting clinician availability. Improvement is anticipated by end of December. Urology – Nurse practitioner attending biopsy training course November 2023. Additional paediatric clinics being provided at POW. Validated all stage 4 greater than 4 years. Transferring stage 1 and stage 4 long waiting patients to POW accelerated cross site working. Validating/removing duplicate pathways. Reviewing capacity templates. Two consultants have agreed to WLI for trans-perineal biopsies. Job plan reviews in progress.	Long waiting times can lead to irreversible harm and poorer outcomes for our population and patients Challenges to operational delivery include: General Surgery – Risk with incisional hernia repairs, 22 of the current stage 1 >52 weeks are incisional hernia repairs, which only 1 consultant in POW is able to undertake. Many long waiting stage 4 patients are complex. Lack of capacity in colorectal clinics for general patients . Day Surgery – Higher levels of unscheduled care demand is impacting on capacity available for day surgery activity. No dedicated inpatient capacity at PCH site. Optimising cross site working, challenged by poor uptake of patients willing to travel, UHB considering increased comms to improve this. Insufficient number of theatre stacks remains a constraint on surgical capacity and theatre productivity. Changing job plans and revising scheduling of casemix has thus far not provided a work around. Orthopaedics –Insufficient radiographers; SBAR submitted for approval of agency radiographer. Ophthalmology Currently demand outweighs capacity and unable to support in current clinics, result in long waiting times and patients eye sight deteriorating. OMFS – Clinician availability for additional clinics during evenings and weekends, risk of exhausting workforce and impacting on core activity. Urology – Pathology turnaround times are longer than the expected pathway time. Shortages in consultant capacity and reliance on locum surgeons undertaking a 1:2 on call, reduces resilience of the service, to function at times of leave. This will be exacerbated by the Associate specialist retiring in December. Challenges to the safe transfer of patients across the UHB being presented by 2 separate PAS systems and the shortages in administrative staff and sickness within this group which are required to compensate for this deficiency. Issue manifested itself by 4 patients waiting in excess of 4 years being temporarily removed from the 'actively' reported waiting list.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (Target 80%) September 2023 - 35.4%



How are we doing?

The yellow line on the chart above shows that compliance with the 26 week access target for neurodevelopmental is fluctuating around 35-40%. Discrete performance during the month was 35.4%, which compares to 24.7% in January 2023 (lowest level observed), but access remains well below the WG target of 80% and will continue to remain so, until the backlog is addressed.

Additional short term investment into the service has been used to ensure that no children is now waiting >104 weeks for an assessment. Plans to sustain this position up until the end of March 2024 requires further WLIs to address the 85 shortfall presently identified.

What actions are we taking & when is improvement anticipated?

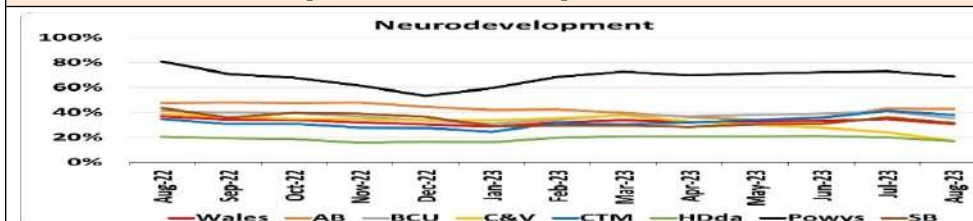
The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with LA, along with AHP posts to support pre/post diagnosis, with third sector agencies allocated funding to provide support until March 2024.. Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further.

SLA repatriated from SBUHB 1st August 23, with a CAMHS Consultant and Speech and Language Therapist supporting the waiting list/cohort of patients returned to CTM. Improvements in waiting times are anticipated from January 2024 following commencement in post of substantive appointments. Ongoing validation of waiting list, with transition and signposting to relevant services/agencies as appropriate

What are the main areas of risk?

- Demand continues to outstrip core funded capacity. A better understanding is needed of what is currently offered by the third sector and wider community services and what gaps exist. Funding provided via RBP will undertake a scoping exercise of this with a view to forming relationships and links – outcome measurement meeting will inform discussions – projects ending by 31st March 2024 will inform
- Resource constraints on multidisciplinary provision that lead to assessment outcomes.
- Identifying constraints that are impacting on the ability to deliver timely services.
- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners

How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	68.9%	1st
AB	42.7%	2nd
CTM	38.2%	3rd
BCU	35.3%	4th
SB	31.4%	5th
C&V	17.2%	6th
HDda	17.0%	7th

Follow-up Outpatients Not Booked (FUNB) – Provisional Position October 2023

Number of patients waiting for a Follow-up with documented target date

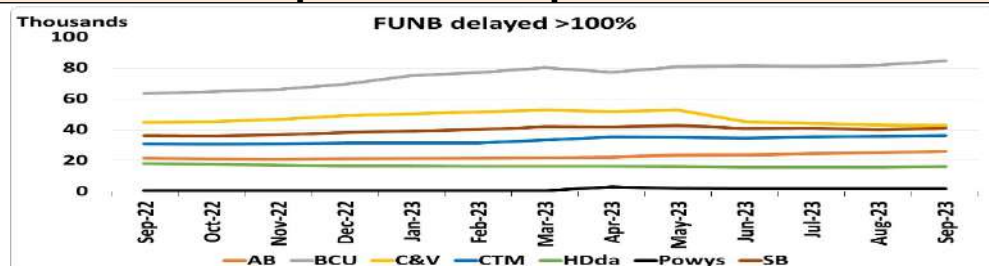
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	85,399	54,186	139,585

Number of patients waiting for a Follow-up delayed over 100% - Target: Improvement trajectory towards a national target of Zero

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
30,138	6,852	36,990	26.5%

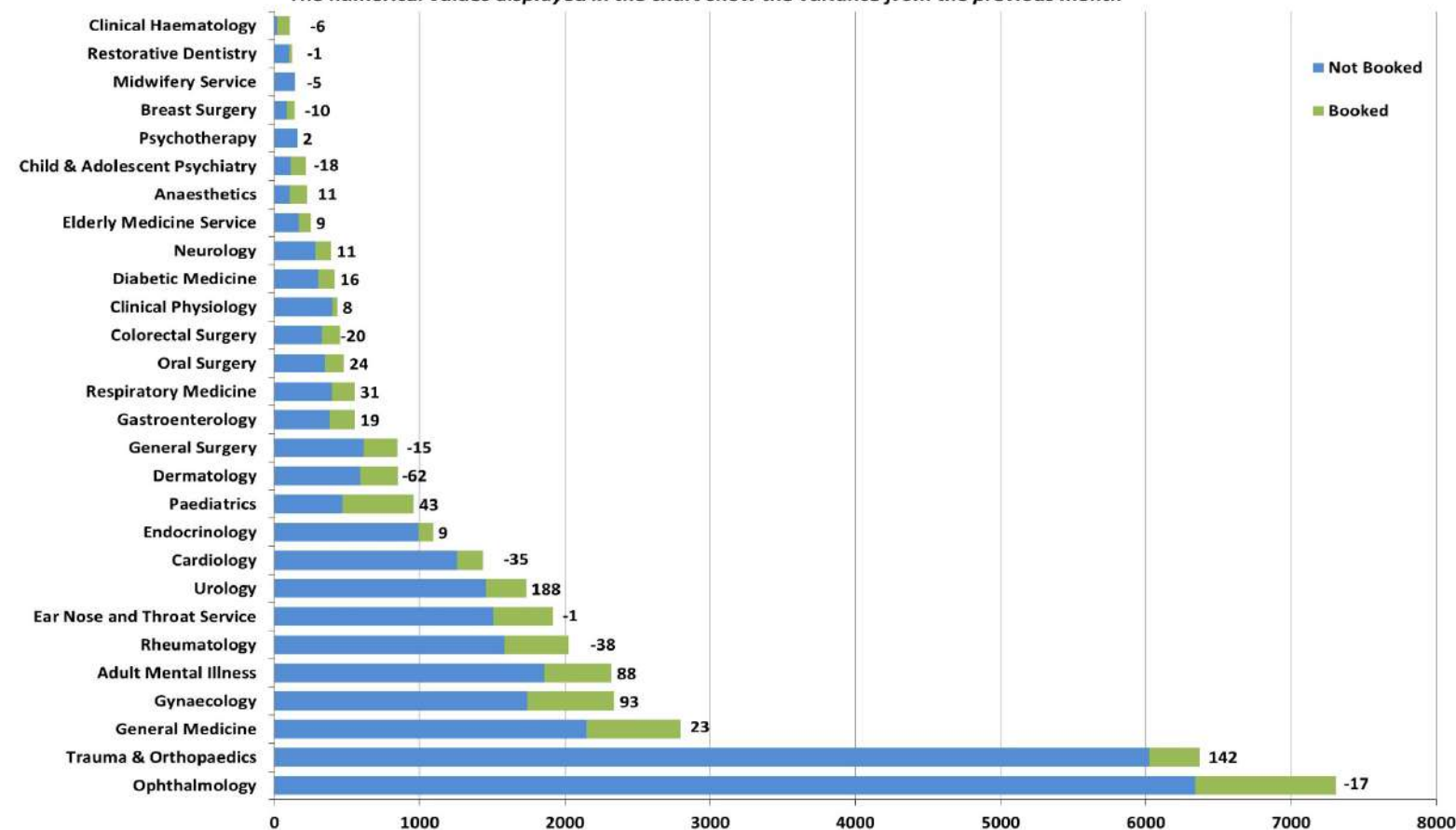


How do we compare with our peers?



Status as at September 2023		
Health Board	Compliance	Rank
Powys	1,624	1st
HDda	15,957	2nd
AB	25,810	3rd
CTM	36,221	4th
SB	41,048	5th
C&V	42,592	6th
BCU	84,303	7th

Number of patients delayed by over 100% past target date by specialty where volumes exceed 100 (October 2023)



How are we doing?

The number of patients waiting for a follow-up appointment in CTM, at the end of October 2023, provisionally stands at 139,585 which is an increase of almost 19% on the patients waiting during the equivalent period of 2022. There are currently no patients without a documented target date

Of the patients waiting, 36,990 (26.5%) have been waiting more than 100% longer than their clinician advised, representing an increase of over 21% on the same period last year.

As it currently stands, combined outpatient activity levels during October, continued to be below pre-Covid levels, although new outpatients has seen a small improvement. The provisional October figures are below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 17,789 which is an improvement of 1.7% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,491
- Total Follow-up Patients seen: 34,730 which is a reduction of 12% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 39,506.

What actions are we taking & when is improvement

General Surgery – New registrar timetable to increase capacity in general clinics, with the aim of registrars reviewing follow-ups. Ongoing consultant validation. Discussions to increase virtual capacity. Validation admin hours required to remove any appropriate patients from pathways.

Orthopaedics – Validation admin hours required to remove any appropriate patients from pathways. T&O Clinical Director has requested consultants review their FUNB lists; directorate sent data to the individual consultants to reduce/clear.

Ophthalmology – Validating the list of patients (320) without an appointment date and were last seen between 2014 – to date, whilst identifying root cause. Validating overdue follow-ups greater than 4 years with a target date. Continuing to send patients out to glaucoma primary care for review. Discussion re: Open Eyes to be installed into primary care practices.

OMFS – Continuing with validation and awaiting consultant availability to run additional review clinics, both face to face and virtual. Improvement is anticipated for March 2024.

Urology – Validating all follow-ups greater than 2 years overdue. Three new posts for admin in POW, awaiting TRAC. Updated training sessions on WPAS for admin staff - all sites with regards to transfer points. X2 substantive consultant posts with a potential for 3rd subject to funding, possible start date 3-6 months from interview. Increase clinic capacity by utilising SPR from RGH when attending POW weekly.

What are the main areas of risk?

General Surgery – Limited clinic capacity for follow-up appointments.

Ophthalmology – Limited clinic capacity to address backlog of glaucoma follow-up appointments – unknown harm/progression of blindness. Workforce capacity and skillset to validate the volume and not having opportunity to identify root cause. Limited admin workforce to support primary/community scheme, vital for scalability and sustainability. WG funding slippage – funding not spent due to missed activity (delayed start time etc.). This will be an ongoing issue every month unless we can increase admin time to support the scheme. Variance in PAS/imaging IT systems over CTM.

OMFS – Clinician availability for additional evening and weekend clinics, risk of exhausting workforce and impacting on core activity.

Urology – Lack of capacity in current job plan clinical activity due to pressures of SCP and RTT long waiters. Variance in patient information systems used. Lack of admin staff to validate/input data (limited target dates being input).

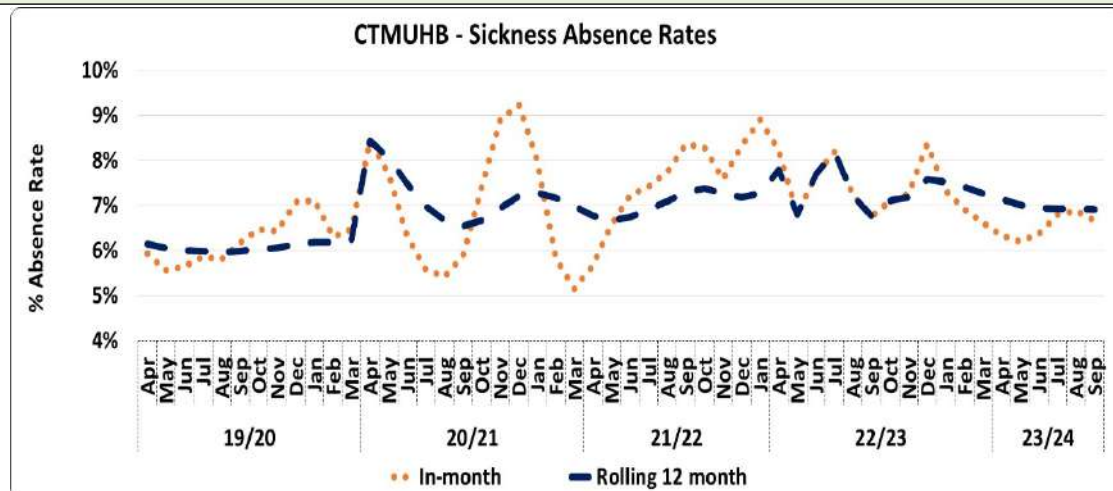
2.4 Welsh Government Performance Indicators: Quadruple Aim 3- A Motivated & Sustainable Workforce

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.9%	Sep-23
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		11.50%	Jun-23
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		6.6%	Sep-23
	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators	Evidence of activity undertaken to prepare to embed reporting against the Workforce Race Equality Standard (WRES) (as described in the reporting template to be released September 2023)	Data not available as yet		
	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives	Evidence of progress and improvement, along with key risks to delivery, of the identified equality objectives	Data not available as yet		
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%		62.0%	Oct-23
	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work - Dementia Learning & Development Framework) and increasing access to timely diagnosis	Evidence of Improvement	Majority on track, but scope to improve	N/A	Sep 22 - Mar 23



CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12 month reduction trend – Sep 2023 (6.9%)



The overall rolling twelve-month sickness rate to September 2023 is 6.9%, marginally higher than the equivalent rolling period of the previous year (6.8%). The in-month sickness rate was slightly lower than the previous period at 6.7% and similar to the equivalent period of 2022 (6.8%). The last 12 months have seen rates ranging from 6.2% to 8.4%.

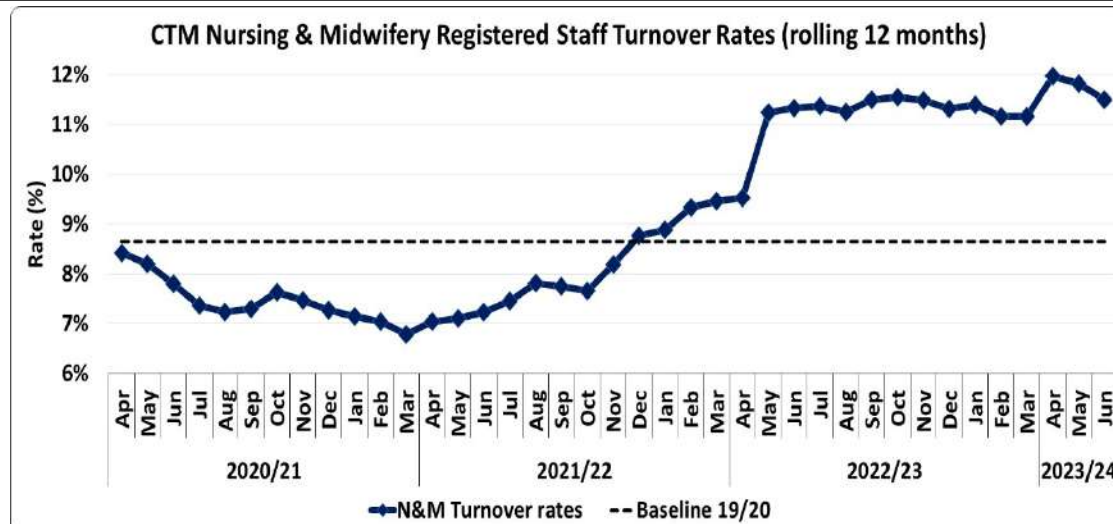
What actions are we taking & when is improvement anticipated? What are the risks?

There has been a slight increase in the rolling 12 month sickness levels, although in month sickness is declining. The People Services Team continue to review how best to support managers, with the goal of upskilling them in managing sickness absence for employees within their area.

Cases have been triaged throughout the month to the relevant People Services contact in the area to assist with continuity of advice.

The People Services team have explored with ESR colleagues the potential of creating reports for managers that are more accessible via the supervisor self-service portal. The ambition is that this will allow manager's access to their hierarchy to review Return to Work reports, sickness data and a detailed tab that identifies who is absent. This will support management accountability and allow them to manage their employees more successfully.

Turnover rate for Nurse & Midwifery registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20 (8.65%) – June 2023 – 11.5%



N.B. this data is supplied by HEIW as the measure reports on individuals in a N&M role who leave permanent or fixed term contracts and do not move to another role within NHS Wales. The rolling 12 month turnover rate for registered N&M Staff at June 2023 is 11.5%, whereas the equivalent period of 2022/23 observed rates were, albeit high, at 11.3%

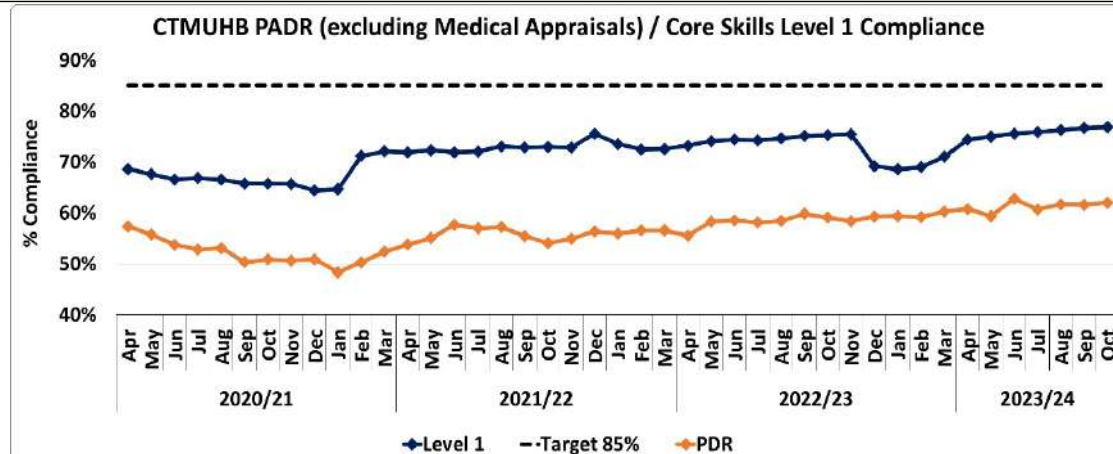
What actions are we taking & when is improvement anticipated? What are the risks?

Nurse retention is an area of focus for both the 'People' & Corporate Nursing teams. The risks and challenges are reflective of complex local, national and international issue in regard to the shortage of registered nursing and midwifery professionals. Improvements in this area will be delivered over the longer term and are interlinked with other ongoing work streams around improved attraction, bolstered recruitment pipelines and employee experience.

The UHB is actively involved in national All Wales HEIW Nurse Retention programme and enacting the *Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan* that was launched in September.

Our Retention Action Plan covers delivery against both our internal plans and the actions within the HEIW plan. Work-life balance and promotion remain the top two reasons for leaving (based on ESR data) – we are focusing on retention initiatives that will seek to improve these. A Retention Steering Group has formed to give oversight, direction and engagement on this work.

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - October 2023 (62.0%)



Overall **PADR** compliance remained fairly static at 62.0%. Compliance for the past year has ranged from 59.2% to 62.8%, recognising that this continues to remain below the WG target of 85%.

As at October, combined core mandatory training compliance is at 68.1% with overall compliance for **Level 1** disciplines at 76.9% and likewise, remains below the required standard of 85%.

What actions are we taking & when is improvement anticipated? What are the risks?

PADR – Your Conversation:

- CTM-specific PADR and Pay Progression FAQs being developed.
- Detailed PADR Evaluation and Impact Report being compiled to assess engagement levels and highlight key areas for improvement.
- From this, recommendations will be created and actioned, including the development of additional educational resources.
- "How to have a PADR" eLearning module being added to ESR to track completion more effectively and target areas of management population where compliance is lowest.
- Targeted communications being sent to managers with PADR compliance below 85%.
- Assessment being done to establish how best to capture Medical & Dental appraisals as part of overall figures.

Core Learning:

- Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board.
- Monthly drop-in sessions now live, with the Core Learning team attending different sites each month.
- A wider range of subject guides and educational materials in development to support staff to access their learning.
- Targeted work happening in Medical & Dental, specifically with regards to Welsh competencies in-line with the ongoing improvement work

Through all of the listed activities, the aim is to continue with the recent incremental gains until we reach PADR and Core Learning compliance of 85% across the Health Board. Adopting a targeted approach within the staffing groups with lowest compliance will expedite any gains made. ICO require 85% compliance by January 2024.

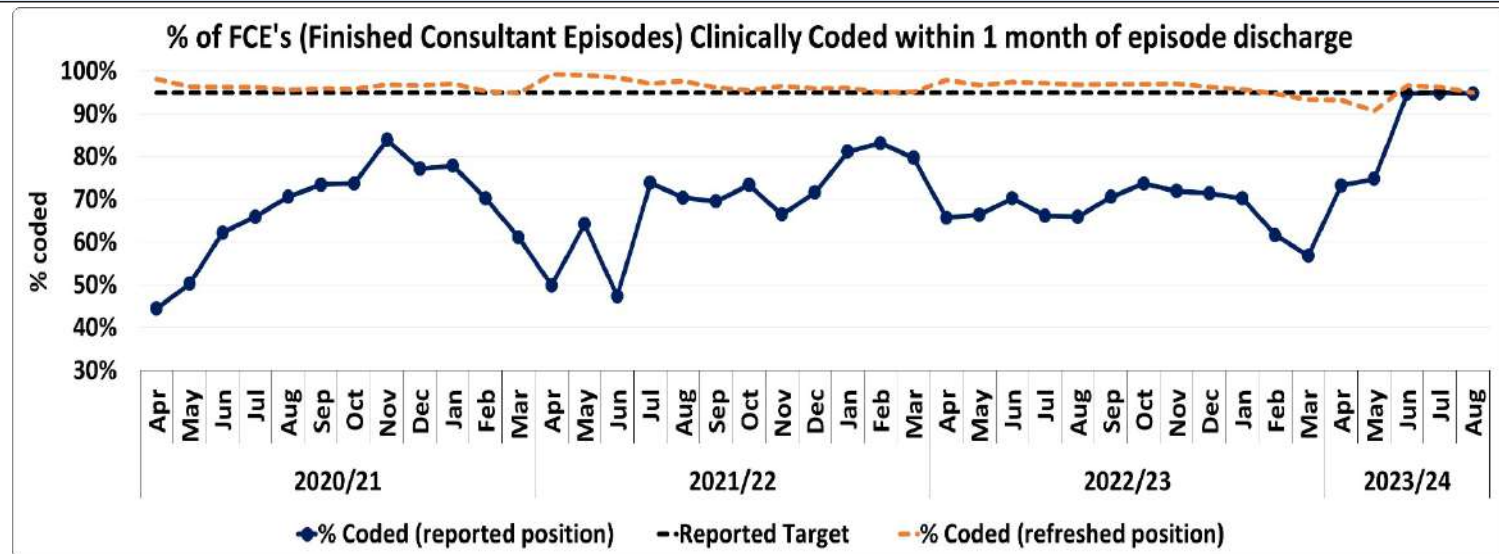
CTM Level 1 Core Mandatory Training Compliance October 2023	
Equality, Diversity & Human Rights	84.3%
Moving & Handling	82.7%
Health, Safety and Welfare	82.5%
Safeguarding Children	82.1%
Safeguarding Adults	81.8%
Information Governance	76.0%
Violence & Aggression	75.6%
Infection Prevention and Control	75.1%
Fire Training	74.6%
Resuscitation	55.4%
HB Overall Compliance	76.9%

2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes					Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure		Target	Key: — Trend --- Target/Trajectory	Key: Target Achieved Target Failed	Latest Position				
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months		94.8%	Aug-23				
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		93.9%	Aug-23				
	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Majority on track, but scope to improve		N/A				
	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	On Track		N/A				
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		12.6%	Aug-23				
	Number of Pathways of Care delayed discharges	12 month reduction trend		288	Oct-23				
	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays	Evidence of Improvement	Data not available as yet						
	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan		Majority on track, but scope to improve		N/A				
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		90.9%	Sep-23				
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			88.1%					
	Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	Data not available as yet						
	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of Improvement	Majority on track, but scope to improve		N/A				

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes					Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes				
Performance Measure		Target	Key: — Trend --- Target/Trajectory	Key: Target Achieved Target Failed	Latest Position				
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2023/24		70	Apr-Oct 2023				
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2023/24		12					
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		90.87					
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		33.84					
Safe Services	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		30.42	Sep-23				
	% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction against the same month in 2022-23		30.7%					
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		66.9%					
	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024		1,079					
Safe Services	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		56	Oct-23				

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate an improvement trend over 12 months – August 2023 - 94.8%



How are we doing?

The reported position for August 2023 was 94.8%, just falling short of the desired target level of 95% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale. As of 31st October 2023, the backlog which developed at the start of the year has been largely addressed and will be over 96% coded by the end of November.

Compliance for the correction of errors for August surpassed the WG target of 90% with 93.9% (153 of 163) of identified errors corrected within the specified timescale of 35 days.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, this currently stands at 1,500 FCE's per month.

The flow of information from the Maternity Triage Unit at Prince Charles Hospital continues to improve month on month, which is evident in the amount of additional maternity episodes that have been clinically coded for July and August discharges.

Coding managers are working with the heart failure nurses to improve the flow of information and in turn improve on the quality of the coding to further support national Heart Failure Audit.

What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process.

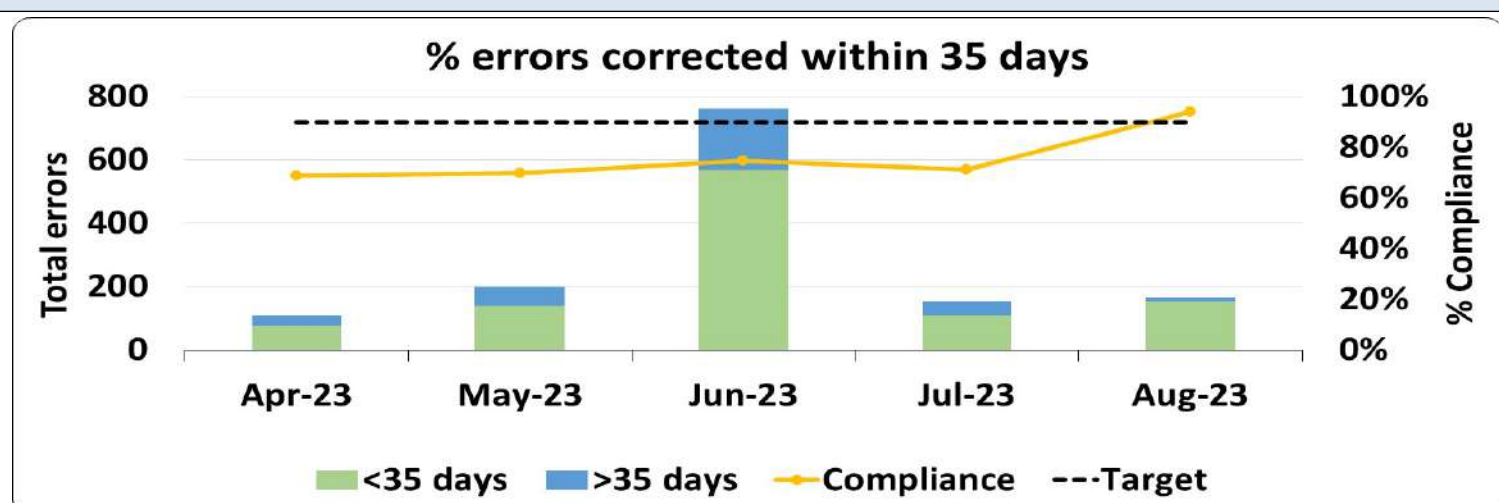
A dashboard, providing the coding team with drill through access to their key performance measures, went live in June and it is expected that this will support the early review of any coding errors without the need for DHCW audit.

Changes in counting practices, which largely affect the Emergency and Assessment Departments have led to an increase in admissions and an increasing but welcome workload for the coding team.

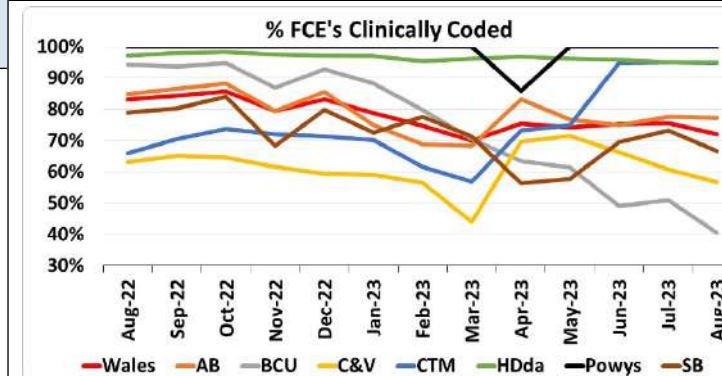
Coded Position as at 31st October 2023				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9786	9334	452	95.4%
May-23	11333	10688	645	94.3%
Jun-23	11480	11176	304	97.4%
Jul-23	11398	11053	345	97.0%
Aug-23	11234	10772	462	95.9%
Sep-23	11695	10158	1537	86.9%
Oct-23	11053	4989	6064	45.1%
Total	77979	68170	9809	87.4%

Backlog	2208

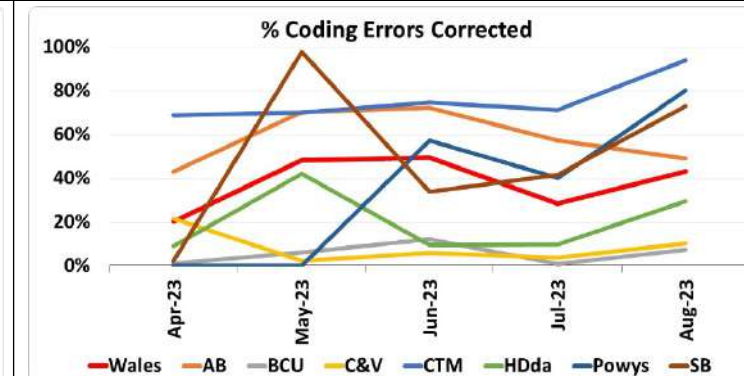
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90%



How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	95.0%	2nd
CTM	94.8%	3rd
AB	77.2%	4th
SB	66.6%	5th
C&V	56.6%	6th
BCU	40.5%	7th



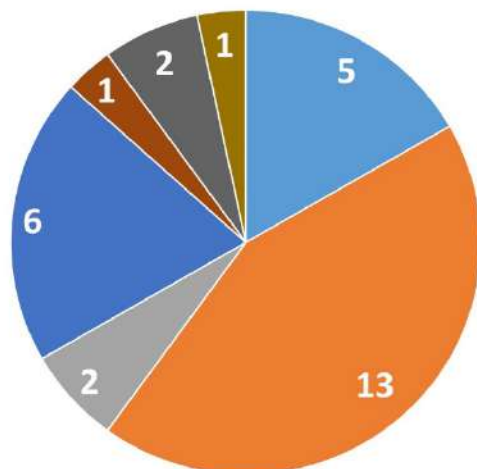
Status as at August 2023		
Health Board	Compliance	Rank
CTM	93.9%	1st
Powys	80.0%	2nd
SB	72.8%	3rd
AB	48.9%	4th
HDda	29.3%	5th
C&V	10.1%	6th
BCU	7.1%	7th

Efficient Services – Pathways of Care Delayed Discharges - October 2023

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 30 / Non Mental Health Delays = 258

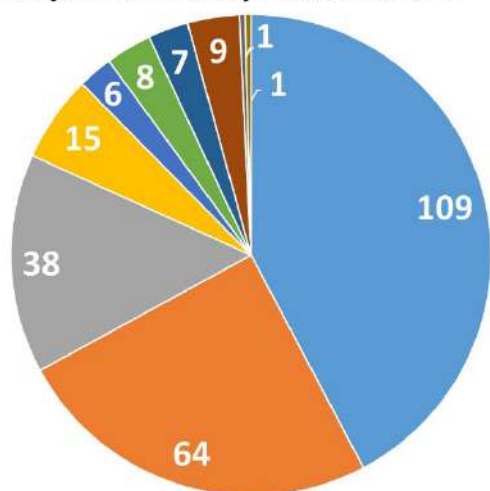
Mental Health - Reasons for Patient Pathway of Care Delays October 2023

- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Transfer related issues
- Disagreements/Legislation
- Home adaptation/equipment issues
- Housing Related Issues
- Step down to recover and assess
- Funding Issues
- NHS Bed related issues



Non-Mental Health - Reasons for Patient Pathway of Care Delays October 2023

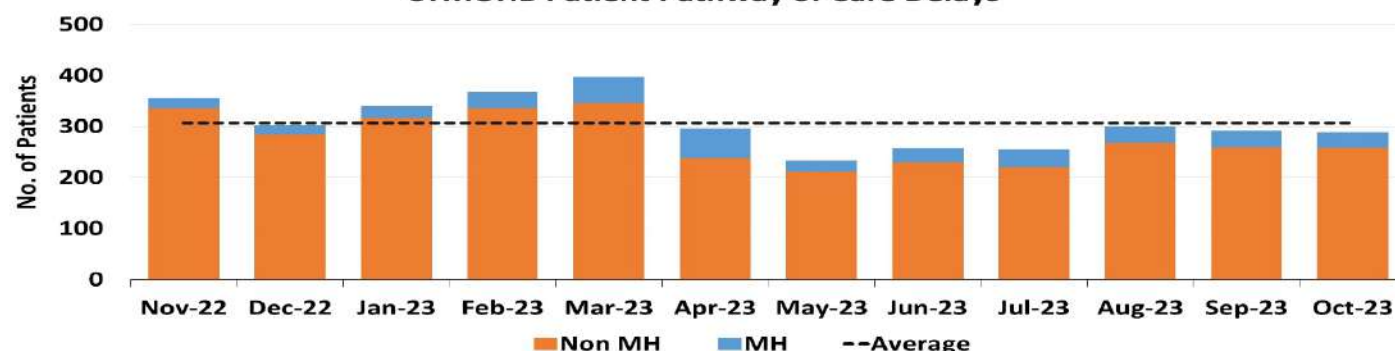
- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Transfer related issues
- Disagreements/Legislation
- Home adaptation/equipment issues
- Housing Related Issues
- Step down to recover and assess
- Funding Issues
- NHS Bed related issues



Delays by Local Authority - October 2023

Healthcare Facility	Powys	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Cardiff	Total
PCH	1			6	19		17			43
POW			52			1		1		54
RGH					2		74		2	78
YCC					34		30			64
YCR					1		48			49
Grand Total	1	0	52	6	56	1	169	1	2	288

CTMUHB Patient Pathway of Care Delays



How are we doing?

Please note that the new reporting arrangements came into effect 1st April 2023 and whilst we continue to embed the model of D2RA throughout CTMUHB, data quality issues remain.

The total number of patients who have been clinically optimised for discharge and are currently awaiting their next stage of care (census 18th October) equates to 288 patients i.e. 258 non-Mental Health patients and 30 Mental Health patients, as is shown in the pie charts to the left. Patients who have experienced delays in the next stage of their care pathway has averaged 307 since November 2022 to date, as observed in the chart bottom left.

What actions are we taking & when is improvement anticipated?

Priority 1: Reduce delays associated with assessment

Introduce a fit for purpose integrated proportionate assessment document	Dec-23
Improve information about ward based proportionate assessment to reduce potential for delay	Dec-23
Revise and re-launch Electronic Whiteboards and Assessment documentation	Dec-23
Establish 2 trusted assessor roles per acute site from RIF funding	Jan-24
Establish operating protocol and procedure between health and care partners for trusted assessor arrangements.	Jan-24

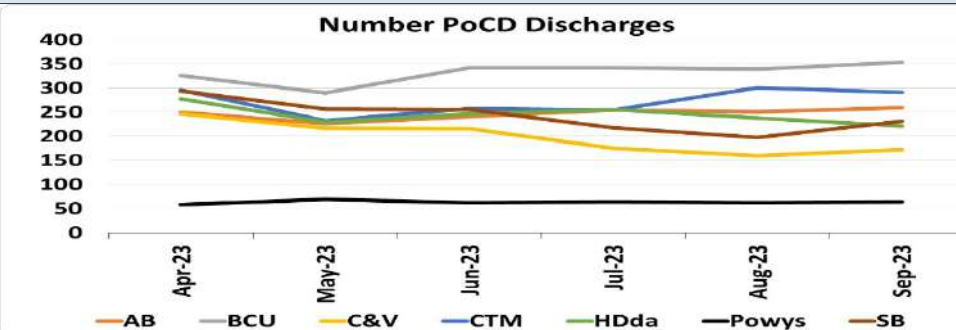
Priority 2: Ensure effective information sharing and accountability for D2RA principles and measures

Revise SoP for discharge hub	Nov-23
Provide daily SitRep of discharge status and delays through discharge hub	Nov-23
Hold daily integrated MDT to focus on system wide discharge	Nov-23
Ensure discharge delays are recorded effectively with an agreed escalation process	Dec-23

What are the main areas of risk?

- Recruitment to trusted assessor roles
- Staffing vacancies within discharge teams
- Resource allocation driven constraints within the data science and software development team capacity

How do we compare with our peers?

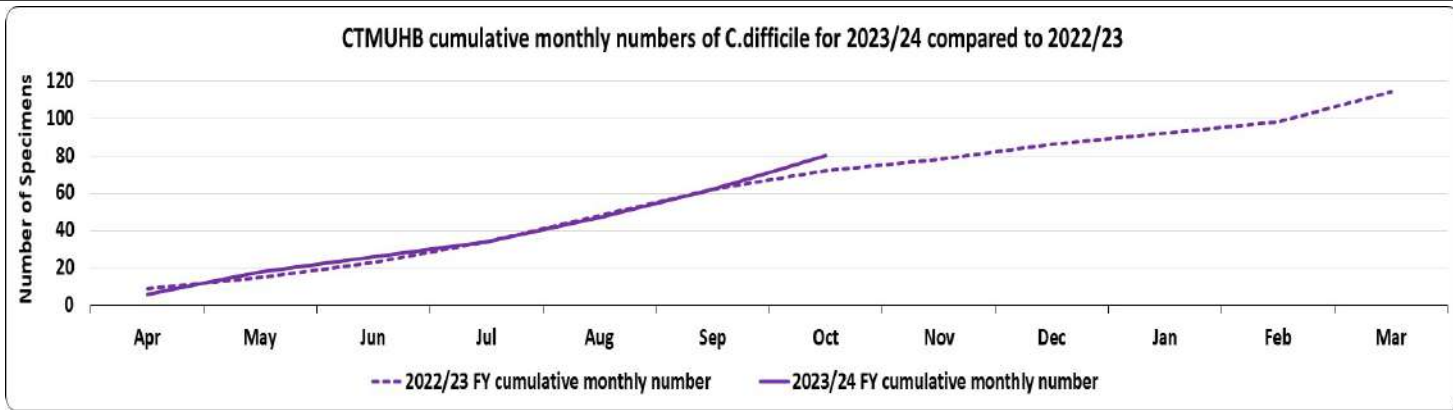


Status as at September 2023		
Health Board	Compliance	Rank
Powys	65	1st
C&V	173	2nd
HDda	222	3rd
SB	232	4th
AB	260	5th
CTM	291	6th
BCU	354	7th

Safe Services – Healthcare Acquired Infections

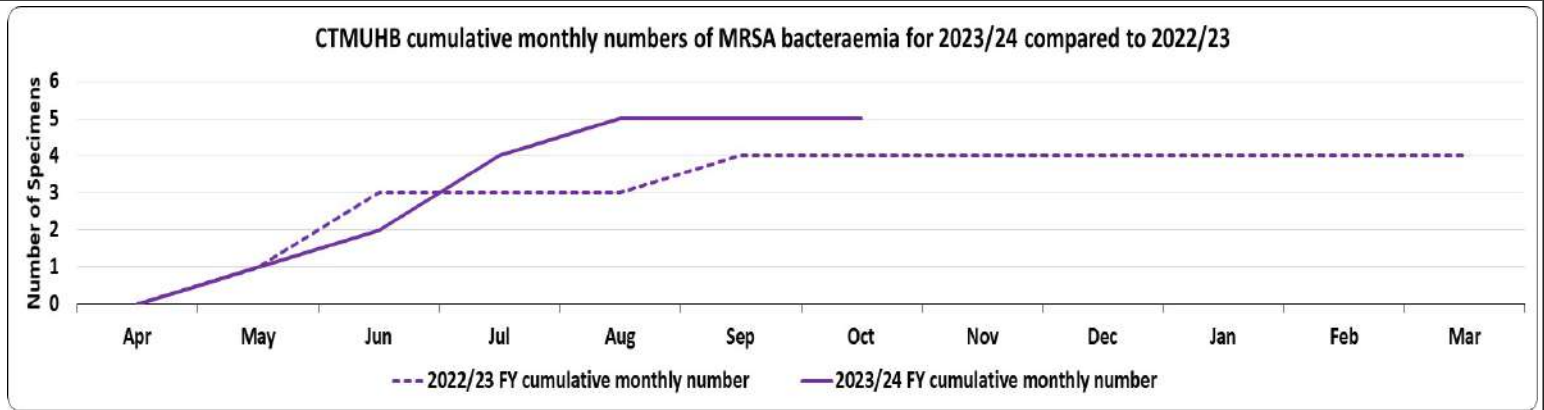
C.difficile

80 C.difficile cases have been reported by CTM between Apr-Oct 2023. This is 8 more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 30.42, which compares to the All Wales rate of 36.91. 35% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with 65% of the specimens community onset (specimen taken in a community location or <3 days as hospital inpatient). Opportunities to reintroduce the RCA process in primary care will be explored to identify and share learning.



MRSA

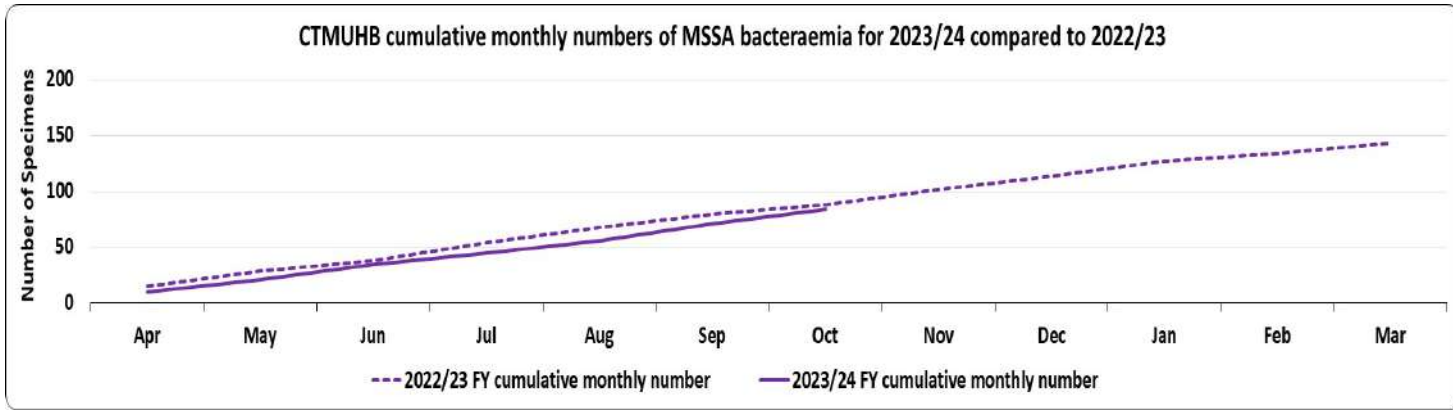
5 MRSA bacteraemia have been reported by CTM between Apr-Oct 2023. This is 1 more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 1.90, which compares to the All Wales rate of 1.78. Four cases are community onset with one case being hospital onset. No preventable sources identified.



MSSA

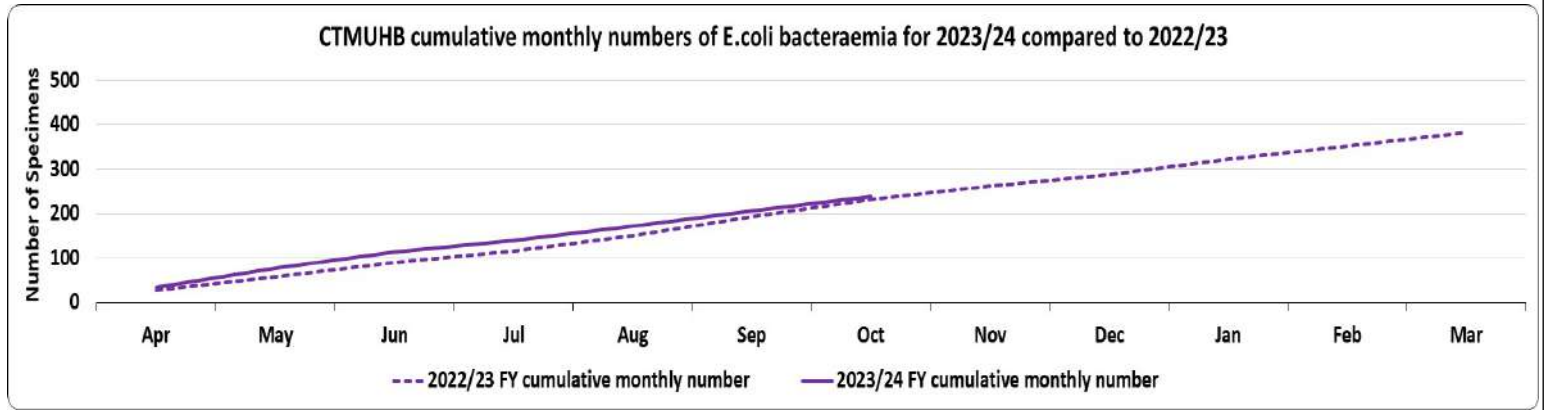
84 MSSA bacteraemia have been reported by CTM between Apr-Oct 2023. This is 4 (4.5%) less than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 31.94, which compares to the All Wales rate of 24.82.

77.4% of the specimens taken are community onset. 12% of the total cases are associated with an invasive device.



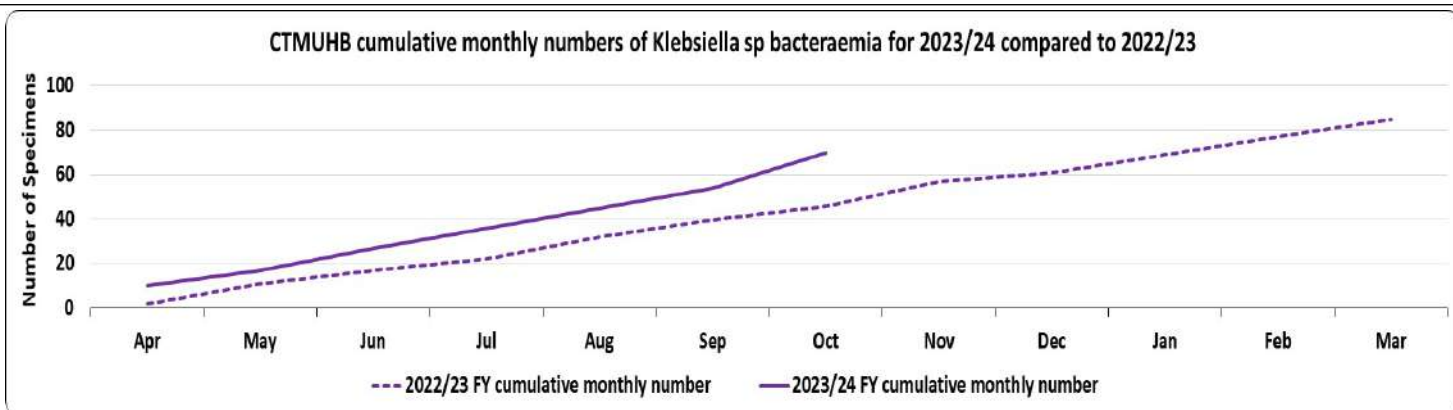
E.coli

239 E.coli bacteraemia have been reported by CTM between Apr-Oct 2023. This is 6 (2.6%) more than equivalent period of 2022/23. The provisional rate per 100,000 population for 2023/24 is 90.87, which compares to the all Wales rate of 73.76. 78.7% of specimens are community onset. 10% of the total cases (23/239) are linked to a urinary catheter. An IPC huddle is arranged to discuss each preventable bacteraemia and learning is shared widely. The IPC team is working with clinical teams to undertake a point prevalence study to identify urinary catheter usage, improve ANTT and IPC training compliance and introduction of the catheter passport in secondary care.



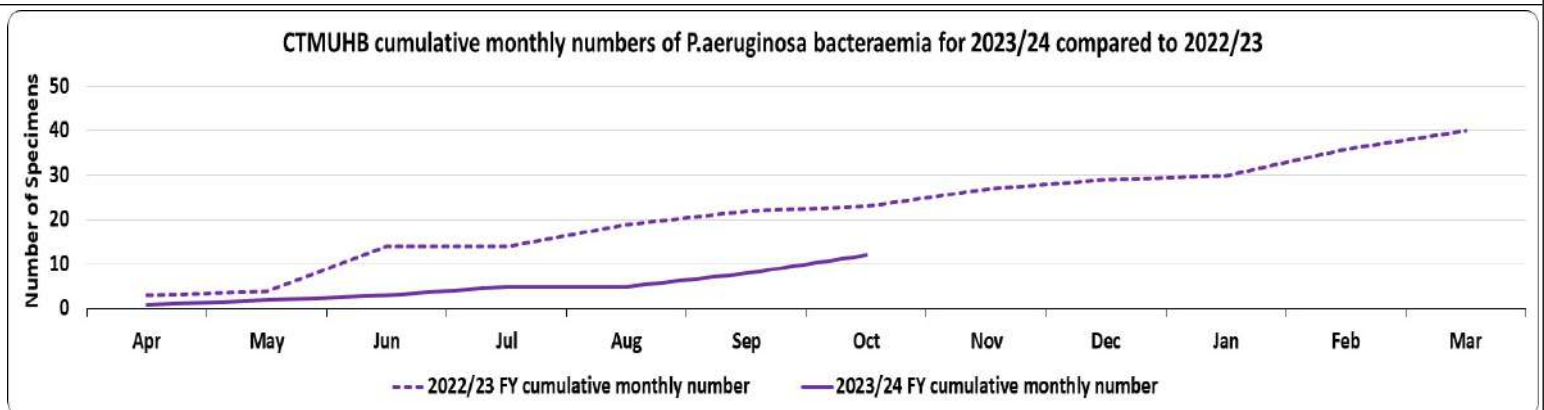
Klebsiella sp

The WG improvement goal requires a 10% reduction compared to 2017/18 figures; this equates to no more than 63 cases. 70 Klebsiella sp bacteraemia have been reported by CTM between Apr-Oct 2023. This is 24 (52.2%) more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 26.61, which compares to the All Wales rate of 23.47. 61.4% of specimens taken are community acquired infections. 16% of the total cases (11/70) are associated with a urinary catheter.



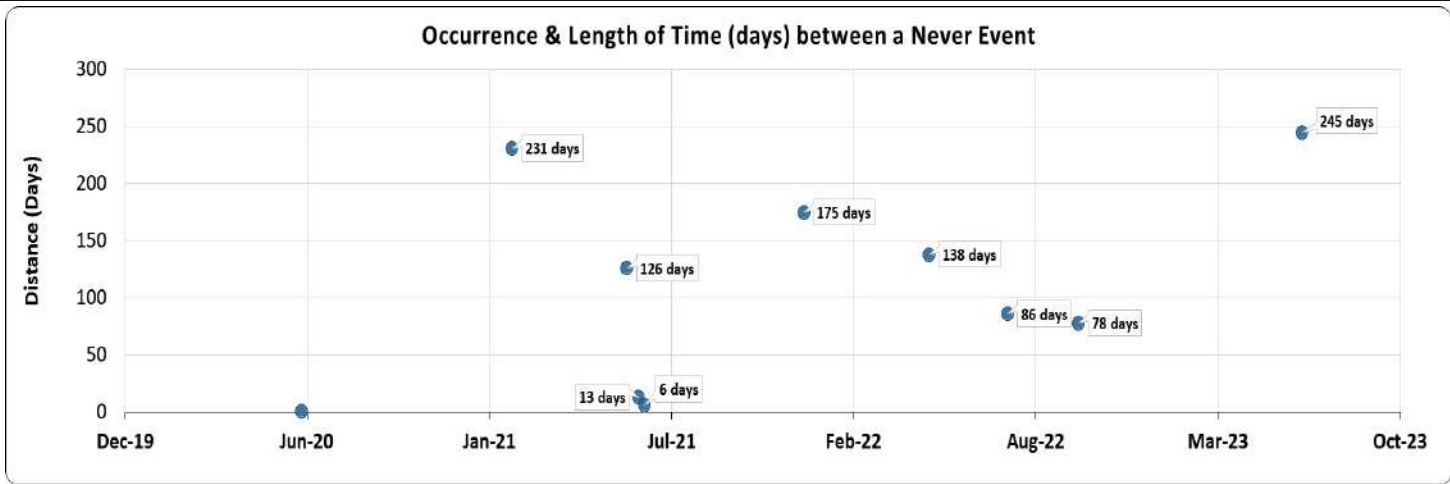
P.aeruginosa

12 P.aeruginosa bacteraemia have been reported by CTM between Apr-Oct 2023. This is 11 (47.8%) fewer than in the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 4.56, which compares to the All Wales rate of 5.29. Seven of the 12 infections are community acquired infections. 25% of the total cases (3/12) are linked to a urinary catheter.



Safe Services – Never Events & Nationally Reportable Incidents

Number of Never Events – October 2023 - Zero



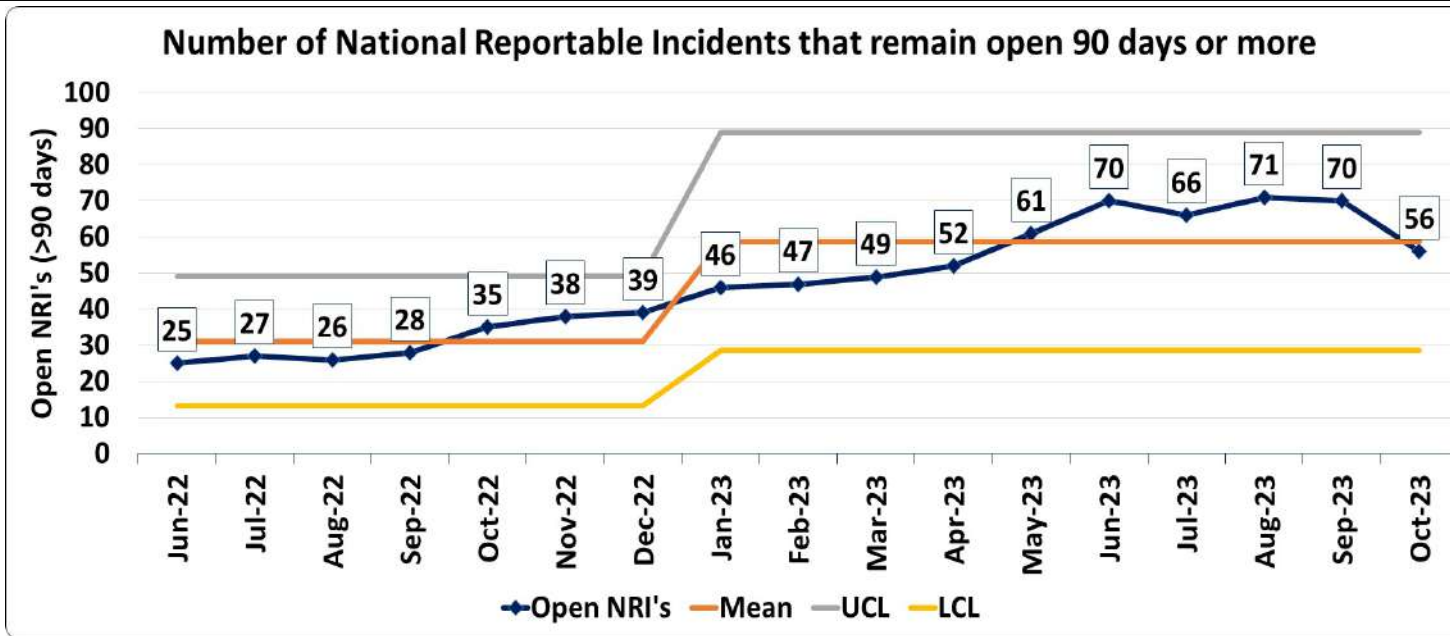
Never events are patient safety incidents that are defined as being wholly preventable. They are considered wholly preventable because guidance or safety recommendations are in place at a national level and should have been implemented by all providers in the healthcare system. This should act as a strong systemic barrier to prevent the serious incident from happening. Learning from what goes wrong in healthcare is crucial to preventing future harm.

There were no Never Events reported during October 2023, with the last occurrence being June this year relating to a wrong side surgery.

In total, 1 reportable event has been observed during the past twelve months (Nov 22 to Oct 23), as detailed in the chart to the left.

Investigations remain ongoing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – October 2023 - 56

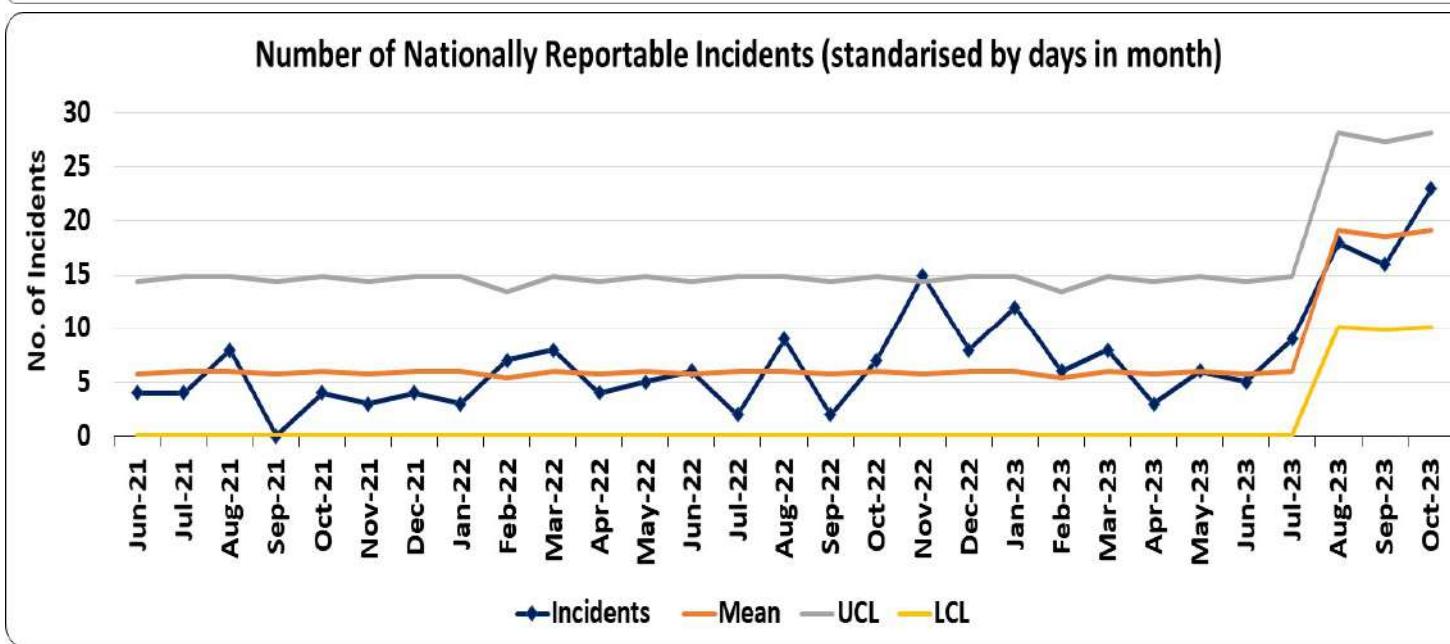


The Health Board currently has 92 open Nationally Reportable Incidents, of which 56 are overdue the timescale for completion. A trajectory plan for concluding all overdue Nationally Reportable Incidents is in place.

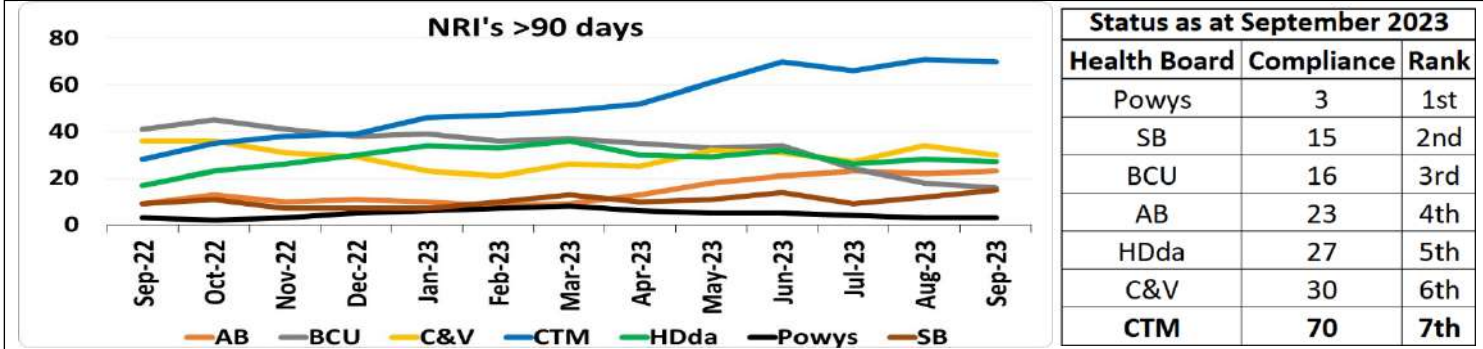
During October, 23 NRI notifications were submitted to the NHS Executive (NRIs are detailed in the table below). The rolling 12 month total (Nov 22 to Oct 23) equates to a total of 130 incidents which is more than double the incidents in the equivalent timespan of 2021/22, where a total of 60 incidents were recorded.

The increase in the number of NRI's, particularly since August this year is partly attributed to the change in reporting requirements for infection, prevention and control incidents.

Type of Nationally Reportable Incidents	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total
Pressure Damage	1	2	2	3	2	1		3	2	6	2	7	31
Admission / Transfer / Discharge	8	1	5		1				1			1	17
Infection Prevention & Control										6	10	13	29
Maternity adverse occurrence		1	1	2	1		2		1	4			12
Treatment, Procedure		1	3		2	1			2		1	1	11
Clinical Assessment, clinical diagnosis	2	1			1		1	1	2	1	3		12
Patient/Service user death	2			1	1		3	1		1			9
Safeguarding		1	1										2
Medication		1				1			1			1	4
Slip, Trip or Fall	2												2
Monitoring/Observations													0
Accident, Injury				1									1
Delays													0
Behaviour (including violence and aggression)													0
Neo-Natal Event													0
Diagnostic Testing - Radiology													0
Records, Information													0
Staffing													0
Grand Total	15	8	12	7	8	3	6	5	9	18	16	23	130

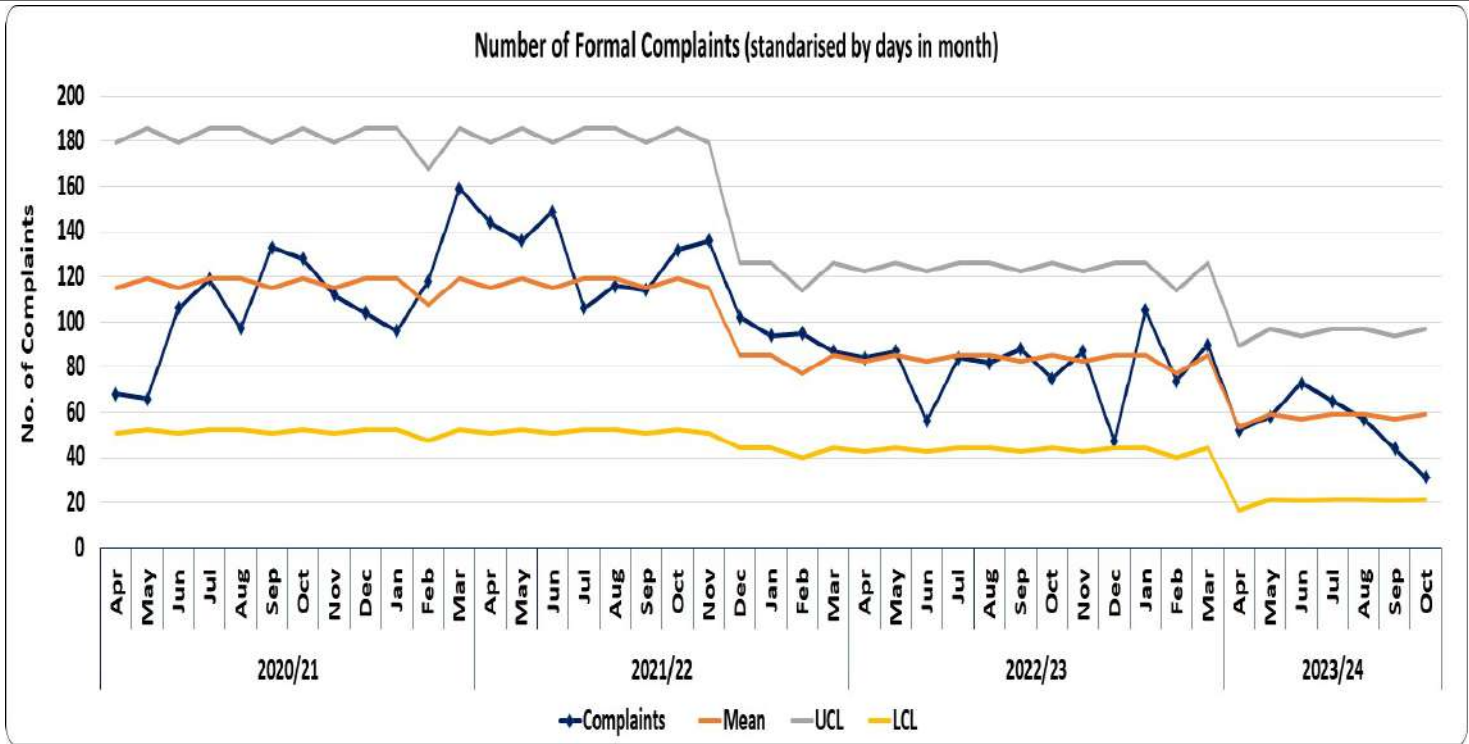


How do we compare with our peers?



CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – October 2023 - 31 Formal Complaints

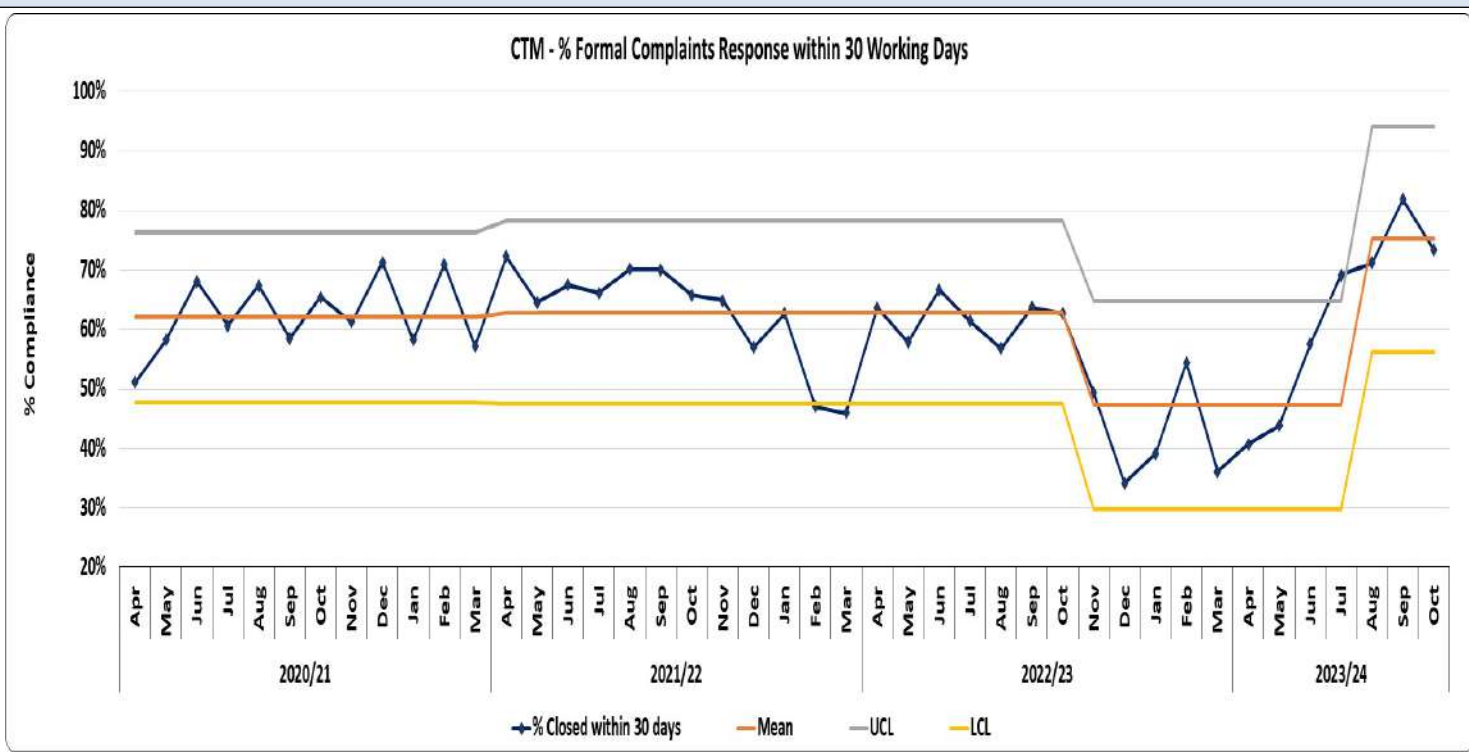


During October, 31 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. Current volumes remain below the current mean of 59.

For those complaints received during October, the top five themes relate to clinical treatment/assessment (23), other (2) & referral (2) and 1 apiece for appointments, medication, access to services and assault.

Top Ten - Main Themes from Complaints during the last 12 month period	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total
Clinical treatment/Assessment	32	29	60	44	47	33	32	45	36	45	33	23	459
Communication Issues (including Language)	11	1	9	9	14	1	6	3	3	0	0	0	57
Attitude and Behaviour	10	2	8	4	8	3	1	3	5	2	1	0	47
Appointments	9	3	5	2	5	1	6	5	6	1	1	1	45
Patient Care	4	4	7	3	0	0	2	4	2	0	2	0	28
Medication	6	0	4	0	0	3	4	6	2	1	1	1	28
Discharge Issues	2	1	4	6	6	4	2	2	3	2	0	0	32
Other	0	1	1	3	1	2	2	2	3	4	5	2	26
Accident/Falls	3	3	1	0	0	2	1	0	0	0	1	0	11
Referral	0	1	2	1	1	2	1	1	1	0	0	2	12

% formal complaints response within 30 working days – October 2023 – 73.3%



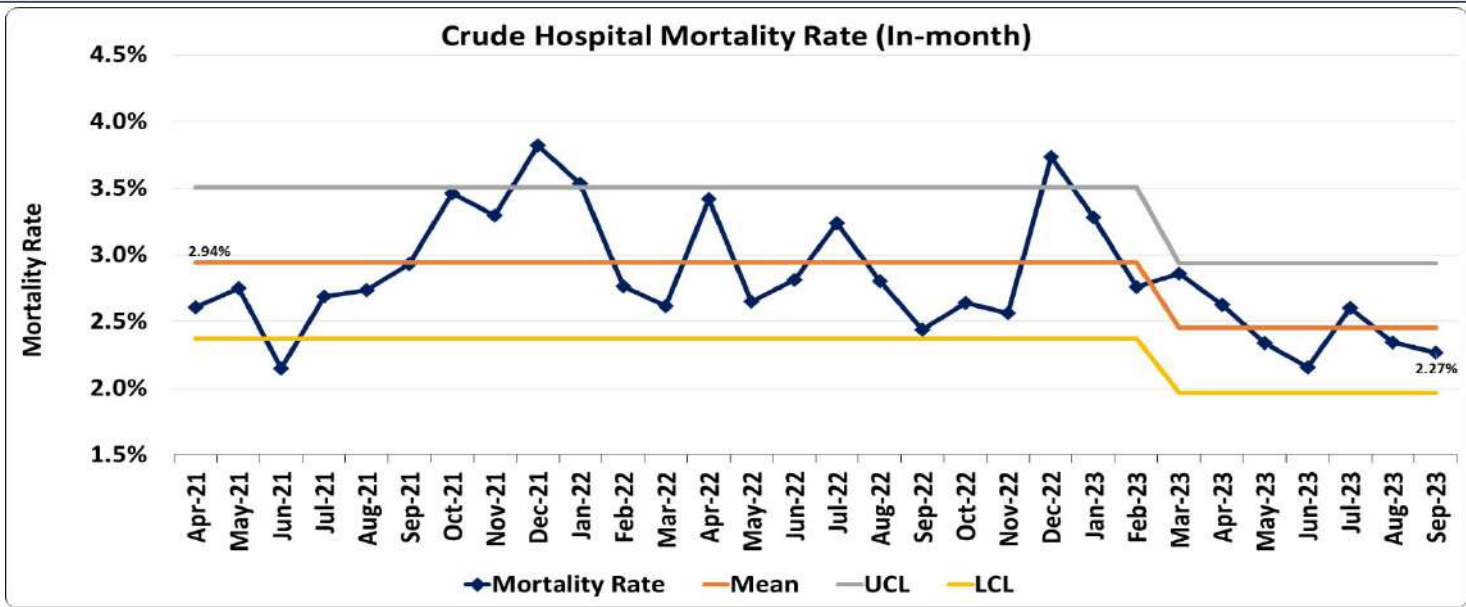
The proportion of complaints responded to within 30 working days fell to 73.3%, just short of CTM's set target of 75%.

As at 3rd November 2023, the Health Board had 100 open formal complaints. Of these, 62 complaints were open over 30 working days. A trajectory plan is in place to continue to improve compliance and address open complaints over 30 working days.

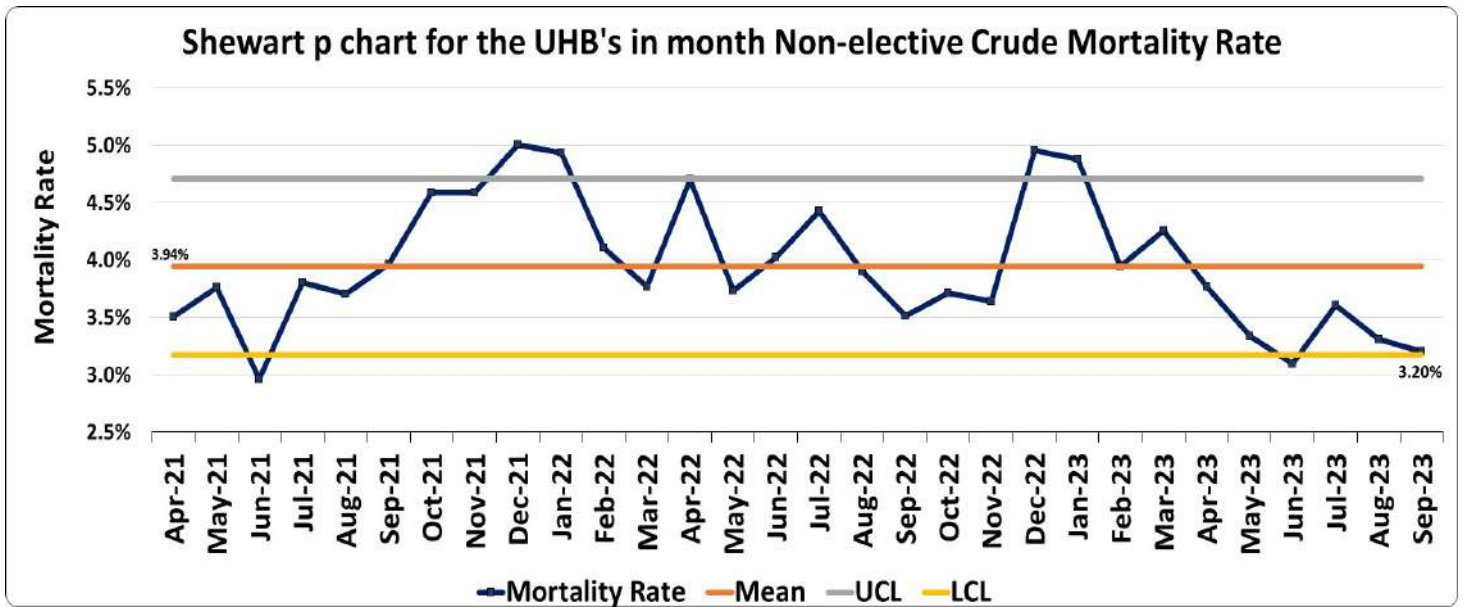
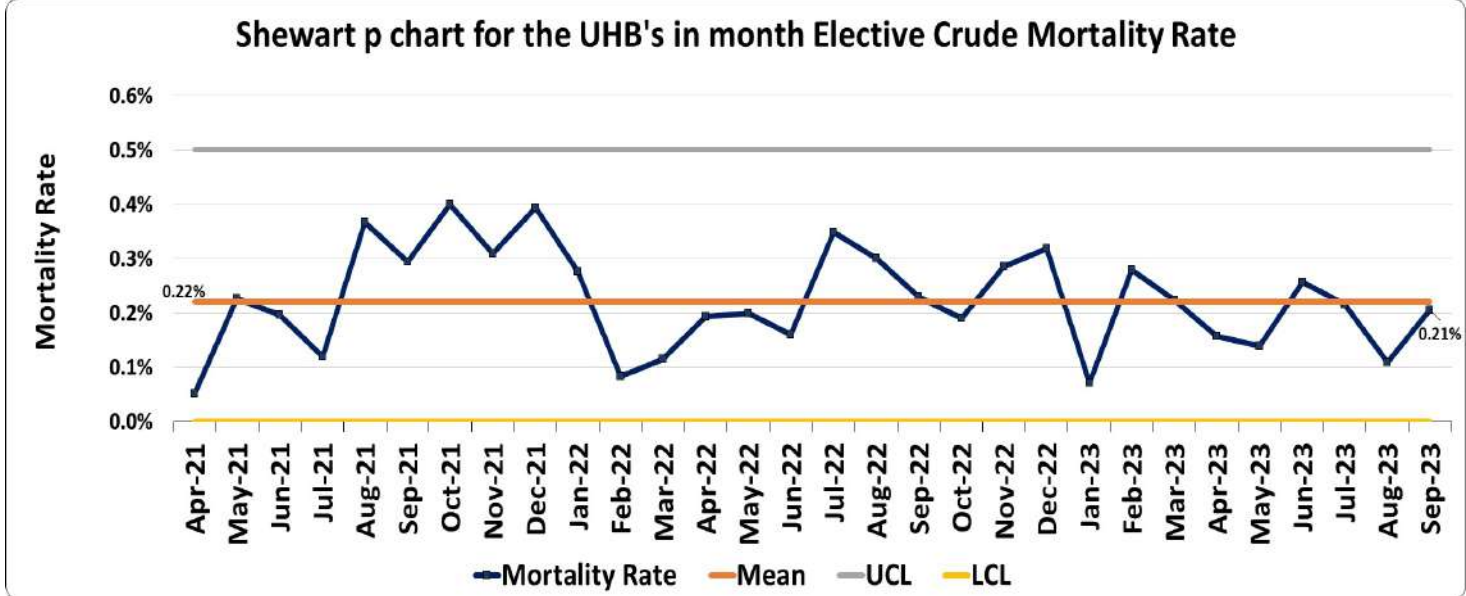
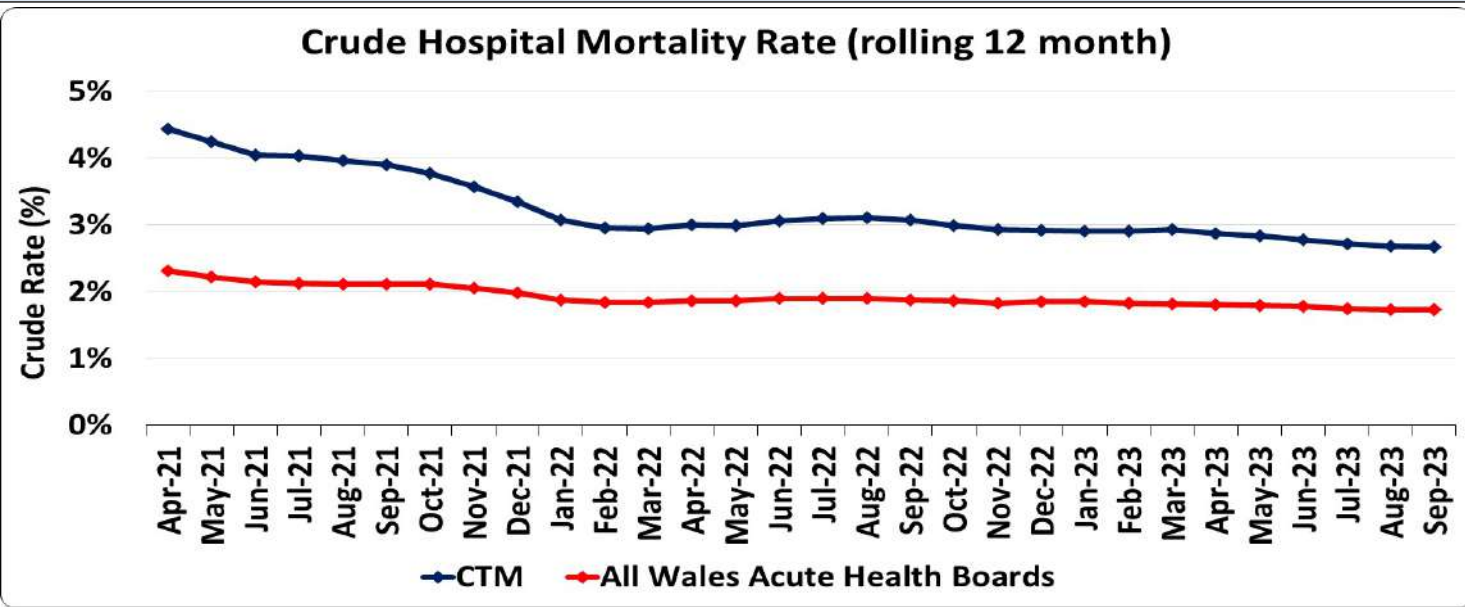
A number of actions are being embedded, one of which includes daily Complaint Team Huddles to review cases and support the embedding of the early escalation process, along with reallocation of cases to ensure a focus remains on the concluded cases within time as well as addressing those over 30 working days.

CTMUHB Focus on Mortality Rates

In-month Crude Hospital Mortality Rates



In-month Crude Hospital Mortality Rates with comparison to peer



As per reports passim the reduction in the various mortality rates used by the Health Board (Crude, Standardised Hospital and Risk Adjusted) is largely a factor of the changes in counting practice, with more patients now being admitted following a presentation to the Emergency Department.

As per WG policy the UHB's Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with the 2014 Palmer Report. Further information is available in previous report to Q&S committee (<https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/quality-safety-committee-documents/2022/15-november-2022/66-learning-from-mortality-reviews-update-20102022pdf/>).

To aid quantitative approaches to monitoring and analysing trends in mortality, the CHKS dashboards are being revisited and the stage 1 review process is being digitised. Key benefits of which will be: the ability to improve access to the causes of death for patients dying in hospital, the ability to link mortality data to the wider patient record and the ability to digitally include information pertaining to the death within the deceased's health record.



Finance Update – Month 7

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

3. Key risks/matters for escalation to board/committee

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.

The following issues/risks have been identified in relation to the **Quality** section:

- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work is underway to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.
- Work is required to ensure data from the range of Health Board systems included in this report are consistently captured and appropriately validated.
- Improving and maintaining compliance with the 30 working days complaint
- Trajectory plan being established to reduce the number of overdue Nationally Reportable Incidents.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality	Data to Knowledge
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.

2023-24 Finance Report

Month 7

Summary

Situation

This report outlines our financial performance against the draft plan for Month 7 (i.e. the period to 31st October 2023.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 7 (i.e. the Delegated budget position).This financial performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

Background

Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan includes a £27.3m savings target which will require a significant step up in savings delivery compared to recent years.

The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.

Summary

Assessment	Recommendation
Overall Revenue position: - During M7, WG have confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £7.7m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24. - The M7 core plan position reported a £32.1m surplus. This represents a £4.4m original core plan deficit offset by £36.5m of additional WG funding (i.e. 7/12ths of £62.5m). The M7 energy deficit of £0.7m was offset by £5.2m of additional WG energy funding, leaving a net surplus of £4.5m. The total M7 surplus was therefore £36.6m - The M7 YTD position is now reporting a £4.6m deficit against the Revenue Resource Limit. This represents a £0.3m favourable variance compared to 7/12th of the £7.7m revised 'planned' deficit of (i.e. £70.9m less £62.5m). - As at M7 we are forecasting a year end deficit of £7.7m for 23/24. This forecast assumes that we will receive £8.9m funding for energy and £9.3m of funding for ongoing Covid programme costs. - We are actively pursuing a range of opportunities to improve upon the M7 forecast and to deliver the break-even Control Total target set in the recent WG letter. The key risks/opportunities to the forecast £7.7m deficit are included in the Risks & Opportunities table on Page 16. The key risks mainly relate to a number of WG funding assumptions awaiting confirmation. The key opportunity is the delivery of £8m of improvement targets delegated to individual Care Groups (based on their M6 year end forecasts). The total net opportunity is £5.1m.	The Board is asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 31st October 2023.

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21	Public Sector Payment Policy Compliance
22	Capital Expenditure

Overall Revenue Position

- The M7 position reported a £36.6m surplus. This included £41.7m of additional WG funding for the Core plan and energy cost pressures.
- The M7 YTD position is a £4.6m deficit. And the forecast year end position is a £7.7m deficit.
- We are actively pursuing a range of opportunities to improve upon the M7 forecast and to deliver the break-even Control Total target set in the recent WG letter.
- The key risks/opportunities to the M7 forecast deficit are included in the Risk& Opportunities table on Pages 17/18.

Savings

- The actual savings to M7 was £15.3m which is £0.6m below the M7 YTD savings target of £15.3m.
- The M7 forecast In year savings is £28.3m. This represents a step up of £2.1m in the last 5 months of the year and a forecast over achievement of £1.0m compared to the £27.3m target.
- The M7 forecast Recurrent savings of £27.0m is £0.3m below the £27.3m target.

Cash

- The closing cash balance at 31st October 2023 was £3.4m.
- The forecast Cash Flow position to year end shows a small projected surplus of £1.3m. This forecast assumes working balances' cash for both Revenue and Capital of £11.0m and £1,750k respectively.

Capital

- The latest Capital Resource Limit for 23/24 is £66.0m. This was issued on the 9th November 2023.
- Expenditure to M7 was £37.9m.
- The forecast outturn capital position is breakeven to the CRL target.

Year to Date Performance and Forecast (1)



	M7 Actual	M7 YTD	M7 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	4.4	41.1	70.2	70.9
Confirmed WG Funding	(36.5)	(36.5)	(62.5)	0.0
Total	(32.1)	4.6	7.7	70.9
Energy:				
Exceptional Energy inflation	0.7	5.2	8.9	8.7
Anticipated Energy Funding	(5.2)	(5.2)	(8.9)	0.0
Total	(4.5)	0.0	0.0	8.7
Covid programme costs:				
Health Protection	0.6	3.5	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.0	0.3	0.8	1.0
Nosocomial	0.1	0.3	0.6	0.6
Anticipated funding	(0.8)	(4.4)	(9.3)	(11.7)
Total	0.0	0.0	0.0	0.0
Grand total	(36.6)	4.6	7.7	79.6

Key Points:

- Core plan In month position** -The M7 position was a £(32.1)m surplus. This includes a monthly deficit of £4.4m offset by confirmed WG funding of £36.5m (i.e. 7/12ths of £62.5m). The £4.4m monthly deficit represents a £1.5m favourable variance compared to the monthly planned deficit of £5.9m (i.e. 7/12ths of £70.9m). The average monthly variance to M6 was £6.1m (£36.8m/6) so the M7 position represents a £1.7m improvement on trend.
- Core plan YTD position** -The M7 YTD Core plan position is a £4.6m deficit. This represents a £0.3m favourable variance compared to 7/12th of the £7.7m revised 'planned' deficit (i.e. £70.9m less £62.5m). This £0.3m YTD favourable variance includes:
 - a £0.6m shortfall against the M7 YTD savings target (M6: £1.9m)
 - accountancy gains £0.8m (M5: £0.8m)
 - favourable operating variances of £0.1m (M6: £0.3m adverse)
- Core plan forecast** -As at M7 we are maintaining a forecast Core plan deficit of £7.7m for 23/24 which is a forecast core plan deficit of £70.2m less the confirmed WG funding of £62.5m. We are actively pursuing a range of opportunities to improve upon the M7 forecast and to deliver the break-even Control Total target set in the recent WG letter. These potential opportunities include:

Year to Date Performance and Forecast (2)



	M7 Actual	M7 YTD	M7 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	4.4	41.1	70.2	70.9
Confirmed WG Funding	(36.5)	(36.5)	(62.5)	0.0
Total	(32.1)	4.6	7.7	70.9
Energy:				
Exceptional Energy inflation	0.7	5.2	8.9	8.7
Anticipated Energy Funding	(5.2)	(5.2)	(8.9)	0.0
Total	(4.5)	0.0	0.0	8.7
Covid programme costs:				
Health Protection	0.6	3.5	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.0	0.3	0.8	1.0
Nosocomial	0.1	0.3	0.6	0.6
Anticipated funding	(0.8)	(4.4)	(9.3)	(11.7)
Total	0.0	0.0	0.0	0.0
Grand total	(36.6)	4.6	7.7	79.6

Key Points (continued):

- Retention of LHP dilapidations funding £1.8m.
- Microsoft vat recovery £1.4m.
- Retention of slippage on specific funding streams such as Further Faster and AHP funding- TBC
- Slippage on the VBHC allocation (if allowed to retain)– £0.3m
- Additional balance sheet opportunities – TBC
- Delivery of improvement targets delegated to individual Care Groups (based on their M6 year end forecasts). Detailed plans and trajectories need to be provided in the M8 MR submission to WG- £8.0m

The above opportunities are included in our Risks & Opportunities Table on Page 17/18. This Table also identifies some key risks which mainly relate to anticipated funding from WG which has yet to be confirmed.

- **Exceptional energy costs** -As at M7 the HB is reporting a forecast cost pressure of £8.9m (M6: £9.0m) which is £0.2m higher than the original plan. It is important to note that this forecast cost pressure is lower than the £9.4m draft allocation included in the WG letter dated 20 October, which also confirmed that energy funding will be confirmed on an actuals /forecast actuals basis in due course. The energy forecast is very volatile and our forecast may increase later in the year.
- **Covid programme costs**- This forecast assumes that we will receive £11.7m of funding for ongoing Covid programme costs.



Pay Expenditure Trends



Staff Group	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m
Administrative & Clerical	7.3	9.6	8.9	7.6	7.6	7.6
Medical And Dental	14.2	14.4	14.6	14.8	14.9	18.1
Nursing And Midwifery Registered	16.6	21.1	20.2	17.4	17.6	18.0
Add Prof Scientific And Technical	1.5	1.9	1.8	1.7	1.7	1.6
Additional Clinical Services	7.1	9.4	8.7	7.4	7.2	7.1
Allied Health Professionals	3.4	4.2	4.1	3.5	3.5	3.5
Healthcare Scientists	1.1	1.3	1.3	1.1	1.1	1.1
Estates And Ancillary	3.3	4.2	3.7	3.1	3.3	3.3
Students	.0	.0	.0	.0	.0	.0
Grand Total	54.4	66.1	63.3	56.6	56.9	60.4

Spend category	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m
Core	46.1	58.0	53.8	48.2	48.7	51.9
Agency	4.5	4.0	4.8	3.9	3.8	3.8
Overtime	1.3	1.2	1.8	1.4	1.7	1.6
ADH	1.2	1.4	1.4	1.7	1.4	1.7
Bank	1.0	1.1	1.2	1.1	1.0	1.2
WLI	0.3	0.3	0.2	0.3	0.2	0.2
Grand Total	54.4	66.1	63.3	56.6	56.8	60.4

Key Points:

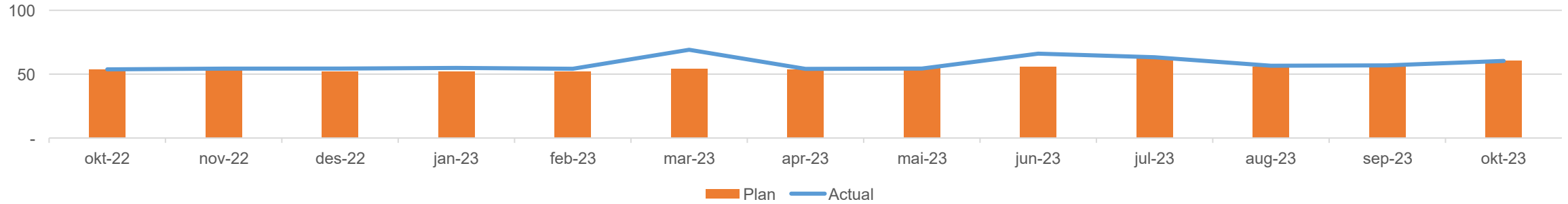
- The Jun-23 expenditure of £66.1m included the non recurrent recovery payment of £11.7m. The net position after allowing for this one off item would be £54.4m
- The Jul-23 expenditure of £63.3m included £8m for the 23/24 A4C pay award of 5% including arrears. The net position excluding this item was £55.3m.
- There were small increases in July and August followed by a £3.5m increase in M7. The M7 increase was mainly due to the Medical & Dental pay award and arrears. Registered nursing expenditure also increased by £0.4m mainly due to increased overtime, bank and agency.
- The £3.2m increase in Core spend in M7 was mainly due to the Medical & Dental pay award.
- ADHs have increased by £0.3m compared to M6.
- Bank has increased by £0.2m compared to M6.



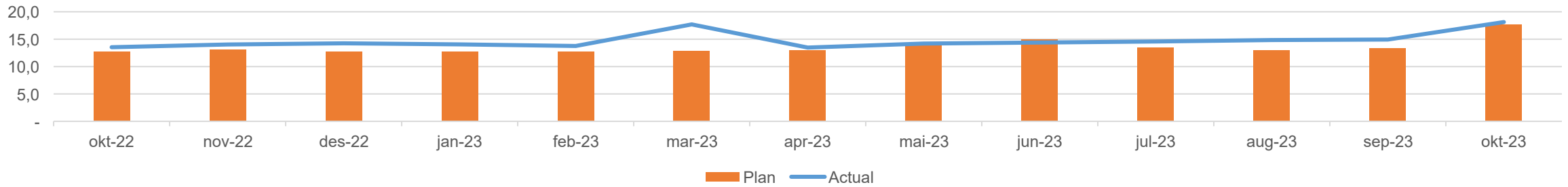


Pay Expenditure Trends

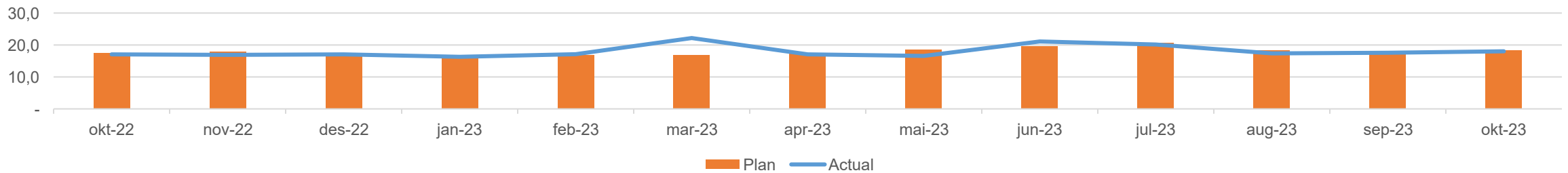
Total Pay Expenditure Trend (£'m)



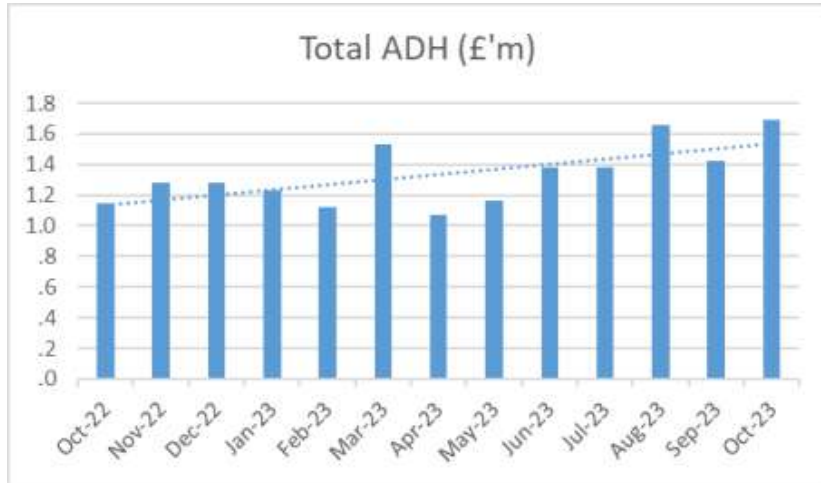
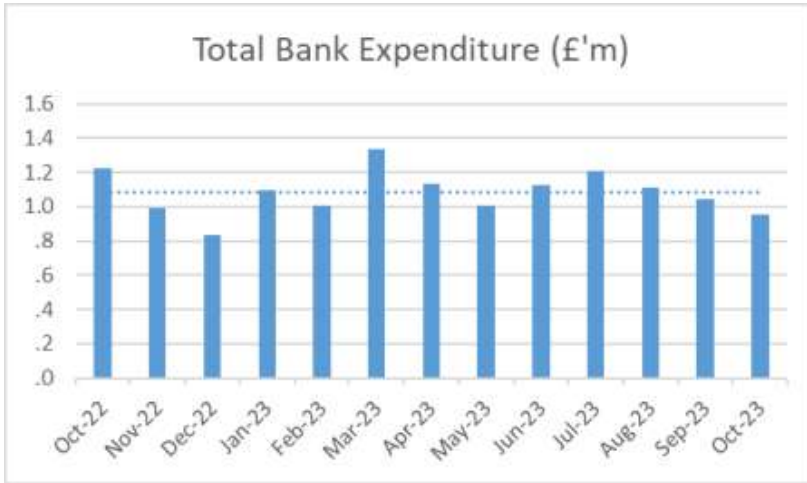
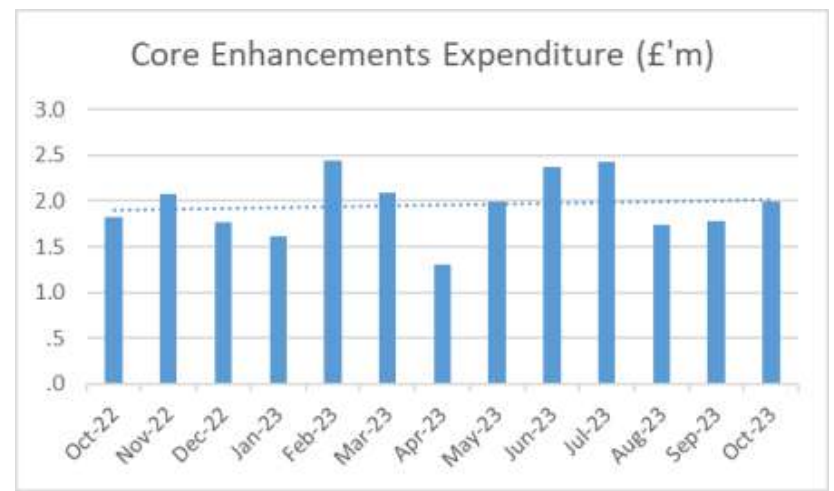
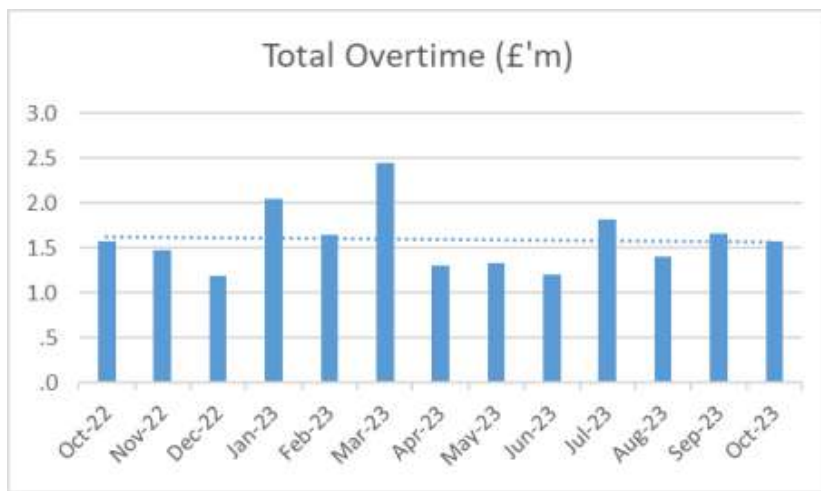
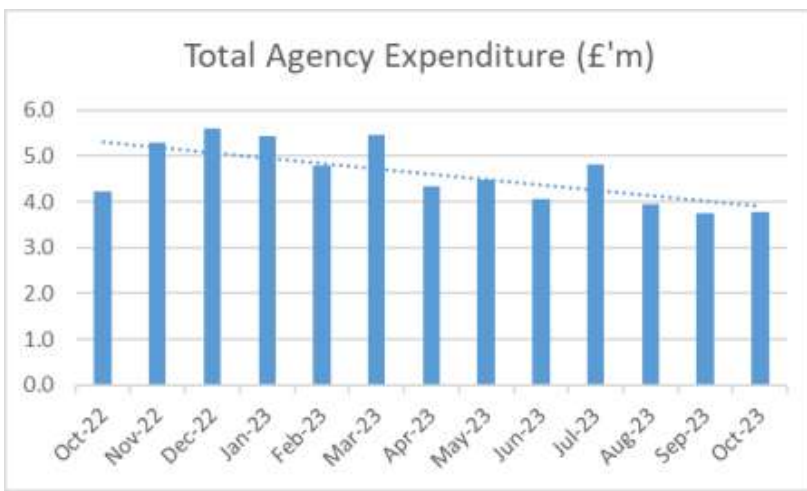
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



Key Points :

- Agency expenditure has remained unchanged in M7.
- Overtime payments have decreased by £0.1m.
- ADH Expenditure has increased by £0.3m and Enhancements has increased by £0.2m.
- Bank has remained consistent at circa £1.0m per month.



Non Pay Expenditure Trends

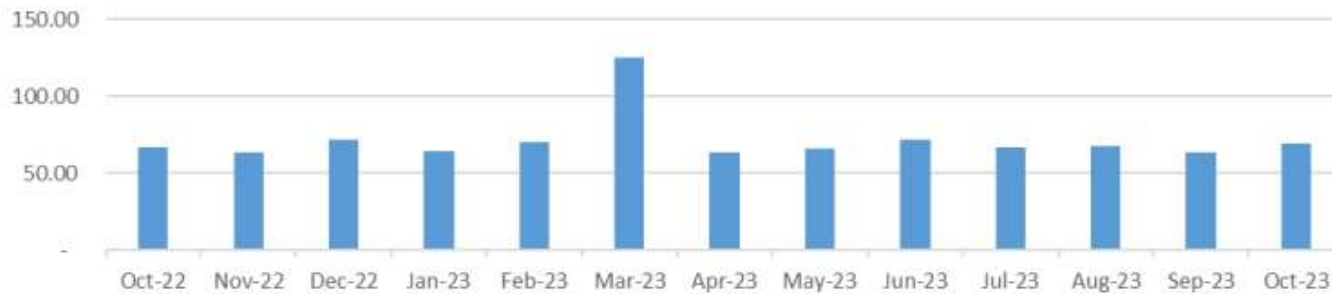


Non Pay Group	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m
Primary Care Contractors	11.1	12.3	11.6	12.2	11.9	12.3
Primary Care Drugs	8.4	8.9	8.8	8.8	7.8	7.8
Provider Non Pay	9.3	13.2	9.2	9.4	10.3	9.6
Secondary Care Drugs	5.2	4.6	4.4	4.5	4.8	5.0
Healthcare Commissioning	20.6	22.2	21.9	22.0	21.4	23.0
CHC & FNC	5.9	6.1	6.3	6.1	2.0	6.2
Other	5.4	4.6	4.7	5.0	5.0	5.9
Total Expenditure	65.9	71.7	67.0	68.0	63.2	69.8

Key Points:

- The M7 non pay expenditure increased by £6.6m compared to M6. The main changes were in the following areas:
- Healthcare commissioning expenditure increased by £1.6m in M7, mainly as result of recognising the new cataract business case.
- CHC & FNC expenditure reported an increase of £3.6m which was a return to expected levels following the reporting of an accountancy gain of £3.8m M6.
- Included in Other is capital charges which reflects the latest capital charge estimates. During M7 the capital charge estimate increased by £0.5m and the Clinical Negligence provision increased by £0.5m.

Non Pay Expenditure Trend (£'m)





COVID Expenditure Trends



COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000
Programme costs							
Health Protection – TTP	113	133	97	123	70	88	110
Health Protection - Vaccination	372	285	306	308	475	495	511
PPE	83	(33)	37	18	58	41	41
Adeferiad	39	47	39	50	37	41	53
Noscomial	39	27	45	46	55	53	45
Total Covid costs	646	459	525	545	695	718	760
Anticipated funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)
Total	0	0	0	0	0	0	0

Key Points:

- M7 expenditure has increased by £42k compared to M6. This is due to increased spend on the Vaccination and Testing programmes.
- The Health Protection forecast (including vaccination) is £7.5m compared to the £9.1m initial funding allowance. It is important to note that this improvement of £1.6m has not been recognised in the HB financial position as it has been matched with an anticipated allocation reduction of £1.6m.





Income Trends



Income Group	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m
Welsh NHS Income	6.9	7.7	7.3	8.2	6.0	7.0
WHSSC Income	1.0	1.0	1.0	1.0	1.0	1.0
Primary Care Contractor Income	1.2	1.2	1.2	1.2	1.1	1.4
CHC Income	0.4	0.5	0.5	0.5	0.5	0.5
Other Income	3.4	3.5	3.4	3.3	4.0	3.7
Total Expenditure	12.9	13.8	13.4	14.1	12.6	13.7

Key Points:

- The M7 income has increased by £1.1m compared to M6.
- This includes a £1.0m increase in Welsh NHS Income, which is a return to expected levels following a £1.3m reduction relating to the ABUHB arbitration case in M6.





Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,149.2	28.75	23.5	83.5	1,284.9
Anticipated Allocations:					
RLW Social Care Workers	4.8				4.8
COVID Programme costs	5.7				5.7
1.5% Consolidate NHS Pay Award 22/23	8.9				8.9
Regional PCR Plans	7.3				7.3
Mental Health Investment Funding	0.8				0.4
Six Goals and Same Day Emergency Care (SDEC)	1.6				1.6
23/24 Pay award	31.9				24.2
EASC – Emergency Ambulance Capacity	0.8				
IFRS Revenue Adjustment	-2.4				-2.4
WRP contribution	-4.0				-4.0
Other	6.9				6.9
Total Allocations	1,211.5	28.75	23.5	83.5	1,347.3

Key Points:

- As at M7 the confirmed Revenue Resource allocation was £1,284.9m.
- The forecast position assumes a further £62.3m of Anticipated allocations to give a Total allocation of £1,347.3m.
- Until formally confirmed by WG, there are a number of risks associated with some of the these anticipated allocations. These are included in the Risk table on Pages 17/18.



Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	0.9	30.7
Aneurin Bevan University	20.0	1.3	21.3
Betsi Cadwaladr University	0	0.2	0.2
Cardiff & Vale University	17.2	1.5	18.7
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	5.1	0.5	5.6
Public Health Wales	3.3	0.8	4.1
Velindre	0	10.2	10.2
NWSSP	0	0.0	0.0
DHCW	1.3	0.0	1.3
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.2	0.3	11.5
EASC	0.0	0.0	0
HEIW	0.0	14.7	14.7
NHS Wales Executive	0.0	0.0	0.0
Total	88.6	30.7	119.3

Key Points :

- All LTAs have been agreed and signed. The only exception is ABUHB. The LTA has been updated following the recent arbitration outcome and has been shared with ABUHB, however ABUHB are unwilling to sign this document.
- During M6, WG have confirmed the outcome of the arbitration with ABUHB, the decision has resulted in a reduction of £2.0m of income that had been included in our original financial plan. This has been reflected in our YTD position and forecast at M7.





Savings



	Month 7			Month 6		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M7	15.9	27.3	27.3	13.6	27.3	27.3
Actual and Forecast Savings	(15.3)	(28.3)	(27.0)	(11.7)	(26.2)	(26.1)
Total	0.6	(1.0)	0.3	1.9	1.1	1.2

Key Points:

- Actual savings in M7 were £3.6m which was a £1.6m increase on the M6 YTD trend of £2.0m/month. This increase included an additional £1m for primary care prescribing (full year forecast = £3.50m) .
- The actual savings to M7 was £15.3m which is £0.6m below the M7 YTD savings target of £15.3m.
- The M7 forecast In year savings is £28.3m. This represents a step up of £2.1m in the last 5 months of the year and a forecast over achievement of £1.0m compared to the £27.3m target.
- The M7 forecast Recurrent savings of £27.0m is £0.3m below the £27.3m target.
- Forecast savings for 23/24 have increased by £2.1m from M6.



Risk Management Risks and Opportunities



	M7 £m	M6 £m	Comment
Savings delivery risks:			
Forecast step up in savings delivery in second 6 months of the year.	0.0	2.8	Risk removed in M7.
Funding risks:			
Assumed funding for the impact of RLW in 23/24 of £2.4m. Estimated risk 50%.	1.2	1.2	Further clarification needed on funding assumptions for 23/24.
Risk of the 23/24 recurrent pay award not being fully funded given the £1.9m recurrent shortfall in 22/23. Actual A4C costs £24.2m, M&D £7.7m.	2.5	1.5	Further clarification needed on funding assumptions for 23/24.
Risk of 22/23 recurrent pay award payments already made not being fully funded. Actual costs £9.0m	0.5	0.5	Further clarification needed on funding assumptions for 23/24.
EASC Emergency Capacity (100wte)	0.8	0.8	Funding clarification needed on funding assumptions for 23/24.
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	1.4	1.4	Total allocation assumed = £7.3m
Cost pressure risks:			
Changes to WRP risk sharing percentages	0.0	0.5	Included in M7 forecast
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	0.0	Tbc	Assumed to be neutral following confirmation that Energy funding will be provided based on actual costs /forecast actuals.
Impact of doctor strikes on medical pay costs	Tbc	0.0	Potential for significant additional costs.
Total Risks	6.4	8.7	

- Key Points :**
- The draft plan highlighted several significant risks and opportunities.
 - As at M7 we are reporting total risks of £6.4m offset by total opportunities of £11.5m (next page) to give a net opportunity of £5.1m.
 - The most significant risks are the WG funding assumptions for 23/24. The risk table includes £6.4m of funding risks where further clarification is needed on the assumptions for 23/24.



Risk Management Risks and Opportunities

Key Points :

- The main change in M7 is the inclusion of Additional Financial Improvement target actions of £8.0m.

	M7 £m	M6 £m	Comment
Opportunities			
Additional Financial Improvement target actions	(8.0)	0.0	Delivery of improvement targets delegated to individual Care Groups (based on their M6 year end forecasts). Detailed plans and trajectories to be provided in the M8 MR submission to WG.
Llantrisant Health park dilapidations funding	(1.8)	(1.8)	The Health Board has received revenue of £1.8m as a result of the early surrender of the BA lease and dilapidations at LHP. We are currently showing this has an opportunity, pending confirmation from WG that we can retain this benefit.
Retrospective vat recoveries	(1.4)	(0.5)	
Energy Non-Commodity Forecast (NWSSP)	0.0	(1.3)	Opportunity removed following confirmation that Energy funding will be provided based on actual costs /forecast actuals.
Potential reduction in All Wales Risk Pool cost pressure	0.0	0.0	Included in M7 forecast
Retention of slippage from VBHC – Additional schemes	(0.3)	0.0	Confirmation needed from WG that we can retain this benefit.
Retention of slippage on specific funding streams such as Further Faster and AHP funding	Tbc	0.0	
Further balance sheet review within 22/23	Tbc	Tbc	
Total Opportunities	(11.5)	(3.6)	
Total	(5.1)	5.1	

Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M06 £'000	Closing Balance as at M07 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	674,455	676,704
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	724,896	727,145
Current Assets			
Inventories	7,017	7,291	7,071
Trade and Other Receivables	74,622	99,281	100,571
Cash and Cash Equivalents	1,348	2,583	3,436
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	109,400	111,323
Current Liabilities			
Trade and Other Payables	169,055	152,672	165,305
Provisions	27,320	41,346	47,336
Total Current Liabilities	196,375	194,018	212,641
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	72,233	72,233	72,233
TOTAL ASSETS EMPLOYED	523,922	568,045	553,594
Financed By:			
General Fund	428,850	472,973	458,522
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	568,045	553,594

Key Points :

- The Cash Flow position at the end of M7 was a surplus of £3.4m
- Between M6 and M7 trade and other payables increased by £12.6 m. This is mainly in relation to the pharmacy accrual due to the timing of the pharmacy payment at month end.
- Provisions have increased by £6.0m. This is due to an increase in the number of negligence claims and the increase in estimated value of several existing claims.



Cash Flow Forecast



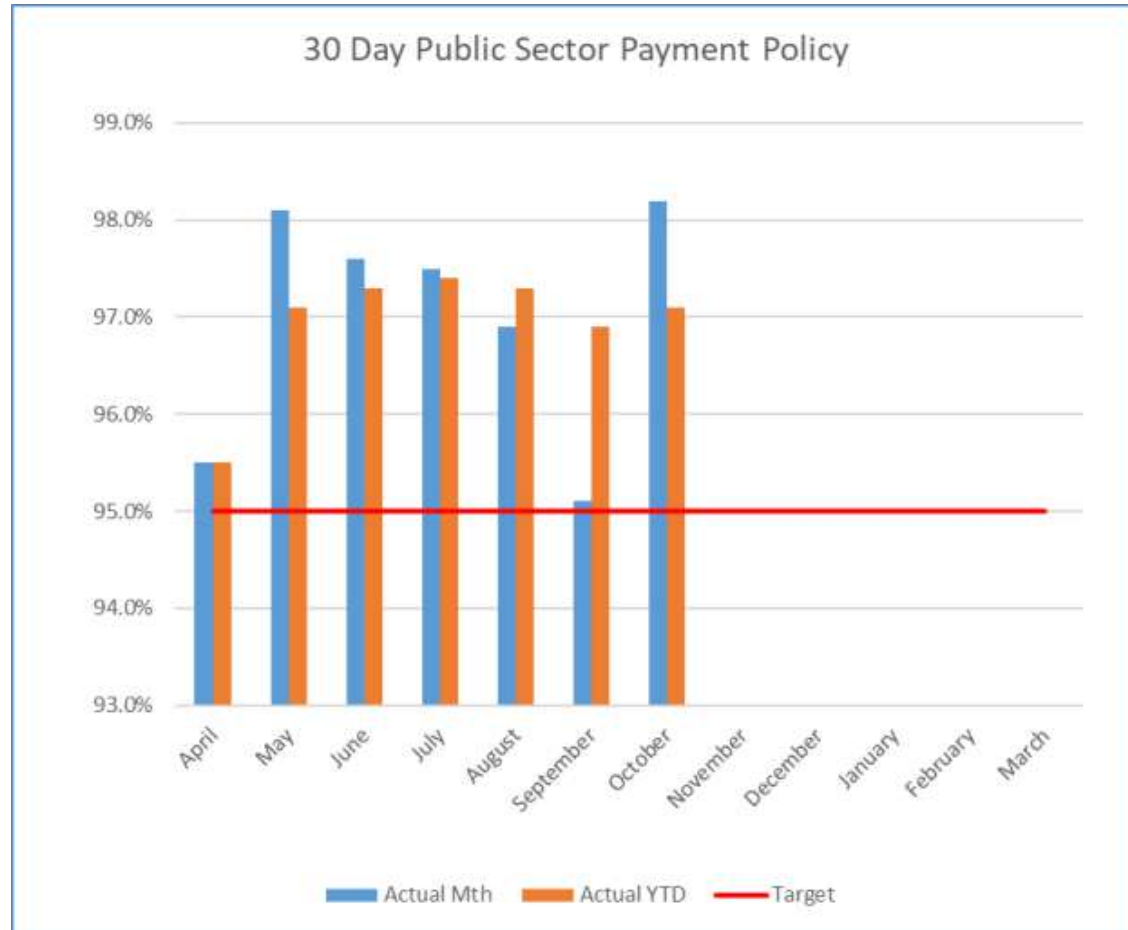
Cashflow	Actual / Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	113,271	100,294	122,791	110,817	99,506	134,790	97,817	113,100	122,000	97,000	108,000	119,490	1,338,876
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,100	6,700	9,797	69,997
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	15,458	11,300	10,300	10,300	10,300	10,300	133,150
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	2,700	3,200	3,200	3,200	3,200	45,157
Total Receipts	131,381	130,445	139,959	131,065	119,680	154,637	120,776	132,500	140,400	115,600	128,200	142,787	1,587,430
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	8,223	19,843	33,335	8,665	19,430	19,015	232,442
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	0	0	0	0	0	118,309
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	52,800	53,500	52,800	52,500	53,000	634,480
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,239	57,285	46,803	73,680	56,476	59,600	54,300	55,000	57,600	70,187	590,170
Total Payments	128,040	129,725	142,414	130,209	117,485	158,059	119,923	132,243	141,135	116,465	129,530	142,202	1,587,430
Net Cash In/Out	3,341	720	(2,455)	856	2,195	(3,422)	853	257	(735)	(865)	(1,330)	585	
Balance B/F	1,348	4,689	5,409	2,954	3,810	6,005	2,583	3,436	3,693	2,958	2,093	763	
Balance C/F	4,689	5,409	2,954	3,810	6,005	2,583	3,436	3,693	2,958	2,093	763	1,348	

Key Points within the Cash Flow Forecast :

- The closing cash balance at 31st October 2023 was £3.4m.
- The forecast Cash Flow position to year end shows a small projected surplus of £1.3m. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1.75m respectively. This requirement is the projected reduction in the creditors/accruals position at year end which is supporting the overall position.
- On the basis that the recently confirmed additional WG funding of £71.9m is backed by cash, the Health Board will no longer need Strategic Cash support in 23/24. This projected cash flow position is based on the assumption that all anticipated cash allocations are received in 23/24.

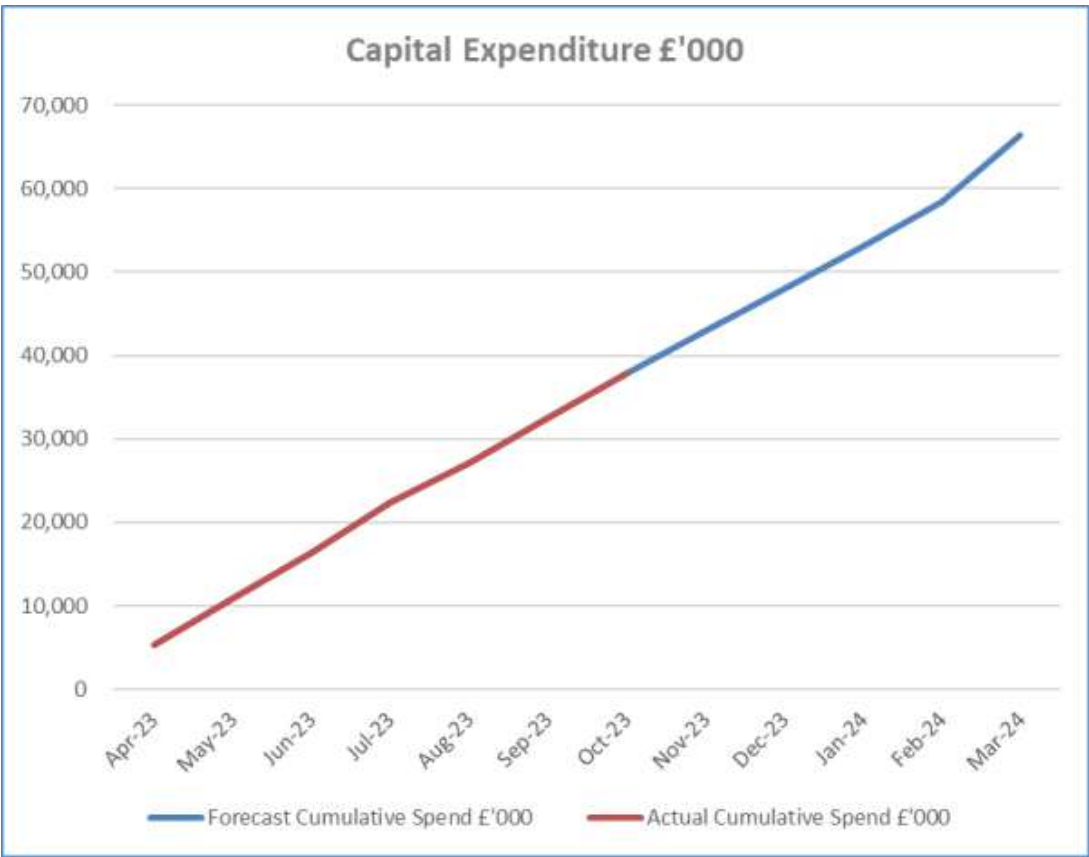


Public Sector Payment Policy



- Key Points in the Public Sector Payment Policy :**
- The percentage for the number of non-NHS invoices paid within the 30 day target in October was 98.2%.
 - The cumulative percentage year to date is 97.1%. The PSPP target is therefore currently being achieved up to M7 of 2023-24.

Capital Expenditure



- Key Points in Capital Expenditure:**
- The Capital Resource Limit for 2023-24 is now £66.0m. This was issued on the 9th November 2023.
 - This is supplemented by a forecast of £0.2m of donated funds and £0.25m of assets disposed of in this financial year giving an overall programme of £66.45m.
 - Expenditure to 31.10.23 amounted to £37.9m.
 - The outturn capital position is forecast to be balanced against the CRL target.



Agenda Item

6.2

CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Risk Owner updates	October / November 2023	Reviewed and signed Off
Executive Leadership Group	13 th November 2023	<i>Pending</i>

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework

1. Situation / Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.
- 1.2 In May 2023, the Board approved that the BAF remains fit for purpose and appropriately reflects the strategic risk profile of the Health Board.
- 1.3 It should be noted that a recent Internal Audit review of the Board Assurance Framework resulted in an outcome of Substantial Assurance.

2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
 - the four strategic goals of the Health Board;
 - assurance reporting that supports a streamlined and effective committee and reporting structure;
 - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
 - international best practice; and
 - the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit & Risk Committee and the assigned risks to the other Board Committees as appropriate.
- 2.3 The latest Organisational Risk Register will be uploaded to the meeting date "document folder" in Admincontrol so although not published it is fully accessible to Board Members should they wish to view the detail behind the linked risks noted in the BAF.

3. Key Risks / Matters for Escalation

- 3.1 During October and November 2023 the Strategic Risk Owners have reviewed and updated the BAF to ensure it robustly reflects the latest position.
- 3.2 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.

- 3.3 It is proposed that Strategic Risk 3 "**Finance Revenue Resources**" be reduced in terms of its likelihood score from a 5 to a 4. This has resulted in the risk score decreasing from a 20 to a 16 and relates to delivery of the £8m stretch savings target for 2023-24. Please see Appendix 1 for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well Growing Well Living Well Starting Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: Culture and Valuing People Data to knowledge Learning, Improving and Research Whole- system Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable in terms of the Board Assurance Framework Report.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable in terms of the Board Assurance Framework Report.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See individual risks for any potential legal impact.	
Enw da / Reputational	Yes (Include further detail below)	
	See individual risks for any potential reputational impact.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	See individual risks for resource impact.	

5. Recommendation

5.1 The Health Board is asked to:

APPROVE

- The updates to the BAF Report for November 2023
- The reduction in risk score for Strategic Risk 3 from a 20 to a 16.

6. Next Steps

6.1 Routinely review the risks captured in the BAF to it clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic Principal Risk /	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Scoring Trajectory (since the last report received by the Board)
1.	Sufficient capacity to meet emergency and elective demand Click Here for Risk 1	Improving Care 	Chief Operating Officer Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	16 (C4xL4)	Risk Score remains unchanged for November 2023 
2.	Ability to deliver improvements which transform care and enhance outcomes Click Here for Risk 2	Improving Care 	Executive Dir. Of Nursing, Midwifery Executive Medical Director	Quality and Safety	16 (C4xL4)	Risk Score remains unchanged for November 2023 
3.	Finance Revenue Resources Click Here for Risk 3	Sustaining our Future 	Executive Director of Finance;	Planning, Performance and Finance;	16 (C4xL4) 20 (C4xL5)	Risk score reduced from a 20 to a 16 in November 2023 
4.	Sufficient workforce to deliver activity to the and quality ambitions of the organisation Click Here for Risk 4	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)	Risk Score remains unchanged for November 2023 
5.	Community and Partner Engagement Click Here for Risk 5	Creating Health 	Executive Director of Public Health	Population Health & Partnerships	12 (C4xL3)	Risk Score remains unchanged for November 2023 
6.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 6	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	Risk Score remains unchanged for November 2023 

Risk no	Strategic Principal Risk /	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	
7.	Leadership and Management Click Here for Risk 7	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	Risk Score remains unchanged for November 2023 
8.	Culture, Values and Behaviours Click Here for Risk 8	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	Risk Score remains unchanged for November 2023 
9.	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 9	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	Risk Score remains unchanged for November 2023 
10.	Healthy Life Expectancy Click Here for Risk 10	Creating Health 	Interim Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	Risk Score remains unchanged for November 2023 

[Click here to view CTMUHB's Risk Appetite Statement](#)

[Click here to view CTMUHB's Risk Domain and Scoring Matrix](#)

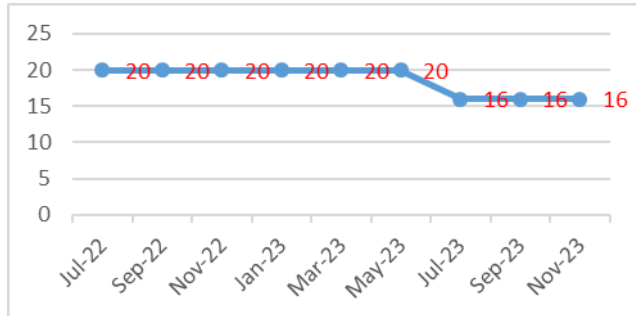
Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				4,10	
	4		<i>5,7,8</i>	<i>1,5,2,3,4,6,8,7,10</i>	1,2,3,6,9	
	3			<i>9</i>		
	2					
	1					
CxL		1	2	3	4	5
Likelihood						

Section 3 –Strategic Risks

Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care				Risk score 16																																					
Strategic Risk: Sufficient capacity to meet emergency and elective demand - (Risk No.1)																																									
If the Health Board is unable to meet demands for services at all points in the patient journey, exacerbated by the impact of the Covid-19 pandemic		Then its ability to provide high quality care and to meet access targets will be reduced		Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community																																					
	<table><tr><td></td><td>Consequence</td><td>Likelihood</td><td>Score</td></tr><tr><td>Initial</td><td>4</td><td>5</td><td>20</td></tr><tr><td>Current</td><td>4</td><td>4</td><td>16</td></tr><tr><td>Target</td><td>4</td><td>3</td><td>12</td></tr></table>		Consequence	Likelihood	Score	Initial	4	5	20	Current	4	4	16	Target	4	3	12	Risk Score Trend this Period:  No change to risk score as at November 2023 Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><tr><th>Month</th><th>Risk Score</th></tr><tr><td>Jul-22</td><td>20</td></tr><tr><td>Sep-22</td><td>20</td></tr><tr><td>Nov-22</td><td>20</td></tr><tr><td>Jan-23</td><td>20</td></tr><tr><td>Mar-23</td><td>20</td></tr><tr><td>May-23</td><td>20</td></tr><tr><td>Jul-23</td><td>16</td></tr><tr><td>Sep-23</td><td>16</td></tr><tr><td>Nov-23</td><td>16</td></tr></table>				Month	Risk Score	Jul-22	20	Sep-22	20	Nov-22	20	Jan-23	20	Mar-23	20	May-23	20	Jul-23	16	Sep-23	16	Nov-23	16
	Consequence	Likelihood	Score																																						
Initial	4	5	20																																						
Current	4	4	16																																						
Target	4	3	12																																						
Month	Risk Score																																								
Jul-22	20																																								
Sep-22	20																																								
Nov-22	20																																								
Jan-23	20																																								
Mar-23	20																																								
May-23	20																																								
Jul-23	16																																								
Sep-23	16																																								
Nov-23	16																																								
Risk Appetite		Cautious (quality and safety; trust and confidence; legal and regulatory)																																							
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. Demographic change also leads to increasing demand for services particularly non-elective. There are limitations arising from National Policy which limits the Health Boards ability to respond.																																					
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however ongoing																																					

	risk treatment activity outlined in the mitigating actions section.

Risk Lead	- Chief Operating Officer - Executive Director of Strategy & Transformation	Assurance committee	- Quality & Safety Committee (<i>potential harm</i>) - Planning, Performance and Finance (<i>performance targets</i>)

Controls	Assurances reported to Board and committees
Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): - Admission Avoidance - Integrated Front Door - Acute Hospital Flow and Discharge - Integrated Discharge This programme expedited the development and mobilisation of the "Front Door" and "Back Door" elements of the Navigation Hub as separate pieces of work for a period of several months, to best enable the launch of Navigation Hub component supporting discharge pathways to be planned and expected on 5th December 2022. Electronic referrals have gone live in to the discharge hub and the navigation hub is operational. Go Live of 111#2 from 4.4.23. Further Faster – further faster funding has been released from Welsh Government on a recurrent basis which will focus upon: - Acute Community Team (ACT) expansion - Virtual Ward development and roll out - Navigation hub expansion Planned Care Recovery Programme - Enhanced monitoring process for Cancer Services – twice weekly focussed meetings - Llantrisant Health Park site plans under development	- Integrated Performance Report - Nurse Staffing Act twice-yearly compliance reports - Harm Reviews - Assessment Dashboard - Update reports on specific services experiencing pressure, e.g. Ophthalmology - Follow-up reports on outpatients not booked - Urgent Care six goals progress reports - Planned Care Recovery Update report - Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings. - Organisational Risk Register via Care Group Risk Registers. - Command Structure initiated to manage periods of Industrial Action (IA) stood down. Embedding IA process into daily huddle meetings. - Planning, Performance & Finance monthly report. - TI meetings - Planned Care Recovery Operations Board.



- Clinical Services Plan Group being established (27th April inaugural meeting)
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board in March 2023 of £5.5m for Planned Care and £0.5m for Stroke services.

Medical Day Surgery expansion expanded to address the backlog in the light of capacity challenges. Plans in place for four specialties with a view to increasing day case surgery throughput. Pace impacted bed pressures;

Increasing amounts of straight to test and one stop clinics across a number of specialties which will improve how people are seen. This will be ongoing and picking up pace.

Specific Improvement Groups/Boards

- Stroke Strategy Group
- Ty Lliard Improvement Board – fully deescalated from escalation status. Will be removed from this section in future iterations.
- Stroke Programme Board and Stroke Operational Group established.
- Pathology Improvement Group
- Ophthalmology Improvement Board
- Dermatology Improvement Board
- Ear Nose Throat Transformation Board
- Theatres Transformation Board
- Trauma and Orthopaedic Improvement Board
- Critical Care Unit (CCU) Transformation Board
- Outpatient Improvement Board
- Adult Inpatient Mental Health Programme Improvement Board.

All updates feed into the Planned Care Recovery Operations Board.

Established a Mental Health Services Recovery Programme – Which includes CAMHS, Adult Mental Health and Demand and Capacity improvement activity.

Annual Planning Process

Lessons learnt from Winter Planning process currently being analysed from a lessons learnt perspective.

Partnership Leadership Team established with LA and NHS representation to look at planning across the region.

Commissioning Group established to oversee the delivery of the optimised integrated care model

Annual Capacity Plan established April 2023 to manage demand and making best use of capacity.

NHS run care capacity development

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
- Regional Pathology Steering Group
- South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.
- Integrated Health & Social Care Programme Board.
- Regional Integrated Fund (RIF)

Governance Structures

- Operational Services Management Board (Health Board wide)

- Improving Care Board (Health Board wide) - Six Goals/Unscheduled Care Board - Cancer Board - Weekly Cancer Meetings - Planned Care Recovery Board/ Planned Care Recovery Operations Board. - Innovation Board Operational Processes - Clear criteria to prioritise based on clinical need - Centralised decision-making around use of spare capacity across the organisation. - Robust Interventions Not Normally Undertaken (INNU) application.	
Gaps in Controls and Assurances	Mitigating Actions
Central digitally-based Capacity Management System	- As part of the Six Goals Framework a range of Task and Finish Group have been established to scope options for a digital alternative e.g. e-whiteboards. Timeline projector available upon request within the six goals information pack which is updated every month. - E-whiteboards in, the next stage is to embed and the next phase is to get them at the front door and SDEC. Timeline projector available upon request within the six goals information pack which is updated every month.
Robustness of cancer tracking and specialty-specific elective data	- Implementation of online escalation process for all patients outside of agreed component waiting times. - Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets - Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance (issued July 23).
– Improvements being made in elective care trajectories albeit not fully embedded.	- Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commencing in November 2023. - Reconfiguration of elective surgery from October 2022 has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration.

	• Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open up additional two theatres went live from 9th January 2023 has seen an increase in activity. This will continue to be monitored and developed. A third theatre team will commence on the 1st March 2023 at Princess of Wales Hospital Completed, will move to control at the next iteration. A further theatre opened in July 2023 at Princess of Wales Hospital (POW) as a hybrid model using POW and ID medical staff. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • Development (and from November 2022) implementation of Winter Plan. Pressures upon capacity continually being monitored to feed into Winter Plans. Meetings scheduled and first one to be held in August 2023. Winter plan meetings continue. • In Development – Clinical Services Plan.
Linked National Priority Measures	Current Performance - Highlights
Ministerial Measures: <i>Six Goals of Urgent and Emergency Care:</i> • Percentage total conveyances taken to a service other than a Type One Emergency Department; • Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission; and • Percentage of total emergency bed days accrued by people with a length of stay over 21 days. <i>Access to Timely Planned Care</i> • Number of patients waiting more than 104 weeks for treatment; • Number of patients waiting more than 36 weeks for treatment; • Percentage of patients waiting less than 26 weeks for treatment; • Number of patients waiting over 104 weeks for a new outpatient appointment; • Number of patients waiting over 52 weeks for a new outpatient appointment;	The following key performance indicators should be considered from the Integrated Performance Dashboard: • Urgent care • planned care, • cancer • and diagnostic indicators

- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%;
- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).
- Patient and delayed ambulance handovers (15min handover)

Were there any significant incidents affecting this strategic Risk this period:

None identified for inclusion in the BAF Report.

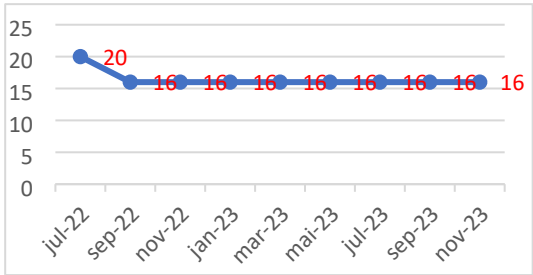
Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4071	Failure to sustain services as currently configured to meet cancer targets	20
4103	Sustainability of a safe and effective Ophthalmology service	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
4632	Demand and capacity across the stroke pathway	20
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	20
3826	Emergency Department overcrowding With the recent onset of winter pressures the risk rating has been increased from a 16 to a 20.	16-20
5590	Radiopharmaceutical Business Interruption. New risk escalated November 2023 with a risk score of 20.	20
1133	Datix ID 1133 - Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH). This risk was re-escalated to the Organisational Risk Register in November 2023 as risk reviewed and score increased from a 12 to a 20.	20
3131	Mortuary Capacity (New Risk escalated to the Organisational Risk Register in January 2023)	16
5404	Post Mortem Backlogs in Mortuary. New escalation to the Organisational Risk Register in July 2023.	16
4152	Back log for Imaging in all modalities / areas and reduced capacity	16
2808	Waiting Times/Performance: ND Team	15
5036	~~Pathology services unable to meet current workload demands.~~ Risk closed November 2023 - DTPS Care Group have taken the decision to close this overarching Pathology risk as department specific risks and mitigations are recorded on the Pathology risk register to capture any remaining resource and capacity issues.	15

[Click here to go back to the summary Section](#)



	Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care	Risk score 16
Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)		
If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	Then we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

	Consequence	Likelihood	Score	Risk Score Trend this Period: ↔ No change to risk score in November 2023 Risk Score Trajectory 
Initial	5	4	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion. Detailed discussion was held in August 2023 to consider reducing the likelihood score to a 3, in response to the positive progress being made e.g. HIW AW Joint Review into Quality Governance arrangements review outcome. However, in triangulating the risk description with incidents and complaints data, and in considering the mitigation activity still underway a decision was made to retain the likelihood score at a 4. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce,

	financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however ongoing risk treatment activity outlined in the mitigating actions section.

Risk Leads	- Executive Nurse Director - Executive Medical Director	Assurance committee	Quality and Safety

Controls	Assurances reported to Board and committees
Quality Frameworks and Policies - Strategic review of Infection, Prevention & Control (IP&C) is underway which will result in an IP&C Strategy 2024-2026. - Development of the CTM Safeguarding Strategy 2024-2027. - Quality Governance Framework approved by the Board in January 2023 and is aligned to new Care Group Model. Care Group implementation underway as of April 2023; - Clinical Guidelines; - Suite of Standard Operating Procedures; - Clinical Education Framework; - Incident Management Framework launched June 2022 to reflect national changes in national incident reporting; - Incident Investigation training established and being rolled-out across the Health Board on a monthly basis; - Clinical Education Forum (providing overarching Governance) established, with its inaugural meeting in July 2022 and meetings scheduled for 2023; - Listening & Learning Framework launched and implemented at the Listening and Learning Event in September 2022. A further Listening and Learning Event was held in May 2023 and planning is underway for the next session. In the meantime, to raise awareness of the new Quality Act responsibilities, the Health Board is undertaking road show events from September and working collaboratively with the Improvement Team. - Quality Strategy endorsed at the Quality & Safety Committee in November 2022 and	External Reports HIW / AW – Quality Governance Arrangements Joint Review Follow-Up – August 2023: The follow-up review found the Health Board has made significant progress in addressing the concerns and recommendations of the 2019 report. It has a stronger strategic focus on quality and patient safety, and there is greater clarity on roles and responsibilities in relation to quality and patient safety compared to 2019. The organisation's scrutiny of quality and patient safety has also improved considerably, with greater openness and transparency. There is also greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board's concerns and complaints processes are much clearer, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning, with a series of arrangements now in place to support the sharing of learning and improvement across the organisation. Annual Reports - Clinical Audit Annual Report; - Clinical Education Annual Report; - Safeguarding Annual Report; - Putting Things Right Annual Report; - Infection Prevention and Control Annual Report; - Medicines Management Expenditure Committee Annual Report; - Organ Donation Annual Report.

approved by the Board and launched in quarter four. **A Quality Strategy Action Plan is in development which will support the achievement of the deliverables within the Quality Strategy.**

- Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023 including the roadshow events mentioned above.
- Allied Health Professionals and Health Care Science Delivery Plan development.

Learning from Experience

- Executive and Independent Member Patient Safety Walkabouts framework currently being finalised for implementation from May 2023. Completed.
- Citizen's Voice bodies launched in place of CHCs;
- Mortality Review programme. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM;
- Shared Listening and Learning Forum
- Community Acquired Pressure Ulcer Collaborative. Forum for shared learning on prevention and improvement with internal and external stakeholders e.g. (Welsh Wound Innovation Centre (WWIC) and Local Authorities);
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;
- Joint Executive and Independent Member Walkarounds;
- Patient and Staff Stories received at Board Meetings and Quality & Safety Committee;
- Active Forums such as "My Maternity My Way" which includes past and present service users;
- Real-time patient feedback (Civica System) being rolled out across the Health Board (PREMS);
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality

- Health and Care Standards Annual Report; (incorporating patient survey)
- GMC Survey
- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;

Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;
- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Targeted intervention process – continuous improvement self-assessment reports to Board;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Community Health Council briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Adhoc Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery framework and agreed a set of nursing care related audit standards which are being monitored through AMAT platform.
- Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents. In progress, pace impacted by the

Assurance will be will be incorporated within these new structures which plan to be introduced in September 2022;

- Patient Safety Clinics, targeting service areas with high or low incident reporting;
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns;
- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS);
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions;
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. This is now a work stream within the Unscheduled Care Group;
- It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;
- Advanced Clinical Practice Board established to provide governance oversight with regards to advanced practice professionals.

Innovation & Improvement Programmes

- Quality Improvement showcase event held in July 2023 to highlight and share best practice improvement initiatives across CTM.
- Healthcare Pathways Initiative – writing and establishing guidelines from primary to secondary care referrals.
- Theatre Utilisation Group established to pilot the WG initiative to drive efficiency and standardise theatre processes across the Health Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety;
- Leading for Patient Safety with Improvement Cymru and Institute for

implementation of the new Operating Model.

- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Peer reviews of specific services e.g. critical care;
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update;
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); Completed. Plan in place to roll out to all Care Group Clinical Directors and equivalents once in place.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Community Acquired Pressure Damage;
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records;
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.

Qualitative Intelligence

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety

Healthcare Improvement (IHI) launched. Work plan established and programme continuing for 2023;

- Improvement and Innovation CTM are actively supporting a number of services:

- Maternity & Neonates
- Urology
- General Medicine (RGH)
- Pressure Ulcer Improvement with WWIC
- Engaging with external partners to ensure collaboration in relation to multiple stakeholder working to realise benefits for the communities we serve.
- Launch of Adult Inpatient Falls Reduction Programme (Adult Mental Health) in early October 2023.

- ~~Targeted Intervention / Special Measures Related escalation Status activity; programme work;~~

- Monthly Quality Improvement (QI) training commenced from June 2022 and ongoing on a monthly basis;
- Patient Safety Clinics commenced June 2022 and will run bi-monthly or as required by services;
- Investigation and Putting Things Right (PTR) Training commenced during July 2022;
- Value Based Healthcare programme in place aligned to national Value in Health priorities;
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Building leading and empowering Improvement and Innovation into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Improvement Faculties;
- Medical Workforce & Nursing Workforce Productivity Programme established;
- Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out;
- Appointment of the Bereavement Clinical Lead to support the implementation of the

Team to review concerns and complaints compliance across the Health Board;

- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Patient and Staff Stories;
- Executive & Independent Member Walkarounds;
- Executive Nurse Director weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive-led patient safety meetings;
- Performance and Assurance Directorate of the NHS Executive—Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Board Briefing regarding Regional Stroke Developments held in December 2022 and followed up in January 2023;
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- HIW reports e.g. PCH Improvement Programme;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take

All Wales Care of the Bereaved Framework and Pathways. - The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity. - Collaborative launch event planned in September 2023 relating to falls reduction improvement, focussing initially within Mental Health areas. Research - Research & Development Programme Flow Efficiencies and Productivity - Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out. - Nursing Productivity Groups operational	place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans; - Audit Wales review of Quality Governance arrangements and follow-up; - Performance and Assurance Directorate of the NHS Executive governance and incident management; - Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures; - Annual Undergraduate Review; - General Medical Council National Survey Feedback; - MSOP stood-down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings; - Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received; - National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22; - Following the completion of all tasks and actions set out during the escalation process, it was recommended that Ty Llidiard be de-escalated to Level 0 and out of escalation entirely. This was agreed at a meeting of the WHSSC Corporate Directors held on Monday August 14th. Routine performance monitoring meetings will be set up from September 2023 in line with the WHSSC Performance Framework.
Gaps in Controls and Assurances	Mitigating Actions
Quality Strategy Action Plan to support deliverables	Develop the action plan to support the Quality Strategy – ongoing. Timeframe: 31 December 2023.
- Strategy & Framework Reviews and Development - Incident management framework - Safeguarding Strategy	Timeframes: Review underway, timeframe end of January 2024.



○ IPC Strategy	○ Development of a strategy, timeframe end of March 2024. ○ Development of a strategy, timeframe end of March 2024.
• Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	• Mortality Data Improving – should be in place by end of September 2023. Baseline position established by the end of September with dashboard development to follow in the coming months. Implementation delayed due to Digital and Data Team capacity constraints. Progress meetings scheduled with a new timeframe to be agreed. • CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting. Timescales dependent on external sources; • Ambition to develop live clinical quality dashboard – live for maternity services – to be rolled out for other areas by the end of the financial year; • Improving Care Group focus will be on four areas and ten metrics to demonstrate improvement. Current position is consideration of metrics. Timeframe: September 2023; September timeframe not met, progress ongoing and timeframe extended until January 2024. • National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024;
• Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour linking in with the actions arising out of the All Wales forum for which the Health Board is represented, which will include the development and roll out of training packages;	• The Health Board is represented on the programmes of work supporting the roll out of the Duty of Candour and Duty of Quality. Focus in terms of quality will be on the Code of Practice and the implementation of any training. Timescales: by April 2023; Training will be ongoing as required as the Act is embedded within the Health Board. Roadshows will be live as of September

	2023 to engage with clinical leaders from care groups and services on the Duty of Quality and subsequent compliance. Completed. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. This will move to a control in the next review.
Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	- Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented; Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025. - Improvement into practice training taking place monthly as of final quarter of 22/23. - Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the “Have Your Say” process. Recruited and appointed to posts although post holders have not yet commenced.
Improving flow and efficiencies and productivity	The following two bullets have been moved to Strategic Risk 1 Controls. ~~Medical Day Surgery expansion expanded to address the backlog in the light of capacity challenges. Plans in place for four specialties with a view to increasing day case surgery throughput. Pace impacted bed pressures;~~ ~~Increasing amounts of straight to test and one stop clinics across a number of specialties which will improve how people are seen. This will be ongoing and picking up pace.~~ - Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.
Linked National Priority Measures	Current Performance - Highlights
Care Closer to Home 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;	Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance: Cancer Standards;

- 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.

Patient Safety Solutions

Infection Prevention and Control

- Six Tier One IP&C Targets;
- National IP&C Guidance – to include implementation of respiratory and non-respiratory pathways;
- NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19.

Children's Charter

To reinforce children's rights and endorse CTM's commitment to upholding these rights within its services.

Safeguarding

- National Improvement Plan;
- Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation.
- Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information.

Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2022-2024

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

NHS Wales Quality and Safety Framework: Learning & Improving.
Published by WG September 2021.

- Unscheduled Care;
- Six Goals Programme (Emergency & Urgent Care, D2RA);
- Waiting List Delays;
- Mortality Indicators;
- Tier 1 IP&C Indicators;
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;
- Sepsis;
- Mental Health Measures;
- Putting Things Right Compliance;
- Patient Safety Solutions compliance

The Health & Social Care (Quality & Engagement) (Wales) Act 2020
Improving quality and public engagement in health and social care.
National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities

Were there any significant incidents affecting this strategic Risk this period:

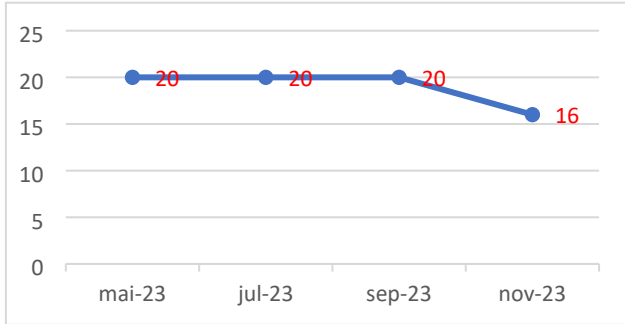
Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4907	Failure to manage Redress cases efficiently and effectively	16
4922	Covid-19 Inquiry Preparedness – Information Management ~~The risk score has been reduced in terms of likelihood from a 5 to a 4 and therefore the risk has reduced to score of 16 from 20.~~	~~20~~ 16
5254	Failure to manage redress cases efficiently and effectively in respect of the Duty of Candour. New risk escalated November 2022.	16
3133	Non-attendance at medical gas safety training and courses being rescheduled	16
4906	Failure to provide evidence of learning from events (Incidents and Complaints)	16
4417	Management of Security Doors in All Hospital Settings	16
3008	Unavailability of opportunities to train and maintain compliance with Manual handling training	16
~~5304~~	~~The Air Handling Unit (AHU) for the pharmacy aseptic production suite. Escalated to the Organisational Risk Register in July 2023. This risk is now scoring as a 12 (from 16) and has been de-escalated from the organisational risk register.~~	~~16~~
4908	Failure to manage Legal cases efficiently and effectively. Risk re-escalated as risk score increased from a 12 to a 16.	16
3993	Fire enforcement notice – POWH Theatres	15
4590	Critical care pharmacist resource	15
4691	New Mental Health Unit	15
5207	Care Home Capacity	15
4732	Lack of orthogeriatrician as NICE guidance and KPI1 NHFD	15

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 SUSTAINING OUR FUTURE	Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future	Risk score 20
Strategic Risk: Finance Revenue Resource - (Risk No.3)		
If the Health Board fails to manage its revenue resources that are appropriate and sufficient for now and the future	Then we may fail to fulfil our financial and other statutory duties in 2023-24. In particular, failure to deliver the break-even Control Total for 2023-24 recently confirmed by WG.	Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement. In particular, £51m of recurrent funding is conditionally dependent on delivering the break-even Control Total position for 2023-24. Without cash support there will be a cash shortfall in the latter months of the financial year.

	Consequence	Likelihood	Score	Risk Score Trend this Period: Risk score reduced from a 20 to a 16 in November 2023 ↓ Risk Score Trajectory 
Initial	4	5	20	
Current	4	4 5	16 20	
Target	4	3	12	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This is new risk, as of April 2023. The latest financial plan includes a forecast deficit of £79.6m which meant that the Health Board would not meet its Statutory financial duties in 2023/24. As at October 2023, additional allocations of £72m (£51m conditionally recurrent and £21m non-recurrent) have been notified, together with a stretch savings target of £8m. As a



	result, CTMUHB has been issued a break even Control Total for 2023-24. Subsequent to the issuing of the revised Control Total, the additional allocations will be reflected into our M7 cash forecast to provide a revised view for the remainder of the year. The risk score has been updated to 16 and relates to delivery of the £8m stretch savings target for 2023-24.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	The risk will continue to be treated as the Health Board strives to reduce the deficit position. However, even if the deficit is reduced, it is unlikely that the Health Board will achieve a break even position so the risk score will not change. The proposal is to treat the deficit, however, due to the scale of the deficit it's likely that the Board will need to tolerate this risk in terms of the risk score remaining unchanged. Corrective action has been taken with the intention to bring the Health Board expenditure run rate back in line with the predicted deficit of £79.6m.

Risk Lead	Executive Finance	Director of	Assurance committee	Planning, Performance and Finance

Controls	Assurances reported to Board and committees
Financial Management - Budget setting process - Budgetary control and management accounting - Standing Financial Instructions - Scheme of Reservation & Delegation - Local Counter-Fraud Service - Monthly financial performance reviews for Care Groups and corporate directorates - Recovery plans for financially challenged services accompanied by enhanced monitoring and support - Internal Audit Programme - External Audit Programme	Financial Management - Annual Report and Accounts - Monthly Finance Reports - Monitoring Returns to Welsh Government - Internal Audit Programme - External Audit Programme - Losses and Special Payments Report to Audit & Risk Committee
Gaps in Controls and Assurances	Mitigating Actions
Finance	Finance 1. Mitigation Actions for Gap 1:

1. Understanding of budgetary control and procurement processes in some services	• Deliver training to budget holders within Care Groups/Directorates – <i>ongoing, for completion by end 2022. Ongoing throughout 2023-2024.</i> • Deliver procurement training to departments where compliance with procurement processes is low - ongoing, for completion by end 2022. <i>Ongoing throughout 2023-2024.</i>
2. A recognised risk of shortfalls in savings delivery	2. Mitigation Actions for Gap 2: • Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. <i>Ongoing throughout 2023-2024.</i> • Developing a more a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. <i>Ongoing throughout 2023-2024.</i> • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. <i>Ongoing throughout 2023-2024.</i> • <i>Allocating the £8m improvement target to Care Groups and developing robust savings plans for the Care Groups to deliver a £8m improvement from their recent M6 forecast year end overspends.</i>
Linked National Priority Measures	Current Performance - Highlights
Workforce • 23. Agency spend as a percentage of the total pay bill Public Sector Prompt Payment (PSPP) Performance	<i>The M6 YTD position is a £41.2m deficit. This represents a £1.4m adverse variance compared to 6/12ths of the forecast deficit in the draft plan of £79.6m.</i> <i>The M6 YTD savings position is a deficit of £1.9m. The forecast savings in 23/24 is £26.2m, which represents a £1.1m shortfall compared to the annual target of £27.3m.</i> <i>The M6 agency spend was £3.8m (M5: £3.9m). The M6 YTD agency spend is £25.3m which represents 7.2% of the M4 YTD total pay spend of £351.4m.</i>

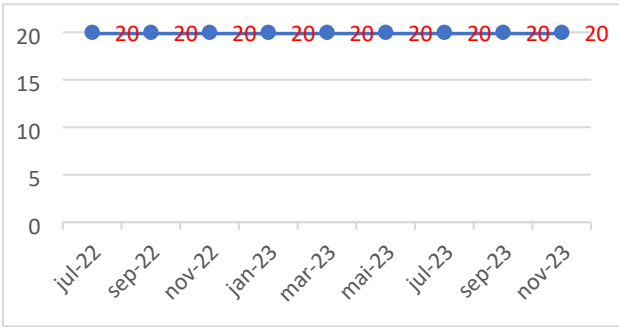
	Cumulative PSPP performance at M6 was 96.9%, which is above the 95% target. Cumulative PSPP performance at M4 was 97.5%, which is above the 95% target.
Were there any significant incidents affecting this strategic Risk this period:	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5425	Failure to achieve financial balance in 2023-2024.	20 16
5427	Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023-2024.	20 16

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Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future		Risk score 20
Strategic Risk: - Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)		
If the Health Board fails to identify and plan for its future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to recruit and retain staff with the right skills and experience	Resulting in Loss of skills and talent, staffing shortages which adversely affect the quality of care and employee experience and prevent us from delivering services fit for today and tomorrow

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score in November 2023 ↔
Initial	5	5	25	
Current	5	4	20	
Target	5	4	20	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>quality and safety, (legal and regulatory)</i>)			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk is complex and reflects recruitment & retention challenges across health and social care on a local, national and international scale. Therefore although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. As additional context in regards to the use of temporary staff, in August 2023, a moratorium on use of administrative agency was implemented across the health board, to include existing administrative agency engagements. Furthermore there was a cessation of Health Care Support Worker (HCSW) agency usage from 1st October 2023, with an ongoing review of breaches/exceptions.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through the expansion of programmes of work focused on strategic workforce planning, transformation and attracting/ recruiting/ developing/ retaining our workforce



Risk Lead	• Executive People	Director for	Assurance committee	• People and Culture

Controls	Assurances reported to Board and committees
Recruitment • Vacancy Scrutiny Panel. • Bank improvement action plan underway • Online recruitment through TRAC • Overseas recruitment of clinical professionals • Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes • Living Wage employer status • Medical Recruitment plan in development Retention • Engagement in All Wales Nursing retention group, alongside launch of local group • Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources to be launched 25th September with local plan in development concurrently. • Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes • Moving on questionnaires launched in January 2023 to understand reasons for leaving. • Wagestream as a mechanism for regular pay • New Organisational Induction launched • PDR "Your Conversation" promoting safe and productive environments for managers to interact with and listen to their staff Temporary staffing solutions • Medical Bank • Modernised processes for Nurse Bank workers with service improvement project underway • Locum Managed Service Agreements	• Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM to People & Culture Committee. Data also included in Integrated Performance Report to the Board. Reporting also via Nursing Productivity and Medical Productivity into Values & Effectiveness Board. • Bank improvement plan and overseas recruitment for nursing are standing agenda items at Nurse Productivity. • Medical Productivity meeting includes workstreams on vacancies & recruitment, agency spend, job planning, alternative models and sickness absence. • Bi-annual Medical Workforce and Medical Efficiency Reports • Twice yearly nurse staffing assurance reports to the Board, and as part of the Medical and Nursing Workforce productivity meetings. • ~~Benchmarking analysis~~ • Annual Education Commissioning Submission • Quarterly data return submitted to Welsh Government for NHS vacancy statistics • Suite of new BI People dashboards launched, and bespoke Medical and Nursing ones under development. These have been well received, giving easy access to timely, relevant and accurate People data to inform decision making. • Strategic Workforce Planning identified as a key area of focus for Inspiring People Board

Day-to-day management of staffing levels

- Electronic rostering
- Medical job planning
- Sickness absence management process

Workforce Planning

- New Head of Workforce planning commenced in post August 2023, currently out to advert for a Head of People Analytics
- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool
- Establishment Control being explored
- Workforce planning review completed with external "expert" – report has identified tactical priorities and longer term opportunities for workforce redesign. Tool also developed to allow for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway with updates via the Inspiring People Board.
- 3 Physicians Associates allocated for this year's intake- building on our commitment to expand into alternative roles
- Attendance at National Careers Fairs with learning to inform future attendance.
- Work experience pathway established
- New People data dashboards launched across Care Group, giving access to timely, accessible, relevant and accurate People data to inform decision making

Gaps in Controls and Assurances

Workforce Planning

- Workforce Planning process not yet in place – currently at very early stage
- Establishment control not in place and ongoing challenges in vacancy reporting

Mitigating Actions

The recent review from external consultants has provided us with the building blocks to take this work forward. We are currently refining our local action plan with actions to deliver against this already underway.

A key next step is to develop the design of an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics - to ensure we understand who CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. The creation of a new People Analytics role will support the enhancement of our people

data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. This post was interviewed and appointed to on the 27th November 2023 with a start date in January 2024.

The Health Board is also currently recruiting to an Attraction & Recruitment Role and a Retention Lead role – the aim is to have completed assessment centres for both of these roles by the end of November 2023.

The following Workforce Planning activity is also now underway:

- Commenced strategic workforce planning training with Heads of Therapies on 2nd October with a follow up session to be planned in November – date to be confirmed.
- First strategic workforce planning session for Regional Ophthalmology on 17th October with a follow up session on 16th January 2024 to discuss data and skills mapping.
- Neonatal SWP to commence in Nov/Dec date to be confirmed.
- The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised.
- This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace.
- The plans under development will take into account all of the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population.
- Alongside development of our approach to workforce planning we are also developing a framework regarding new roles

	- Establishment of PA Working Group - Development of action plan for Assistant Practitioner Band 4 nurse role - Establishment control options paper in development incorporating lessons learnt from other HBs in Wales to inform the options. This should be finalised for consideration in December.
Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	Action plan has been on the 10 HEIW retention themes. Update paper and presentation for People & Culture Committee on the 8th November 2023. Steering Group established and Retention Lead candidates to be interviewed on 10 November.
Linked National Priority Measures	Current Performance - Highlights
Workforce 23. Agency spend as a percentage of the total pay bill 27. Percentage sickness rate of staff	The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report: - Turnover remains high within the Health Board (12.21% in September 2023) this is an agreed area of focus - The number of job plans for consultants and other senior doctors needs to be improved. - Sickness absence currently high 6.65% - Staff in post stands at 12,704 as at 1 November 2023 with staff turnover at 12.11% October 2023) The Health Board's people dashboard and metrics reports sets out further details in respect of workforce related performance metrics, trends and actions that are underway. A workforce metrics report is a standing agenda item at our People & Culture committee.
Were there any significant incidents affecting this strategic Risk this period: None identified for inclusion in the BAF Report.	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4827	Lack of lead for Face Fit Training along with Face Fit Trainers	20
5214	Critical Care Medical Cover	20

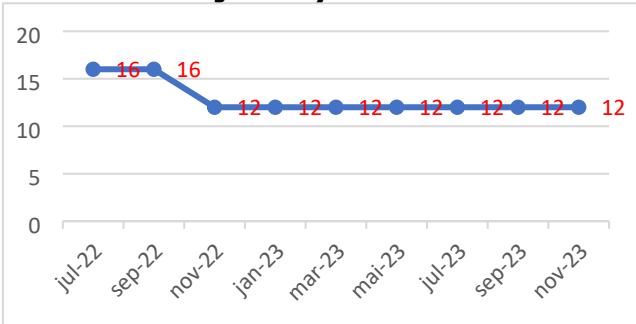
4780	Patient Handling Training. Risk rated as a 16.	20
4106	Increasing dependency on agency staff cover impacting on continuity of care and patient safety	16
4157	Difficulty recruiting sufficient numbers of registered nurses and midwives	16
4997	Consultant Physician in Ysbyty Cwm Cynon (YCC).	16
5364	~~Merthyr Cynon Band 6 – Special Community Public Health Nurses (SCPHN's) shortage. Escalated to the Organisational Risk Register in July 2023. Risk closed from the Organisational Risk Register in November 2023.~~	~~16~~
4798	Unsafe therapy staffing levels for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital. Risk reinstated in July 2023.	16
4500	Difficulty recruiting sufficient numbers of registered therapists and healthcare scientists	15
4315	Non Compliance of Fire Training – Provision	15
4809	Non Compliance with Mandatory Violence and Aggression Training	15
4080	Failure to recruit sufficient medical and dental staff	15
2713	Backlog of reporting radiology examinations (New risk added to the organisational risk register in September 2023).	20

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	Strategic Goal: Creating Health - Reducing health inequalities - Equal focus on mental and physical health - Supporting our communities - Being a healthy organisation	Risk score 12

Strategic Risk: Community & Partner Engagement - (Risk No.5)		
If the Health Board does not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	Resulting in continuing health inequalities and poor population health outcomes, including in relation to Covid-19

	Consequence	Likelihood	Score	Risk Score Trend this Period: ↔ No Change as at November 2023 Risk Score Trajectory <table border="1"><thead><tr><th>Month</th><th>Score</th></tr></thead><tbody><tr><td>Jul-22</td><td>16</td></tr><tr><td>Sep-22</td><td>16</td></tr><tr><td>Nov-22</td><td>12</td></tr><tr><td>Jan-23</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td></tr><tr><td>May-23</td><td>12</td></tr><tr><td>Jul-23</td><td>12</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Nov-23</td><td>12</td></tr></tbody></table>	Month	Score	Jul-22	16	Sep-22	16	Nov-22	12	Jan-23	12	Mar-23	12	May-23	12	Jul-23	12	Sep-23	12	Nov-23	12
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Current	4	3	12																					
Target	4	2	8																					
Risk Appetite	Cautious (quality and safety; trust and confidence)																							
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				This risk remains unchanged, as engagement with communities and partners is ongoing. Given our ever changing context and population needs, this risk can never be mitigated outright but remains within tolerances.																				
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.																				

Lead Director	Executive Director of Public Health	Assurance committee	Population Health & Partnerships

Controls	Assurances reported to Board and committees
Strategies & Plans 2030 Strategy – 'Our Health Our Future'	Reports to Board Director of Public Health Annual Report (June 2023)

- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021
- Public Service Board – Well Being Plans
- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- **Hybrid** Staff Q&A
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Community Health Council including representation on Board
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities

Needs Assessment & Consultation Processes

- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Population Health Board Report

CTM Public Health Team have established baselines for high level indicators in the Population Health Plan to enable system performance accountability and measure the impact of our work which will be reported to Board through update reports. However there are further baseline measures that require engagement with Public Health Wales to develop.

Reports to Population Health & Partnerships Committee

- Covid-19 and Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Population Health Management Updates
- Mental Health Strategic Update

Reports to other committees

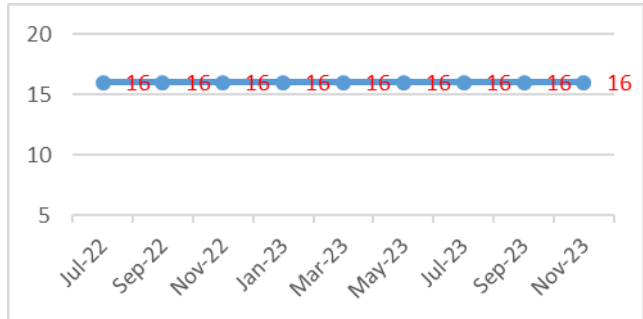
- Community Health Council briefing papers to Quality and Safety Committee

Organisational Structures • CTM Leaders Network • Public Health Consultants allocated to support Risk Leads for each priority in the Population Health Organisation plan • Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars • Locality Structures enabling more engagement with local communities Population Health Assessments • Completion of the Population Needs Assessments and Wellbeing Assessments undertaken. The community have embraced the themes and CTMUHB along with key partners are taking forward activity as appropriate.	
Gaps in Controls and Assurances	Mitigating Actions
• Work to establish statistical baselines delayed / interrupted by Covid pandemic	• Further baseline work with Public Health Wales in relation to population health outcome measures. <i>Timeframe April 2023. Completed. Data will continue to evolve. This will move to a control measure in the next report as work continues in this area of activity.</i>
• Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology	• Long Term Conditions Programme established which builds on existing work in CTM to provide AHP-led pre-abilitation and rehabilitation services that 'Support People to Live Well both in relation to the effects of Covid-19 infection and other long-term conditions such as cardiac, vascular, diabetes. In progress – target timeframes as follows Q1 ongoing delivery of services & establish workforce plan for level 3 & 4 services; Q2 recruitment, planning and operationalisation of level 3 offer; Q3 training & delivery
• Long-term sustainability of resources to undertake Population Health work	• Refocus preventative early years funding from Welsh Government to tackle gaps in resource – <i>Completed for 2022-2023. Requires annual review.</i> • ~~Activity underway to evaluate current deployment of community resources with the aim of rationalising resource to deploy the intelligence from population health management. In Progress – target timeframe 28.2.2023. Deleted as incorporated within new action below.~~

	Creating Health strategic delivery plan in development – due for completion – February 2024.
Linked National Priority Measures	Current Performance - Highlights
Population Health – Ministers Measures Phase One - Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway - Qualitative report detailing progress against the Health Boards’ plans to deliver the NHS Wales Weight Management Pathway - Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally. - Percentage of adult smokers who make a quit attempt via smoking cessation services - Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Integrated Performance Dashboard: Quadruple aim 1: the percentage of adult smokers who make a quit attempt via smoking cessation services. Target 5%
Were there any significant incidents affecting this strategic Risk this period:	
None identified for inclusion in the BAF Report.	
Associated Risks on the Organisational Risk Register	

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	Strategic Goal: Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care	Risk score 16
Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.6)		
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	Then We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	Resulting in Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.

	Consequence	Likelihood	Score	Risk Score Trend this Period: ↔ No change to risk score in November 2023 Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (data and information; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Although good progress has been made in improving the: • digital & data structure • digital infrastructure across some sites • standardisation of digital tools • roll out of new applications such as Welsh Nursing Care Record and OpenEyes • developing the business case for e-prescribing • the advancement our clinical information



	The Health Board continues to experience significant information and digital debt. On this basis and in recognition of the ongoing cyber environment and ICO improvement actions the risk score has been reviewed and the assessment is that it remains unchanged from a score of 16.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Risk Lead	Director of Digital	Assurance committee	Digital & Data
Controls		Assurances reported to Board and committees	
- Digital & Data Strategy - Population Health Strategy - Digital & Data Delivery Programme - IT Infrastructure Review - Digital Delivery Board - Digital Investment Fund - Information Security, Records Management and Information Governance Policies and Improvement Programmes - Project Portfolio Board		Reports to Digital and Data Committee - All-Wales Information Governance Toolkit and ICO Audit Review. - NIS-D Cyber Assessment Framework and Improvement Plan (CRU). - Digital Programme Assurance Report - Internal Audit Reports - Coding Improvement Plan - Bridgend Aggregation Programme - Medical Records Assurance Report Reports to other committees - Progress updates against Population Health Strategy - Planning, Performance & Finance	
Gaps in Controls and Assurances		Mitigating Actions	
Closing the gap in Digital Helplessness		Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined Timeframe: 2-3 year programme of work.	
Training and Awareness Programme		Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3 year programme of work.	



• Maintaining a healthy cyber posture	• Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.
• Tested and integrated cyber incident management plan	• Continued testing of our cyber incident plan with periodic table-top exercises. Working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably SBHB, DHCW and the private sector Timeframe: This action will not have a specific timeframe as this activity will be subject to undergoing periodic testing and iteration of the management plan.
• Develop a baseline Asset Register	• Working ongoing to develop our asset register and product catalogue as part of NIS-D and data protection improvement plans. Additional resourcing is required to continue to monitor and deliver this activity Timeframe: 31.3.2024 - Additional resources are being added to the team this year with a view to getting a complete baseline.
• Poor adherence to policies	• Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.

Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in Capital revenue which is a continuing National challenge that organisations are facing.
Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	- Programme agreed with WG, DHCW and SB and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding. - Timeframe: 2-3 year programme of work.
Lack of an open architecture	- Work with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales - Ongoing development of UHB's own clinical data repository to nationally agreed technical and data standards - Increasing representation for National Data Resource programme to accelerate benefits realisation Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.
Widespread non-adherence to data standards	- New clinical applications now required to meet data standards - Education and Training required for staff to develop their data literacy - Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. - Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.

Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring process for critical suppliers Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)
Capacity within current team to deliver digital transformation agenda	- Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities - Adoption of self service for basic Business Intelligence - Recruitment to vacant posts. - Resources required for UHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW Timeframe: 31.3.2024 - Additional resources are being added to the team this year with a view to getting a complete baseline.
Delayed delivery of the digital patient notes programme	- Increased activity by outsourcing day forward scanning - Timeframe: 2-3 year programme of work.
Resourcing of Information Governance (IG) function within the Health Board	- Funding will be allocated to IG for 2023/2024 - Additional resources are being recruited to the IG Team - Head of IG is in post from September 2023 and has made good progress in meeting ICO priorities.
No function within the UHB focussing on benefits realisation	This function is identified within the Digital Transformation function which will be developed during 2023/2024.
Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	- EPR programme continues to deliver, for e.g., Nursing and inpatient documentation increasingly being digitalised. - Scoping of a business case to implement a digitally enabled patient centred contact and additional funding allocated to resource increased outsource activity for the digital patient notes programme - Timeframe: 2-3 year programme of work.

Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Annual Plan Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.
Information Commissioner Office (ICO) Audit planned to be completed March 2023.	Challenges in completion of ICO. Timeframe: Head of IG started September 2023 and has made significant progress. Meeting with ICO official on 2 November 2023 to review progress.
Linked National Priority Measures	Current Performance - Highlights
Digital and Technology National Clinical Framework (WHC 2021/03) Welsh Government, March 2021), Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021) Value Based Health and Care Coding standards	- Risk of failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025 has been mitigated with risk rating reduced from 20 to 10. - Risk relating to Dual deployment at CTM of both RISP and LINC Programme Systems mitigated with rating reduced from 16 to 8 - Critical infrastructure programmes delivered at YCR, PCH and POW sites - Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties (14500 electronic requests a month). - Open Eyes (national eye care clinical application) live for all Glaucoma clinics at POW, Maesteg and YCR. - E-prescribing solution has successfully progressed beyond the supplier evaluation stage, enabling a full business case to be developed for consideration by the Health Board - Electronic scanning of paper records continues to remain within the 48-hour window of a clinical activity, required to meet patient safety. 94.8% of finished consultant episodes are being recorded within a month.

Were there any significant incidents affecting this strategic Risk this period:

In the past quarter there have been 2 critical incidents and 2 High priority incidents. One incident is business sensitive, the other 3 incidents are outlined below:

- 04/10/2023: National WPAS failure which resulting in PCH and RGH ED teams unable to view patient records, request tests and register new patients
- 14/09/2023: Staff in POW (served by SBHB) lost the ability to use MS Office applications following updates pushed to their devices.
- 11/09/2023: NHS Wales's internet outage resulting for 30 minutes arising whilst DHCW undertook cabling changes in their data centre.

Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully
Impact	5	4	4	3	3	3
Likelihood	4	2	2	4	4	5
Risk	20	8	8	12	12	15

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
5276	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
4337	Integrated Patient Records across the Health Board	16
4671	NHS Computer Network Infrastructure unable to meet demand	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	15
5040	Digital Healthcare Wales (DHCW interdependencies	15
4699	Failure to deliver a robust and sustainable Information Governance Function	15
4887	Retrieval and filing of case notes in the POW Medical Records Library	15

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 INSPIRING PEOPLE	Strategic Goal: Inspiring People • Viable and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours • Encouraging local employment	Risk score 12

Strategic Risk: Leadership and Management – (Risk No.7)		
If we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	Then there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	Resulting in lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score in November 2023																				
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Current	4	3	12																					
Target	4	2	8																					
Risk Appetite	Cautious (assets; trust and confidence)			Risk Score Trajectory <table><tr><th>Month</th><th>Risk Score</th></tr><tr><td>Jul-22</td><td>16</td></tr><tr><td>Sep-22</td><td>16</td></tr><tr><td>Nov-22</td><td>16</td></tr><tr><td>Jan-23</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td></tr><tr><td>May-23</td><td>12</td></tr><tr><td>Jul-23</td><td>12</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Nov-23</td><td>12</td></tr></table>	Month	Risk Score	Jul-22	16	Sep-22	16	Nov-22	16	Jan-23	12	Mar-23	12	May-23	12	Jul-23	12	Sep-23	12	Nov-23	12
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Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes	CTM's bespoke leadership and management development programmes were designed in direct response to Targeted Intervention. The risk score was reduced in January 2023 reflecting the leadership development opportunities that are offered across the Health Board. Although the Leadership and Management Programmes provide the foundations, a wider offer within the Health Board is still in development. Further work is now required to embed the offerings and further enhance leadership capacity and capability. Through an extended, more integrated leadership development offer, the aim is to raise the profile of leadership on a wider level, engaging staff at all levels with leadership activity.

Risk Treatment Assessment

i.e. Treat, Tolerate, Transfer etc.

The risk will continue to be treated, as the Health Board strives to set the underpinning principles, initiatives and frameworks that shape and inform leadership at CTM.

Risk Lead

Executive Director for People

Assurance committee

People and Culture

Controls

Leadership Development

- Three in-house programmes creating a fully functioning leadership development pathway for all staff.
- Development of a designated Clinical Leadership programme to compliment the in-house programmes. Designed in collaboration with HEIW and other Health Boards.
- Board Development Programme – A session has been completed with Board exploring CTM leadership and similar sessions held with Senior Care Group Leads and Assistant & Deputy Directors in February 2023.
- Board Development Session 24th August 2023 – Compassionate Leadership.
- Learning partnerships with University of South Wales, the Institute of Leadership and Management, HEIW, The Kings Fund and Academi Wales
- HEIW Compassionate Leadership Programme
- Establishment of Leadership Coaching & Mentoring Network
- Re-launch of Leadership 360 Degree Feedback.
- Launch of Leadership Community of Practice and associated Leadership Summit (Conference)
- Leadership and Culture Workshops for executives and senior leadership teams
- Specific & targeted leadership development work within specific services, e.g. Maternity
- Launch of Leadership Competency framework.
- Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP &

Assurances reported to Board and committees

Internal Assurances

- Inspiring People Board established and scheduled for each quarter
- Workforce and Organisational Development metrics report
- Employee Relations Update
- Medical Workforce and Efficiency Report
- Statutory and Mandatory Training Compliance Report
- Targeted intervention process incorporated as business as usual.
- Annual Wellbeing surveys undertaken, last one launched in May 2023.
- Post-implementation evaluation report completed and Leadership Programmes relaunched in October 2022. Follow-up evaluation being undertaken September 2023.
- PDR – *Your Conversation* training package launched October 2022
- Living Wage Employer Status – achieved in February 2023.
- Disability Competent Leader awarded in February 2023 for a further three years.

External Assurances

- Teaching Hospital status renewal
- Corporate Health Standard Gold accreditation received in February 2023. Platinum assessment achieved in March 2023, awards will be retained for the next three years following which the awards will cease to exist.
- National Staff Survey
- Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).



HCS leads. **First session scheduled for the 27th November 2023.**

Leadership Engagement with the workforce

- Leaders Headlines Briefing issued by the Director of Communication, Engagement & Fundraising.
- Local Partnership Forum
- Local Negotiation Committee (medical and dental)
- Clinical Advisory Group
- Staff Q&A with the Chief Executive via MS Teams
- CEO and Senior People Team meetings with Trade Union partners held on a monthly basis.

Employee Wellbeing

- Employee Experience Programme
- Occupational Health Services
- Employee Assistance Programme
- Wellbeing Conversations
- Financial Wellbeing Care Pathway
- Wellbeing surveys (Annual)

Gaps in Controls and Assurances

- Full implementation of leadership development programmes and embedding in practice
- Measuring impact of Organisational Development interventions
- Improved accessibility to leadership and management toolkits via an online repository, in partnership with HEIW.

Mitigating Actions

- Working with our academic partners at the University of South Wales, participants will be able to accredit their learning with the Institute of Leadership and Management (ILM) from January 2023. Ongoing.
- Quantitative data around engagement and completion of the programmes is shared with Care Group/ Directorate Leads via the Heads of People on a monthly basis.
- Following an interim, post-implementation evaluation report which was completed before the re-launch in October 2022, a follow-up evaluation and impact report is being undertaken September 2023.
- L&D are collaborating with HEIW to design and launch the new Ignite Leadership Portal. Hosted on HEIW's Gwella site, this will act as a virtual central space for all leadership development activity within the Health Board.



- This includes facilitating all programmes via the Gwella Learning Management System, bringing an annual cost saving of £40k and further aligning the Health Board's offer to HEIW's resources.
- The aim of this is to increase visibility and accessibility of CTM's leadership offer, whilst also providing a space to collaborate with other services to establish a wider range of leadership development pathways (e.g. managing wellbeing at work).
- The Health Board also continues to inform the new Compassionate Leadership programme being developed by HEIW.

Linked National Priority Measures

Culture, Values and Behaviours

- Percentage of staff who report that their manager takes a positive interest in their health and wellbeing
- 26. Percentage compliance with all Level 1 competencies of the Core Skills and Training Framework by organisation
- 27. Percentage of sickness absence rate by staff

Current Performance - Highlights

- This question is not specifically asked in the Wellbeing Survey. We know that, on average, 56% of referrals to Vivup are from Managers. In the 2023 Wellbeing Survey only 8% of staff said they sought support from their line manager to protect, improve or maintain their wellbeing and when we asked about barriers to accessing Wellbeing Services, 11% of participant actually named their line manager as a barrier.
- Overall Health Board compliance for level 1 is 75.93%, and 66.55% for all levels of training. This data is correct as of August 2023.
- Sickness absence (July 2023)

In month = 6.65%; Rolling 12 months = 6.92%

	Jul-23	Rolling 12 Month
	Absence FTE %	Absence FTE %
Staff Group		
Add Prof Scientific and Technic	4.49%	4.74%
Additional Clinical Services	9.11%	10.04%
Administrative and Clerical	5.10%	5.32%
Allied Health Professionals	3.71%	4.45%
Estates and Ancillary	10.87%	10.96%
Healthcare Scientists	6.29%	5.58%
Medical and Dental	2.43%	2.78%

	Nursing and Midwifery Registered	6.63%	6.62%
	Students	8.56%	1.89%
	Grand Total	6.65%	6.92%

Were there any significant incidents affecting this strategic Risk this period:

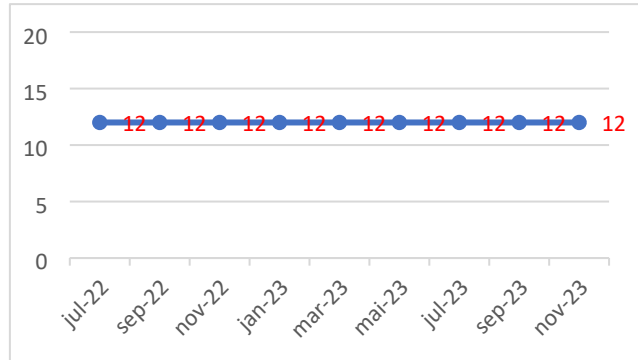
None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score

[Click here to go back to the summary Section](#)

 INSPIRING PEOPLE	Strategic Goal: Inspiring People • Viable and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment	Risk score 12
Strategic Risk: Culture, Values and Behaviours – (Risk No.8)		
If the Health Board fails to put the values of the organisation into practice	Then we will not have a culture that embraces inclusion, openness, innovation and teamwork	Resulting in poor experience for staff and patients alike, diminishing the trust and confidence of our population

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score in November 2023 ↔ Risk Score Trajectory 
Initial	4	4	16	
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (assets; trust and confidence)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				The score remains unchanged although progress continues to be made as the Health Board’s values and behaviours become increasingly embedded and work on culture becomes more defined with a focus on how we are working to address inequalities within CTMUHB.
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and a draft action plan has been developed. The SEP underpins the health board’s strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better represents our communities. Both the Culture



	Plan and the SEP is being taken to the 8 Nov 2023 People & Culture Committee and was discussed at the Inspiring People Board on 1 Nov 2023.

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Policies and Frameworks - Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour - Values and Behaviours Framework – co-produced with staff Culture Plan Strategic Equality Plan - Raising Concerns Procedure - All-Wales work to promote speaking up safely, led by Executive Director for People. Currently with WG – expectation is to launch in autumn 2023. Communication and Engagement re: values & culture & Stakeholder Analysis being undertaken in Autumn 23 Communication & Engagement plan for the Culture Plan to be developed following analysis and implemented from Jan 2024 – this includes Workstreams in: - Restorative Just and Learning - Values & Behaviours - Equality, Diversity & Inclusion - Developing Organisational Capability & Resilience Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken Developed online module for Values and behaviours embedding into recruitment process for Band 2-8b; New resource page set up to support managers to access key documents and learning. Developed Inclusion Communication Plan with Monthly Topic Focus which included: - Staff Network Week (Sept 23) - Black history Month (Oct 23) - Sensory Loss Month (Oct 23) - Disability Awareness Month (Oct-Nov 23)	- National Staff Survey will be run in Autumn 2023 - Annual Wellbeing Survey - Values and Behaviours Update - Equality Annual Report - Welsh Language Standards Annual Report – scheduled for Board approval in September 2023. - Living Wage Accreditation awarded in February 2023.



Putting Values into Practice

- Restorative, Just & Learning Working Group set up with 28 Senior Leaders within CTMUHB who received training by MerseyCare. Wider group members invited and x3 task and finish group set up to carry out work on
 - Data & Evaluation
 - Education (inc Respect & civility)
 - Policy
- Values Based Recruitment – updated module and intranet pages ; review of strategic recruitment (Band8c+) being undertaken
- Suite of values-based resources and activities for managers and staff on SharePoint – further review of behaviours to ensure alignment to new draft culture plan
- Delivered x7 Cultural competency workshops over 5 areas: Executive Team, Strategy & Transformation, People Directorate, Mental Health & Learning Disability, ICTM
- Deliver Cultural Competency Workshops to 3 further areas identified – (Legal & Complaints; Patient Safety; Patient Experience) and an additional 3 areas (yet to be confirmed in discussion with Heads of People and Care Groups) – to be completed by March '24
- Support the completion of the Cultural Competency workbooks for all 11 areas by Dec '24
- Develop internal Cultural Competency programme by March '24 and deliver internal programme from April '24
- Develop and deliver Educational offer to support Culture Plan responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans (Jan-March '24) - x6 workshops in development and delivery to commence in Jan '24
Developed framework to support Staff Networks and attended key events to support under-represented groups to raise awareness and deliver education.
- Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered as part of Leading through Change



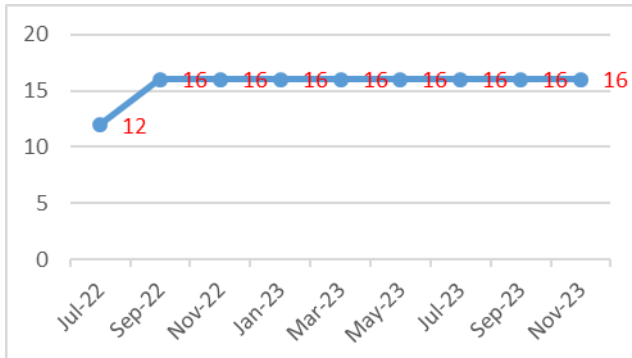
Programme to support Phase 2 of Organisational Change Programme Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D	
Gaps in Controls and Assurances	Mitigating Actions
~~Embedding values in recruitment after successful launch and communications campaign~~	~~Re-launched values-based recruitment pages in October 2022 to provide advice and guidance including values-based questions to support the process. This action is complete and will move to a control /assurance measure in the next period.~~
Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to Culture Plan
Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values	- Further work ongoing in collaboration with Staff Network Groups. - Speak up Safely Campaign launched in Oct 2023. - Restorative; Just & learning approach launch (soft) in Oct 2023. - Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan - Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback
Cultural Health Check diagnostic tool developed that measures current alignment to values based on participants' contribution to the assessment. The Health Check has been piloted successfully and is being used for subsequent OD interventions.	- Through our Aspire and Inspire Leadership programmes our approach to leading behaviour change through leadership is paramount and a key feature of the programmes. - National Staff Survey is currently live 2023 - Award received from CIPD in March 2023 recognising CTM's values work. - Developing a Self-service model to support leaders/managers to run health check themselves.

Current Strategic Equality Plan (SEP) requires review to align with the changing national context.	- Work ongoing to review the Strategic Equality Plan (SEP) to align with the changing national landscape, in particular the Anti-Racist and LGBTQ+ Wales Plan. SEP currently out for consultation – Ongoing as feedback being reviewed. - SEP Action Plan going to People and culture on 8 November 2023	
Linked National Priority Measures	Current Performance - Highlights	
Culture, Values and Behaviours 24. Overall staff engagement score 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Engagement is not a wellbeing concept and so we don't ask about it in the wellbeing survey. The best measure for this is the All Wales NHS Staff survey, which does specifically ask about engagement. The last time this was done was in 2020 and I don't have access to the results 61.65% of the organisation have had a PDR/Appraisal within the last 12 months.	
Were there any significant incidents affecting this strategic Risk this period:		
None identified for inclusion in the BAF Report.		
Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	N/A

[Click here to go back to the summary Section](#)

 SUSTAINING OUR FUTURE	Strategic Goals: Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value based healthcare • Ensuring our estate is fit for the future	Risk score 16

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.9)			
If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	Then we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles	Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders	

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score in November 2023. Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><thead><tr><th>Month</th><th>Risk Score</th></tr></thead><tbody><tr><td>Jul-22</td><td>12</td></tr><tr><td>Sep-22</td><td>16</td></tr><tr><td>Nov-22</td><td>16</td></tr><tr><td>Jan-23</td><td>16</td></tr><tr><td>Mar-23</td><td>16</td></tr><tr><td>May-23</td><td>16</td></tr><tr><td>Jul-23</td><td>16</td></tr><tr><td>Sep-23</td><td>16</td></tr><tr><td>Nov-23</td><td>16</td></tr></tbody></table>	Month	Risk Score	Jul-22	12	Sep-22	16	Nov-22	16	Jan-23	16	Mar-23	16	May-23	16	Jul-23	16	Sep-23	16	Nov-23	16
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Sep-23	16																							
Nov-23	16																							
Initial	4	5	20																					
Current	4	4	16																					
Target	4	2	8																					
Risk Appetite	Cautious (assets; trust and confidence) Open (estates)																							

Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Population Health and Partnerships

Controls	Assurances reported to Board and committees
Wellbeing and Socio-economic duties - Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible. - CTM becoming established as an Anchor Organisation. Environmental Sustainability – Net Zero - Decarbonisation Strategy - Established a CTM Environmental Sustainability Group as part of transformation agenda. 'CTM 2030' seeks to ensure that services take account of the impact on the environment - All-Wales approach to sustainable procurement - Green CTM Staff Forum - Fleet emissions reduction programme and trial of electric vehicles - Tree planting initiatives - Waste management – elimination of landfill for foodstuffs - Use of less environmentally impactful anaesthetic gases - Sustainable Health Care delivered a workshop to Board Members in March 2023. - Decarbonisation Action Plan in place.	Wellbeing and socio-economic duties - Wellbeing Statement accompanying Annual Plan - Progress reports against the Annual Plan - Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement Environmental Sustainability – Net Zero - Environmental Sustainability Annual Report - ISO 14001 (Certified Environmental Management System) accreditation Commenced reporting to Board / committees regarding Net Zero. – ~~Timeframe: June 2022. Complete – moved to assurance.~~ ~~Quarterly reporting of the Decarbonisation Action Plan received by the Board in May 2023 next due to Executive Leadership Group on the 29th August 2023.~~ ~~Annual Carbon Report scheduled for submission to the Executive Leadership Group at the 29th August 2023 and subsequently to the Health Board meeting in September 2023.~~
Gaps in Controls and Assurances	Mitigating Actions
Climate Adaption Plan (moving away from mitigation)	- Climate/Environmental Adaption Plan proposal being considered by the Executive Leadership Group in July 2023. Executive Leadership Group accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. This will be scoped at the Environmental Sustainability Group. Timeframes: objective will be to achieve a set of objectives by end of March 2024. - Engagement with the Public Services Board on a regional Adaption Plan – Ongoing.

Dedicated resource to manage and deliver Net Zero programme across the whole Health Board.	Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: Ongoing subject to capital availability. The Health Board recognises that there is a risk that the pace of change may slow in light of the current financial environment and challenges faced.
Enhancing Board reports regarding sustainability issues to address Net Zero 2030 goals.	Work underway with governance team to include as part of board reporting – Timeframe Quarter 3 – 2023-2024. On track to deliver by the end of September 2023. Complete – revised Board Report template implemented in August 2023, now includes an Environmental /Sustainability Impact Assessment against the 5Rs (Reuse, Refine, Recycle, Reduce, Repurpose).
Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. Pace of progress likely to be slowed as financial considerations become more dominant.
Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.
Nationally the formula to establish carbon footprint of our organisation has changed CTMUHB's baseline assessment which has placed the organisation significantly further away from its 2025 goal.	Decarbonisation action plan to be reviewed which will consider additional actions. Timeframe – March 2024.
Global energy crisis will impact on service delivery for our communities and staff, this is being closely monitored as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Ongoing.
Linked National Priority Measures	Current Performance - Highlights
Economy and Environment - Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach - Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Quarter 1 reporting against the Decarbonisation Action Plan due 31st August 2023. Completed – submitted via Population Health & Partnerships Committee. Annual Carbon Plan report is due by the 4th September 2023. Completed – submitted to Welsh Government.

- Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

Wellbeing of Future Generations Act

Were there any significant incidents affecting this strategic Risk this period:

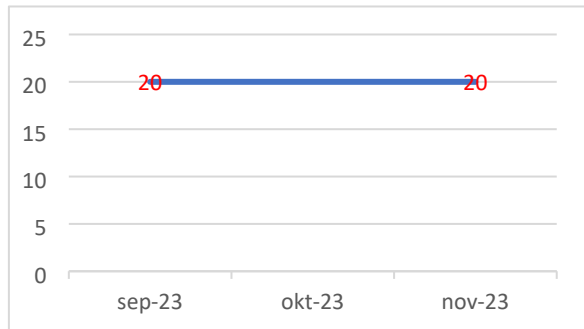
Nil

Associated Risks from the Organisational Risk Register

Risk no.	Description	Current score
5374	Fulfilling our environmental and social duties. New risk escalated March 2023.	16

[Click here to go back to the summary Section](#)

Strategic Goal: Creating Health • Reducing health inequalities • Equal focus on mental and physical health • Supporting our communities • Being a healthy organisation			Risk score 20 (L4 C5)
Strategic Risk: There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. (Risk No.10)			
If the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health	Then we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy	Resulting in poorer health outcomes, greater inequalities and an unsustainable health service.	

	Consequence	Likelihood	Score	Risk Score Trend this Period:  No change in risk score as at November 2023 *The consequence score has reduced for the target score assessment as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate. Risk Score Trajectory  <table><caption>Risk Score Trajectory Data</caption><tr><th>Month</th><th>Risk Score</th></tr><tr><td>sep-23</td><td>20</td></tr><tr><td>okt-23</td><td>20</td></tr><tr><td>nov-23</td><td>20</td></tr></table>	Month	Risk Score	sep-23	20	okt-23	20	nov-23	20
Month	Risk Score											
sep-23	20											
okt-23	20											
nov-23	20											
Initial	5	4	20									
Current	5	4	20									
Target	4*	3	12									
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)											
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>												
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>												



Risk Lead	Executive Director of Public Health	Assurance committee	Population Health and Partnerships

Controls	Assurances reported to Board and committees
Strategies & Plans - Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales". - CTM 2030 Strategy – 'Our Health Our Future' - Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022. - Public Service Board – Well Being Plans Engagement Forums - Regional Partnership Board - Public Service Board - Area Partnership Board - CTM2030 Leaders Groups - Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well - Engagement with community groups by Lead Independent Members - meetings with the three local authorities - Accelerated Cluster Development Programme Board – engagement across Primary Care - Health and Social Care Integration Board - Forum with local authority Chief Executives to address health inequalities Needs Assessment & Consultation Processes - Population Segmentation & Risk Stratification - Pharmaceutical Needs Assessment - Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing - Wellbeing Assessment (PSB) - Population Needs Assessment (Regional Partnership Board) - Formal consultation processes for service reconfiguration, e.g. vascular Organisational Structures - CTM Leaders Network	Wellbeing and socio-economic duties - Wellbeing Statement accompanying Annual Plan - Progress reports against the Annual Plan Reports to Board - Annual Director of Public Health Annual Report - Creating Health Portfolio Board reports to the transformation board Reports to Population Health & Partnerships Committee - Population Health Management Programme - Health Protection Programme - Vaccination Programme Reports - Regional Partnership Board Annual Report - Transformation Fund and Leadership Board Updates - Mental Health Strategic Update

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars - Primary Care clusters Services: - Integrated Level 2 and Level 3 Weight Management Services – established in September 2022. - Smoking Cessation Service	
Gaps in Controls and Assurances	Mitigating Actions
Strategic Focus on prevention/inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan planned for Q4 2023/24
Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board
Impactful action to address health inequalities	- Whole system approach to Healthy weight - Help me quit/ hospital programme - WISE - Cancer inequalities group - Implementation of Stroke equity Audit recommendations
Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.
Ability to influence wider system partners/determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)
Linked National Priority Measures	Current Performance - Highlights
Population Health – Ministers Measures Phase One - Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway - Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway - Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally. - Percentage of adult smokers who make a quit attempt via smoking cessation services	Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

Were there any significant incidents affecting this strategic Risk this period:

No

Associated Risks from the Organisational Risk Register

Risk no.	Description	Current score
5462	Adult weight management service - Insufficient capacity to meet demand	20
5579	Lack of Children and Young Persons Weight Management Service. New risk escalated November 2023 with a risk score of 16.	16

[Click here to go back to the summary Section](#)



Agenda Item

6.3.1

CTM Health Board

Highlight Report from the Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms



1. Introduction

- 1.1 This report has been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on 21 September 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Quality and Safety Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.
- 2.2 The Committee will:
- Put the needs of patients, carers and the public at the centre of all its business.
 - Ensure appropriate arrangements are in place to support workplace health & safety.
 - Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
 - Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
 - Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

3. Highlight Report

Alert / Escalate

Areas of positive escalation

- Committee Members received a presentation on the work being undertaken to address the **backlog within Ophthalmology** and were provided with assurance that relevant action was being taken to address the position. Members suggested that the Board may wish to receive an update on progress being made at a future meeting;
- Members **Endorsed for Board Approval the Closure of the Maternity & Neonatal Improvement Programme Board** following the service being de-escalated from Targeted Intervention to Enhanced Monitoring;
- The **Tŷ Llidiard Tier 4 CAMHS Inpatient Unit Report was received**. Members welcomed the news that the service had now been completely de-escalated by the Welsh Health Specialised Services Committee to Level 0 – Routine Monitoring;



	Members were pleased to note that Quality and Governance had also been de-escalated from Targeted Intervention to Enhanced Monitoring.
Advise	- The Chief Operating Officer's report was received. Members requested a further strengthening of the process in relation to how progress being made against the Stroke action plan was being reported into the Committee. Members also requested that a discussion was held at the next meeting in relation to Sepsis; - The Diagnostics, Therapies Pharmacy and Specialties Care Group Highlight Report was received. Members were provided with assurance that full compliance was in place in relation to Controlled Drugs Licences. A discussion was held as to whether the recruitment freeze on administrative vacancies was having an impact on patient care and Members were provided with assurance that administrative posts had been prioritised where there was an urgent clinical need and would potentially impact on patient care; - The Unscheduled Care Group Highlight report was received. Members noted the significant improvements made in the Infection, Prevention and Control work and the work being undertaken on the Emergency Department development. Members advised they would welcome a Spotlight Report on Frailty at a future meeting; - The Mental Health & Learning Disabilities Care Group Highlight Report was received. Members advised that they would welcome a further update on the issues in relation to the Registered Nurse vacancies which had caused some significant concerns for Committee Members; - The Primary Care and Community Care Group Highlight Report was received. Members noted that issues in relation to Parc Prison appeared to feature heavily in reports being presented and questioned whether there were any lessons to be learnt from the process; - The Planned Care Group Highlight report was received and noted; - The Committee received a report on the CTMUHB Staff Process for Raising Concerns. Members welcomed the update provided and advised they looked forward to receiving further updates on the progress being made; - The Organisational Risk Register Report – Risks Assigned to the Quality & Safety Committee was received. Members advised it would be helpful if future reports could include an explanation as to why the risk scores



	had been reduced to enable Committee Members to accept the reductions being proposed; • The Healthcare Inspectorate Wales Improvement Plan Tracker report was received. Members were provided with assurance that the 40% of Improvement Actions which had been recorded as unknown status were on track to be addressed; • The CTMUHB Nosocomial Covid-19 Incident Management Programme Delivery Unit Interim Learning Report was received and discussed; • The Quality & Safety Committee Annual Self Effectiveness Survey was received. Following discussion, it was agreed that the Committee would agree to holding one in person meeting in 2024; • The Quality Dashboard report was received and discussed; • The Mental Health Adult Inpatient Improvement Programme report was received and discussed; • The National Collaborative Commissioning Unit (NCCU) Quality Improvement and Assurance Service Annual Position Statement was received. Members noted the issues highlighted within the report in relation to eating disorders and the pressures within that service in relation to lack of provision. The following reports were received and discussed at the In Committee session held on 21 September 2023: • MBRRACE-UK Perinatal Mortality Report: 2021; • Stillbirth Thematic Review 2022
Assure	• A Listening & Learning Story which related to a patient's experience of receiving treatment at the Snowdrop Breast Centre was received. Members welcomed the story which clearly highlighted how important this service had been to the patient; • The Children & Families Care Group Highlight Report was received. Members welcomed the inclusion of service users on the stakeholder panel session for recruitment to the Head of Midwifery, Gynaecology & Integrated Sexual Health post and suggested that it may be worth considering replicating this across the Health Board as a learning tool; • The Learning From Events report was received. Members confirmed that they felt content that robust processes were now in place to address the position; • The Summary of Irradiated Blood Alerts incorrectly added to Digital Patient Records report was received. Members were provided with assurance that no specific episodes of harm had occurred and noted that the issues related to patient records being incorrectly labelled as opposed to blood samples and was now resolved.



Inform	The following items were received for APPROVAL via the consent agenda: • Unconfirmed Minutes of the Meeting Held on 25 July 2023 • Unconfirmed Minutes of the In Committee Meeting Held on 25 July 2023 • Use of Medicines Policy • CTMUHB Safeguarding Policy • Clinical Policies Approval Process The following items were received for NOTING via the Consent agenda: • Action Log • Committee Annual Cycle of Business • Committee Forward Work Programme • WHSSC Quality & Patients Safety Committee Chairs Report • Infection, Prevention & control Report Annual Report 2022-2023 • Regulatory Review Recommendations Update Relating to Healthcare Inspectorate Wales • Cwm Taf Morgannwg Individual Patient Funding Requests (IPFR) Annual Report 2022/2023 • Public Services Ombudsman For Wales A Year of Change – A Year of Challenge Annual Report and Accounts 2022/2023 • Incident Management Internal Audit Report • A National Review of Consent to Examination & Treatment Standards in NHS Wales – Final Welsh Risk Pool Report • Public Services Ombudsman for Wales Groundhog day 2: An Opportunity for Cultural Change in Complaints Handling
Appendices	•

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A Healthier Wales



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report and **APPROVE** the Closure of the Maternity & Neonatal Improvement Programme



Agenda Item

6.3.2

CTM Health Board

HIGHLIGHT REPORT FROM THE CHAIR OF THE DIGITAL & DATA COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Ian Wells, Digital & Data Committee Chair / Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
ICO	Information Commissioners Office
IMTP	Integrated Medium Term Plan
POW	Princess of Wales Hospital
SBUHB	Swansea Bay University Health Board

1. PURPOSE

- 1.1 The Board is requested to **NOTE** the report that provides details of the key issues considered at the meeting of the Digital & Data Committee which took place on the 14 November 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. PURPOSE OF THE DIGITAL & DATA COMMITTEE

- 2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of Digital technologies, Information & Data, to support health improvement and the provision of high-quality healthcare.
- 2.2 The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.
- 2.3 The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Data Strategies to drive continuous improvement and support digitally enabled health care to achieve the objectives of the Health Board's Integrated Medium-Term Plan (IMTP).

3. HIGHLIGHT REPORT

ALERT / ESCALATE	Positive Escalation: The Committee noted and welcomed the significant work on the procurement and Business Case for the Digital Medicines electronic Prescribing in Secondary Care
ADVISE	- The Committee received the Digital and Data Assurance Report, noting the projects both system and infrastructure completed, the challenges with the current level of capital and revenue funding to sustain a digital programme and the timescales determined/being planned for National systems that may require further local business cases to be approved - The Committee received an Internal Audit Review on Infrastructure Management. The Committee noted that the report was providing a 'reasonable assurance' rating. - A report was received on the Digital & Data Integrated Medium Term Plan Update, noting the development of the IMTP for 2024-2027.



ASSURE	- The Organisational Risk Register was reviewed in terms of digital risks. - The Medical Records Assurance Report was received by the Committee. The Committee noted the current progress and challenges regarding the digitisation of the patient notes project. - The Committee received a report on the Information Commissioners Office (ICO) Audit Action Plan Progress. The Committee noted the report and the demonstrable progress made to date following the correspondence from the ICO. - The "In Committee" meeting of the Digital and Data Committee received robust updates on the following areas of activity: - e-Prescribing – Digital Medicines - Cyber Assessment Framework - Cyber Improvement Programme - Digital Critical Incidents - Organisational Risk Register Risks 4664 & 4671 (Commercially sensitive risks)
INFORM	A report was received on e-Prescribing, noting that the 'In Committee' Session of the Committee would receive the Business Case due to commercial sensitivities.
APPENDICES	NOT APPLICABLE

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board are asked to **NOTE** the contents of the report.



Agenda Item

6.3.3

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance/Board Secretary
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Audit & Risk Committee at its meeting on 24 October 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate

- A discussion was held in relation to **JAG accreditation** and Members agreed that a discussion would be required at Quality & Safety Committee regarding the consequences of the non-compliance with JAG Accreditation. The Committee Chair also questioned the relevance of the reporting to Audit & Risk Committee as she felt this was a quality issue. Members agreed to receive an update on the accreditation process in six months for assurance purposes
- The **Internal Audit Progress Report** was received. Members noted that the Health Board was achieving a target of 25% against an 80% target rate for the time taken for management response to draft report within 15 days as per the Internal Audit Charter. Members advised that this was unacceptably low and requested that a discussion was held with Executive colleagues on this matter.

Advise

- The **Local Counter Fraud report** was received. Members noted that a Business Case was being developed in relation to Counter Fraud awareness training for consideration by the Executive Team. The Committee Chair suggested that it may be helpful if Internal Audit could undertake a review on the policy and process for booking overtime in next year's plan;
- The **Procurement and Scheme of Delegation report** was received. Members noted that Procurement were undertaking a piece of work with the Estates Team in relation to Single Tender waivers to determine whether there were any further training requirements needed in this area;
- The **Post Payment Verification Mid Year Update** was received and discussed;
- A report on the **Changes to the Welsh Risk Pool Agreement** was received and discussed. Members noted that work continued to be undertaken to address any backlog cases and requested that the report was shared with the Planning, Performance & Finance Committee for information;
- The **Organisational Risk Register Report** was received. Members requested that the cover report was strengthened so that the rationale for closing the risk was included in the next iteration;
- The **Audit Recommendations Tracker report** was received and discussed;
- The **Audit Wales Audit & Risk Committee Update** was received and noted;
- The **Audit Wales/Healthcare Inspectorate Wales Joint Review Follow Up Report** was received. Members noted that there were four recommendations which had been partially implemented;
- The **Internal Audit Review into Interventions Not Normally Undertaken** was received. Members noted that this had been allocated a Limited Assurance rating;
- The **Internal Audit Follow Up Review into Facilities Governance** was received. Members noted that this follow up review had been allocated a Limited Assurance rating. The Deputy COO and Divisional Director of Facilities attended the meeting and noted that the action plan in response to the audit needed further work as the assurances provided were insufficiently robust. The Director of Facilities requested an extension to Feb-24 to enable her to properly assure that actions had been completed and embedded;
- The **Internal Audit Review into IT Infrastructure** was received. Members noted that the review had been allocated a reasonable assurance rating

Committee Members received an update on the **Cyber Security Risks** during the In Committee session of the Committee.



Assure	There were no items to include in this section.
Inform	- The Unconfirmed Minutes of the meetings held on 16 August 2023 were APPROVED; - The Amendments to the Standing Financial Instructions were Endorsed for Board Approval; - The Annual Cycle of Business and Forward Work Programme were received and noted; - A National Review of Consent to Examination & Treatment Standards in NHS Wales - Final Welsh Risk Pool Report - March 2023 was received and noted; - The Consultant Job Planning Report was deferred to the December meeting for discussion given the absence of a report presenter.
Appendices	

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) /	Learning, Improvement & Research
	If more than one applies please list below:



Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

4. Recommendation

- 4.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

6.3.4

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
YTD	Year to Date

CAMHS	Child & Adolescent Mental Health Services
PDR	Personal Development Review



1. Situation / Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Planning, Performance & Finance Committee which took place on 31st October 2023.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

- 2.1 The Committee will allow appropriate scrutiny and review to a level of depth and detail not possible in Board meetings in respect of planning, performance and finance. The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within the Board's 3 Year Integrated Medium Term Plan.

3. HIGHLIGHT REPORT

ALERT / ESCALATE

- The **Month 6 Finance report** was **received**. Members **noted** that at M6 the Health Board were reporting the following:

Overall Revenue Position:
 - The M6 in month position reported a £5.2m deficit. This represented a £2m improvement compared to the M1-5 average run rate £7.2m/month.
 - The M6 YTD position was now reporting a £41.2m deficit against the Revenue Resource Limit. This represented a £1.4m adverse variance compared to 6/12th of the forecast £79.6m deficit in the financial plan (£39.8m).
 - The main driver for the £1.4m YTD adverse variance were shortfalls in savings delivery (£1.9m).
 - The year-end forecast remained at £79.6m which was consistent with the draft plan. The key risks mainly relate to a number of WG funding assumptions awaiting confirmation. The total net risk is £5.1m.
 - The Health Board was also waiting on a response from WG on its 10%/20%/30% proposals and may be required to deliver an improvement on the current forecast deficit of £79.6m.

	Savings position: - Actual savings to M6 was £11.7m which was £1.9m below the M6 YTD savings target of £13.6m. - The M6 forecast In-year savings was now £26.2m. This represented a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target. - The M6 forecast re-current savings of £26.1m was £1.2m below the £27.3m target. Cash position: - The forecast Cash Flow position to year end showed a projected deficit of £79.5m. This reflected the current plan deficit and would require strategic cash support from WG. The Committee noted that the Month 6 Finance Report reflected the position prior to the allocation of an additional £72m of in year funding to the Health Board to support its existing plan. The Committee was also updated verbally on the expected £8m stretch savings target. The Committee noted that CTMUHB had been issued with a break even control total by Welsh Government reflecting the impact of the additional funding and savings target and the impact on the requirement for strategic cash support.
ADVISE	- The Committee received the Organisational Risk Register and reviewed the Planning, Performance & Finance assigned risks, noting the updates in terms of the mitigating action identified within the report. - The "In Committee" meeting of the Planning, Performance & Finance Committee received and noted a report on the Capital Programme 2023-24. The Committee noted the current capital resource limit and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 5 and a brief update on all current major capital projects. - A detailed review of the Integrated Performance Dashboard was undertaken with particular focus and scrutiny in the following areas: - Recruitment into the CAMHS service - PDR Compliance - Sickness absence rates - Stroke/Thrombectomy - Colonoscopy - Gynaecology delays for treatment



ASSURANCE	- A Presentation on The Planned Care Recovery Improvement Plan was received by the Committee, noting progress made to date. - The Committee received and noted a verbal update on the Stretch Target Response (10,20,30) and the planning that was underway to deliver the targets.
INFORM	The Committee received for information the Monthly Monitoring Returns to Welsh Government for Months 5 & 6.
APPENDICES	NOT APPLICABLE

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
	No - Not Applicable



**Effaith Amgylcheddol/
Cynaliadwyedd (5R) /
Environmental
/Sustainability Impact (5Rs)**

If more than one applies please list below:

Impact Assessment

Ansawdd

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Ansawdd? /*

Quality

*Have you undertaken a Quality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:

Not required

Cydraddoldeb

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Cydraddoldeb? /*

Equality

*Have you undertaken an Equality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:

Not required

Cyfreithiol / Legal

There are no specific legal implications related to the
activity outlined in this report.

Enw da / Reputational

There is no direct impact on the reputation of the
Health Board as a result of the activity outlined in this
report.

Effaith Adnoddau

(Pobl /Ariannol) /

Resource Impact

(People / Financial)

There is no direct impact on resources as a result of
the activity outlined in this report.

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

6.4

CTM Health Board

CTM2030 STRATEGY UPDATE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Victoria Wallace, Deputy Director of Strategy and Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
RPB	Regional Partnership Board
LA	Local Authority
PHP	Population, Health and Partnerships

1. Situation /Background

1.1 This is an update on the progress of the development of CTM 2030, setting out activity in each of the 3 themes:



1.2 Building Healthier Communities:

1.2.1 The objectives for this workstream are to maximise the positive impact of the Health Board on communities through shared initiatives, local investment, employment and connecting organisations. We continue to meet every two months with leaders of communities across CTM. These are highly productive and engaging events with lots of debate and ideas. Last time we looked at potential on-line solutions for connecting individuals to the people and activities that suit their needs and interests.

1.2.2 We continue to put people and groups in touch with each other to spread those ideas that are of most value; including bereavement groups.

1.3 Integrated Community Services

1.3.1 Work continues with LA partners to start to bring services together. We have jointly funded the post of Director of Integration and Matt Jenkins

formally started this post in November. His aims are to work to ensure that each organisation fulfils its promise in relation to integration, including single teams at GP cluster level, new ways of working, shared posts and pooled budgets. Full updates are provided to the RPB and to PHP. We can present more fully at a board seminar in due course.

1.4 Acute Clinical Services Plan

1.4.1 The ACSP is running at full pace now with workshops and external engagement activities to fully understand our baseline, challenges, opportunities and ultimately our options for more effective delivery. This included a workshop with 200 consultants and other senior doctors on November 16th, where we confirmed the conditions that are driving us, a set of givens that we will work within. The day included a talk by Sally Lewis on Value Based Healthcare which the doctors took to heart in thinking about how clinical services can develop to better meet the needs of our population in a sustainable way.

1.4.2 We are on track to identify a preferred option in the spring in preparation for potential formal public consultation in the summer. A case for change document based on these activities is being presented to Board in committee for consideration, ready for publication to public production standards.

2 Specific Matters for Consideration

To note progress on CTM 2030 activities.

3 Key Risks / Matters for Escalation

None at this stage.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People, Improving Care, Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: AllThe
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Resilient Wales
	If more than one applies please list below: Healthier Wales and WFGA



Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: All
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This will form part of relevant processes
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This will form part of relevant processes
Cyfreithiol / Legal	Choose an item.	
Enw da / Reputational	Yes (Include further detail below) Undertaking processes diligently will enhance the organisations reputation	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report. Full financial impact assessment will be undertaken as appropriate	



GIG
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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

5 **Recommendation**

5.4 To note progress

6 **Next Steps**

6.4 To consider timing of more complete informal briefings to board



Agenda Item

6.5

CTM Health Board

Annual Presentation of Nurse Staffing Levels to the Board

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tanya Tye, Senior Nurse, Nurse Staffing Act Professional Lead
Cyflwynydd yr Adroddiad / Report Presenter	Greg Dix, Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
NSLWA	Nurse Staffing Levels Wales Act
ILG	Integrated Locality Group
CG	Care Group
RN	Registered Nurse
HCSW	Healthcare Support Worker
WLoC	Welsh Levels of Care
WTE	Whole Time Equivalent
CNO	Chief Nursing Officer

1. Situation / Background

1.1 This paper is a reflective account to demonstrate how Cwm Taf Morgannwg University Health Board (CTM UHB) maintains compliance with the Nurse Staffing Act (NSA) on S25B wards only and explains the changes and amendments to the wards and specialties between the periods of 1st October 2022 to 30th September 2023. While it is noted the focus on compliance for S25B wards for this paper, it should be noted that all areas are reviewed to ensure an overarching safety to provide sufficient nurses in all settings as outlined in section S25A of the act through Care Group Nurse Director Scrutiny and assurance workforce meetings. The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 referred to as 'the Act' became law on 21st March 2016 which included all adult acute medical and surgical inpatient wards and came into effect in April 2018. The extension to 'The Act' into paediatric inpatient wards became law on 1st October 2021.

1.2 The Act Statutory Guidance requires the designated person (Executive Director of Nursing) to formally present to the Board the nurse staffing requirements for adult acute medical, surgical, and paediatric inpatient wards. This report aims to provide the Board with a detailed summary of the agreed nurse staffing levels and the changes that have taken place over the reporting period for each ward where Section 25B applies.

1.3 The Act requires health service bodies to make provisions for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively. Section 25A requires Health Boards to ensure there are robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their Organisations.

1.4 Section 25B identifies inpatient wards where there is a duty to calculate nurse staffing levels to maintain safe nurse staffing levels using a prescribed methodology. This methodology to determine the staffing levels across the Health Board is well established and has a clear governance process. Wards that are included in 25B are required to undertake a bi-annual acuity audit by ward managers and senior nurses. This information is then triangulated with professional judgment, patient population, staff in post, and several pre-determined patient outcomes that are regarded as being nurse-sensitive indicators such as patient falls or hospital-acquired skin damage.

1.5 The Health Board has realigned their former Integrated Locality Groups (ILGs) into Care Groups in April 2023 and work is being undertaken to review services across CTM.

2. Specific Matters for Consideration

2.1 There are two key reporting requirements within the statutory guidance. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards, adult acute medical and surgical inpatient wards and Paediatric inpatient wards. In May each year, the Board receives a non-statutory annual assurance report, which will inform the three-year statutory report to the Welsh Government. The Next three yearly statutory report is due in October 2024. Whilst in November a statutory Annual Presentation of Nurse Staffing Levels report is presented to the Board.

Following the bi-annual acuity audit which was undertaken in January 2023 and June 2023, any proposed changes in staffing levels required on any of these wards, have been reviewed via the process stipulated within the statutory guidance. Each ward has been subjected to the triangulated approach which involves reviewing patient acuity, key quality indicators and professional judgement by the Ward manager and Senior Nurses. The establishments have been approved and signed off by the Care Group Nurse Director and endorsed by the Executive Nurse Director.

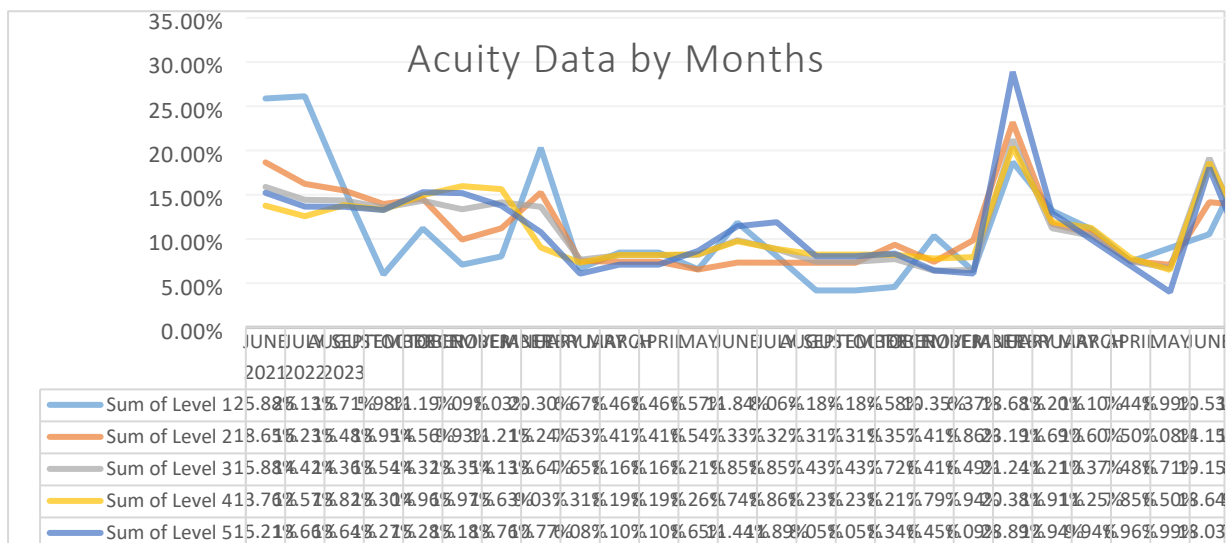
The Board is asked to formally receive and note the information contained within the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A) which has been produced using the prescribed NHS Wales reporting template.

Adult and Paediatric inpatient wards where Section 25B applies

The table below shows the number of wards at the beginning and end of the reporting period from 1st October 2022 to 30th September 2023. There was a total of 35 Section 25B wards within the Health Board at the time of the June 2023 (illustrated as September 2023 in the table below) bi-annual acuity audit.

	Oct 2022	Sept 2023
Number of Acute Medical inpatient Wards	16	17
Number of Acute Surgical inpatient Wards	17	15
Number of Paediatric inpatient wards	3	3

To note during this reporting period, 1 ward has been repurposed and 1 ward has been decommissioned. (The establishments for these wards are provided in more detail in Appendix B & C)



The illustration above demonstrates a rise in acuity across the S25B areas through the winter months which would align with the predicated winter pressures. However, it is also noted there is a peak in June. This may be explained by an increase in focus on compliance to submit the bi-annual report. This will level out as the full implementation for safe care for S25B wards has been rolled out and compliance is monitored on a live, daily basis.

3. Key Risks / Matters for Escalation

- 3.1 Each of the Care Group Nurse Directors (formally known as Locality Group Nurse Directors) have been involved in discussions regarding the staffing establishment level templates and any proposed workforce changes highlighted following June 2023 acuity. The acuity audits are only one aspect of the triangulated methodology that must be used to calculate and agree on the workforce requirements. The Care Group Nurse Directors will be responsible for the scrutiny of the nurse-sensitive 'quality indicators' (falls, pressure ulcers, medication errors and nursing related concerns) along with their professional judgement to approve and request any changes to the funded establishment for these wards to the Executive Director of Nursing.
- 3.2 Due to the ongoing surgical recovery programme, the nursing establishments for some of these Section 25B wards may change again before the next bi-annual acuity in January 2024. As part of the requirement of the Act, any changes to ward clinical models, reconfiguration and staffing requirements will be updated on the designated staffing level templates approved by the Care Group

Nurse Directors and following approval be authorised by the Executive Nurse Director.

3.3 Other All Wales Nurse Staffing Programme Work Streams in Development

The other All Wales Nurse Staffing Programme work streams, namely, Mental Health inpatient wards, District Nursing & Health Visiting.

In May 2022 with the publication of the CNO priorities for 2022-2024 which were aligned to the Welsh Government a Healthier Wales (2018). A key message throughout the CNO priorities and Healthier Wales strategy is for future models of nursing care to become grounded in multi-disciplinary working. With this in mind further roll out of the Nurse staffing act across other specialities are on hold awaiting outcome of the focused work streams.

3.4 Nurse Roster Policy

The implementation of the Nurse Roster Policy identifies key performance indicators, in conjunction with the data from Safe Care, which highlights safety issues in acuity, professional judgement, concerns, and predetermined safety parameters which are red flags that allow scrutiny and triangulation to underpin decision-making relating to safe staffing levels. Scrutiny of this data is performed daily at the hospital safe-to-start meetings as well as in assurance meetings with the Nurse Directors and care group performance meetings.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Report is to be received for noting
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Report is to be received for noting
Cyfreithiol / Legal	Yes (Include further detail below)	
	Those contained within the Nurse Staffing Levels (Wales) Act	
Enw da / Reputational	Yes (Include further detail below)	
	Need to ensure we are following the NSLWA 2016	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	
	Any temporary increase to current agreed ward establishments will have financial implications. These will be defined, reported and discussed within the Operational Management Board, Executive Leadership Group and if required, the Board. Whilst not a feature	

within the report, a supplementary statement will be established for submission to Operational Management Board and Executive Leadership Group in order to outline any subsequent financial changes associated within the NSA review.

5. Recommendation

5.1 The Board is asked to **NOTE**

- The report as assurance that the statutory requirements relating to Section 25B wards have been completed.
- Further work is ongoing at the Princess of Wales to scrutinise wider workforce and workload demands with a focus on areas such as ward based caterers and evidence and assurance with compliance particularly related to risk assessments and enhanced supervision.
- The Care Group Nurse Directors have reviewed their areas in S25B and will provide further information in business cases/invest to save papers which will ensure wards are staffed according to services need and to meet the needs of the population.

6. Next Steps

- 6.1 To continue to follow the NSLWA 2016 to ensure adherence
- 6.2 To update Board of any changes outside of the biannual acuity audits

Annual Presentation of Nurse Staffing Levels to the Board														
Health Board	Cwm Taf Morgannwg UHB (CTMUHB)													
Date of annual presentation of Nurse Staffing Levels to Board	November 2023													
Period Covered	1 st October 2022 to 30 th September 2023.													
Number and identity of section 25B wards during the reporting period. • Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) • Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) • <u>Paediatric</u> inpatient wards	Appendix B of this report lists the nurse staffing levels for all wards that have been included under Section 25B of the Nursing Staffing Level (Wales) 2016 Act (hereafter referred to in this document as the 2016 Act), during the period 1st October 2022 to 30th September 2023. With the creation of Care Groups, work is ongoing to ensure services are equitable across the whole of CTM. Where there are changes, this may require recalculation of staffing levels outside of the biannual acuity audit period. The table below identifies the number of wards that are included under Section 25B of the 2016 Act during the time period above. <table> <tr> <th></th><th>Oct 2022</th><th>Sept 2023</th></tr> <tr> <td>Number of Acute Medical inpatient Wards</td><td>16</td><td>17</td></tr> <tr> <td>Number of Acute Surgical inpatient Wards</td><td>17</td><td>15</td></tr> <tr> <td>Number of Paediatric inpatient wards</td><td>3</td><td>3</td></tr> </table> To note during this reporting period, 2 wards have been repurposed Ward 18 PWH from surgical into a medical ward the other was decommissioned (Listed below). Wards that have been removed from S25B. The Protected Elective Surgical Unit (PESU) at Prince Charles Hospital has been decommissioned. • Ward 15 PWH was incorrectly listed in the Nov 22 report as a S25B ward should have been S25A as it was a rehabilitation ward and not an acute medical ward.			Oct 2022	Sept 2023	Number of Acute Medical inpatient Wards	16	17	Number of Acute Surgical inpatient Wards	17	15	Number of Paediatric inpatient wards	3	3
	Oct 2022	Sept 2023												
Number of Acute Medical inpatient Wards	16	17												
Number of Acute Surgical inpatient Wards	17	15												
Number of Paediatric inpatient wards	3	3												

- Ward 20 RGH has changed speciality to orthopaedic rehabilitation and therefore falls into S25A.

Nursing establishments for Section 25B wards. (Reporting period October 2022 – September 2023).

The tables below provide a summary of the ward establishments for each 25B ward by Care Group (Formerly Integrated Locality Group (ILG)). A more detailed overview is provided in Appendix B. Please note the wards have been identified from their location in Sept 2023, and have then been tracked backward across the reporting period (i.e. PCH ward 3 was on ward 7).

Unscheduled Care Group

Across Unscheduled Care, Care Group there are 17 wards (where there were previously 16 due to the changes to ward 18) that are included within Section 25B of the 2016 Act.

Prince Charles Hospital (PCH)

Medical Wards at Prince Charles Hospital

Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
2	20.9	14.21	20.9	14.21	20.9	14.21
3	20.9	14.21	20.9	14.21	20.9	14.21
9	20.9	19.90	20.9	19.90	20.9	14.21
10	20.9	17.06	20.9	17.06	20.9	17.06
11	20.9	14.21	20.9	14.21	20.9	14.21
12	23.74	17.06	23.74	17.06	23.74	17.06

- Ward 9 PCH, decreased the total number of Health care Support Workers by 5.69wte in June 2023. Using the triangulated methodology prescribed within the 2016 Act, there was no definitive support that the increase of staff was required, therefore staffing levels reduced and further establishment review to be undertaken.

Royal Glamorgan Hospital (RGH)

Medical Wards at Royal Glamorgan Hospital

Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
5	20.9	19.9	20.9	19.9	20.9	19.9
12	20.9	19.9	20.9	19.9	20.9	19.9
14	20.9	19.9	20.9	19.9	20.9	19.9
19	26.58	19.9	26.58	19.90	20.9	19.9
20	20.9	19.9	20.9	19.9	18.06	19.9

- Ward 19 had a temporary uplift to provide a Non Invasive Ventilation bay (NIV) in October 22. This has subsequently been reviewed and reduced as it is identified further work is required to fully understand the requirements of an NIV service.
- Ward 20 will no longer sit within S25B due to the change of specialty from medicine to rehabilitation and will fall into S25A, in addition the RN workforce has been reduced.

Princess of wales Hospital (PWH)

Medical wards at Princess of Wales Hospital

Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
4	28.24	16.34	28.24	16.34	28.24	16.34
5	20.07	13.62	20.07	13.62	20.07	13.62
6	20.07	13.62	20.07	13.62	20.07	13.62
10	23.79	13.62	23.79	13.62	23.79	13.62
18	Surgical ward				20.07	13.62
20	20.07	13.62	20.07	13.62	20.07	13.62

- Ward 18 remains within the Act but changed its specialty from surgery to acute medicine in July 2022. The ward also increased its bed capacity in May 2022 and staffing levels were amended to reflect this.

Planned Care Group

The Planned Care Group has 15 wards (previously 17) that are included within Section 25B of the 2016 Act.

Prince Charles Hospital

Surgical Wards at Prince Charles Hospital						
Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
5	20.9	14.21	20.9	14.21	20.9	19.89
6	20.9	14.21	20.9	14.21	27.86	21.09
7	20.9	14.21	20.9	14.21	20.9	14.21
8	20.9	19.9	20.9	19.9	20.9	19.9
PESU	11.37	8.53	Closed		Closed	

- Ward 8, using the prescribed triangulated approach, increased HCSW establishment by 5.69 wte, this will continue as a funded establishment.
- PESU changed from a surgical admission ward to a S25A area in Dec 2022 and subsequently decommissioned in April 2023.

Royal Glamorgan Hospital

Surgical Wards at Royal Glamorgan Hospital						
Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
2	18.08	17.08	18.08	14.21	18.08	14.21
3	20.9	17.06	20.9	17.06	20.9	19.9
8	20.9	19.09	20.9	19.9	20.9	19.9
9	18.06	14.21	18.06	14.21	18.06	14.21
10 & 11	16.43	12.59	16.43	12.59	16.43	12.59
15	14.21	10.56	12.37	8.53	12.37	8.53

- Ward 2 reduced its ward-based beds to incorporate a Surgical Assessment Unit (SAU) to 11 beds. This resulted in a decrease of Health care support workers in the overall establishment by 2.87 wte.
- Ward 3, following the prescribed triangulated approach, has identified the need to increase HCSW establishment by 2.3 wte. This is a temporary uplift while work continues to reconfigure and remodel surgical services across the Health Board.
- Ward 9 reduced its Registered Nurse levels in October 22, due to the limitation of speciality tracheostomy care beds to 5, these levels fluctuated resulting in 2-3 speciality patient in the period. As part of the surgical remodelling work there may be a requirement to review prior to the next acuity audit.
- Wards 10 & 11 are surgical elective 'Green wards' that have amalgamated and have combined staffing that oversees both areas and allocated according to workload. Ward 10 is S25B ward whilst Ward 11 is predominately a day-case surgical area which is S25A. This has continued since the previous report in November 2022 and has been reflected in the funded establishments.
- Ward 15 staffing levels were reduced following the January 2023 acuity audit due to the bed based remaining at 15. This will be reviewed following the remodelling of surgical services across the Health Board.

Princess of Wales Hospital

Surgical wards at Princess of Wales Hospital

Ward	Oct-22		Apr-23		Sep-23	
	RN	HCSW	RN	HCSW	RN	HCSW
7	20.07	13.62	21.07	13.62	21.07	13.62
8	20.07	13.62	20.07	13.62	20.07	13.62
9	20.07	13.62	20.07	13.62	20.07	13.62
11	20.07	13.62	20.07	13.62	14.62	13.62
Bridgend Clinic	11.89	10.89	11.89	10.89	11.89	10.89
18	20.07	13.62	20.07	13.62	Medicine speciality	

- Ward 7. There is an increase in registered nurses as this now includes a Monday to Friday coordinator role.
- Ward 11 was previously located on Ward 19. There has been a reduction in staffing due to a reduction in bed numbers.
- Ward 18 changed its speciality to medicine in June 2022 ward.

Following the June 2023 bi-annual acuity audit, it has been agreed there is a need for dedicated ward hosts to be on all adult acute medical and surgical inpatient wards. This is being costed currently and release the Health care support worker from perming this role as current practice. Additional HCSW has been utilised to provide enhanced supervision based on patient acuity on many of the section 25B wards which is underpinned by a detailed risk assessment.

Paediatric Inpatient Wards

The extension of the 2nd duty of the 2016 Act came into force on 1st October 2021. There are 3 Paediatric inpatient wards included within Section 25B of the 2016 Act

Ward	Oct-22	Apr-23	Sep-23

	RN	HCSW	RN	HCSW	RN	HCSW
RGH Ward 17	29.43	5.69	30.85	5.69	32.27	5.69
PCH Ward 31	35.11	7.72	35.11	7.72	35.11	7.72
PWH – Children ward	29.43	5.59	29.43	5.59	28.21	5.59

- RGH Ward 17 has increased their RN at night to support the increased acuity activity that the ward sees over the winter months, this will be reviewed at the next acuity audit in January 2024.
- PWH Children's ward has made changes to both their RN and HCSW workforce. The ward employs three RNs Monday to Wednesday and four Thursday to Sunday and employ 2 HCSW Monday- Wednesday and 1 Thursday – Sunday.

It is noted that the increase in activity over the winter period is in line with the predicted surge of very young babies/neonates presenting with respiratory problems including Respiratory Syncytial Virus (RSV) and Entero/Rhinovirus. However, there is an increase in the acuity of babies that require intubation and ventilation and transfer to tertiary centres. Due to capacity and limited tertiary critical care centres across Wales, this has resulted in many children and young people (CYP) remaining in the local hospitals for longer periods until a suitable bed is sourced for onward transfer.

	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	17		15		3	
Required establishment (WTE) calculated (October 2022)	RN	HCSW	RN	HCSW	RN	HCSW
	350.66	266.97	316.33	240.64	93.97	19
WTE of required establishment funded (October 2022)	350.66	266.97	316.33	240.64	93.97	19

Staffing requirements following Spring Cycle (May 2023)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (May 2023)	RN	HCSW	RN	HCSW	RN	HCSW
	350.66	266.97	304.12	228.02	95.39	19
WTE of required establishment funded (May 2023)	350.66	266.97	304.12	228.02	95.39	19
Staffing requirements at end of reporting period (September 2023)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (September 2023)	RN	HCSW	RN	HCSW	RN	HCSW
	362.21	274.90	291.01	230.61	95.59	19
WTE of required establishment funded (September 2023)	362.21	274.90	291.01	230.61	95.59	19
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	17		15		3	
Required establishment (WTE) calculated and WTE of required establishment funded						
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	The triangulated methodology prescribed in Section 25C of the 2016 Act sets out the principles for calculating nurse staffing levels, where there is a requirement to undertake at least 6-monthly calculations for each ward within Section 25B of the Act. For each inpatient ward under Section 25B for the June 2023 bi-annual acuity audit, data captured from multiple systems are collated and analysed to assess compliance with the nurse staffing recommendations. The areas below are discussed					

	in conjunction with the Ward Sister, Senior Nurse, and Lead Nurse responsible for the wards and overseen by the Heads of Nursing from each acute hospital to influence the content of the report. • Current nurse staff availability, including staff not included in the core roster such as supervisory ward manager and ward administrators (in PWH only). • Patient acuity data for the month of June 2023. • Care quality indicators data from the previous 12 months (falls, medication errors, pressure damage, and serious incidents and concerns). • Workforce-related metric data, mandatory training compliance, vacancy, recruitment and sickness. • Clinical dashboards via the Datix system which measure care quality metrics as well as Power BI apps that provide access to patient acuity and flow • Assurance that all workforce models are compliant with an uplift of 26.9% and supernumerary Band 7 Ward Sister/Charge nurse which is mandated in the Nurse Staffing Levels Act • The planning templates which are in turn ratified by the Ward Sister/Charge Nurse, senior nurses, Heads of Nursing, and Care Group Directors of Nursing. The final templates are endorsed by the Executive Nurse Director.
Finance and workforce implications	Any changes to ward establishments that have financial implications are discussed by the Heads of Nursing and the Finance leads at establishment meetings and presented to the Care Group Nurse Directors via their Management Board meetings. Updates are subsequently provided by the Executive Nurse Director, via Executive Senior Leadership Team meetings and report to the Executive Board for assurance and governance.
Conclusion & Recommendations	
	The Nurse Staffing Level Wales (2016) Act bi-annual acuity audit conducted in June 2023 has allowed the Care groups to review acuity and activity over the previous six months and plan their workforce accordingly. With the creation of Care groups the Nurse Directors have greater ownership of the services and service provision across their respective service delivery areas. Following the bi-annual audit in June 2023, there have been some changes to nursing establishments which have been implemented and authorised by the Care group Nurse Directors and by the Executive Nurse Director. The Board is asked to • Receive the report as assurance that the statutory requirements relating to Section 25B wards have been undertaken. • Note the changes to the funded establishments to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act.

	• Note the detailed strategic nurse staffing review being undertaken in PWH The work programme for CTMUHB inpatient wards under section 25B of the 2016 Act for 2023/24 will be: • To improve compliance with the Safe Care Module across S25B wards in the Health board and commence roll out to S25A areas in community hospitals. • To continue reviewing and reporting as set out in the NSLWA. • Interrogating and analysing data to support reviews and potential changes to the establishment and skills mix. • Complete and imbed a workforce dashboard which will be available from ward to board.



Agenda Item

7.1

CTM Health Board

Update on Acute Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
ACSP	Acute Clinical Services Plan
CTM	Cwm Taf Morgannwg

1. Situation /Background

- 1.1 CTM 2030: Our Health, Our Future was launched in 2021. Since that date, work has been underway to further understand our population health needs and engage with our communities and our staff, to better articulate what this will mean for the population of CTM.
- 1.2 There are three key strategic themes to CTM2030:
 - Building healthier communities
 - Integrated community services
 - Acute clinical services plan
- 1.3 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value based healthcare plans.
- 1.4 This report specifically refers to the development of the ACSP.

2. Specific Matters for Consideration

- 2.1 The Board was presented with an update at the September Board meeting. This update set out the final vision for ACSP, the principles by which we will work, the governance arrangements and the proposed baselining work.
- 2.2 Since the September Board meeting the following progress has been made:

Baselining activity – this was circulated to care groups in September and they have until the 15th November to complete the task, supported by the strategy and planning teams. This focuses on understanding the current position regarding all services that are currently delivered from hospital sites. It includes a focus on workforce, quality standards, transformation plans and any national standards the service should meet. This work will help inform how the ACSP is phased.

Governance – the governance arrangements to support the delivery of the ACSP are now in place and functioning. This includes a sub-group of the Executive which meets on a monthly basis, a technical group which will ensure the plans are sound, and a senior leaders group which will inform the practical content of the plan.

Case for change – the first draft is near completion and has been tested by the senior leaders group to ensure appropriateness of the content. This is an important piece of work as it will set out clearly to

our staff, population and partners why the health board is undertaking the work.

Scenario testing – the technical group has started to look at possible scenarios to test the process needed to form the final plan. This is to test (for example) who needs to be involved, what information is needed, how long processes are likely to take, what interdependencies need to be identified, what conversations must happen on a regional footprint.

2.3 The next steps for the development of the ACSP include:

- Completing the baselining activity and using the outputs to support the prioritisation/phasing of the delivery plan
- Continued scenario testing
- Finalising the case for change
- Finalising the communications plan
- Regional planning conversations (6 December workshop)

3. Key Risks / Matters for Escalation

3.1 There is a key risk around how the development and delivery of the ACSP is articulated to staff, the public and our partners. Experience has highlighted that plans have to be evidence based and clear as otherwise misinformation can circulate and gain traction. The communication and engagement of the CSP moving forward must be transparent and decision making understood.

3.2 There is a key risk that the resources needed to deliver the ACSP in full will not be available. This relates to finance (capital and revenue), workforce (frontline and support), estate and digital resources. Realistic resourcing plans will be set out within the ACSP, but experience to date has shown that these may not always be delivered due to internal and external influences.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining our future Inspiring People
	Starting Well



Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below: A Prosperous Wales A Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: Person Centred Efficient Equitable Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options



Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	Yes (Include further detail below) There may be a negative reputational impact on the HB if the delivery of the ACSP is not successful
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There will be resource implications to the delivery of the ACSP. The options appraisal process will include resource implications.

5. Recommendation

5.1 The Board is asked to note and discuss the contents of this paper.

6. Next Steps

6.1 The next steps for the development of the ACSP include:

- Completing the baselining activity and using the outputs to support the prioritisation/phasing of the delivery plan
- Continued scenario testing
- Finalising the case for change
- Finalising the communications plan
- Regional planning conversations (6 December workshop)



Cwm Taf Morgannwg UHB

Llantrisant Health Park Infrastructure Programme Public Board Update

MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU

OUR VALUES
HELP US BE AT
OUR BEST

RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA



WE LISTEN,
LEARN AND
IMPROVE

RYDYN NI'N
TRIN PAWB
A PHARCH



WE TREAT
EVERYONE
WITH RESPECT

RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TIM



WE ALL WORK
TOGETHER
AS ONE TEAM

30th November 2023
10:00 – 13:00

Scope of Presentation

- Update on the Llantrisant Health Park Programme initiation
- Update on Masterplan for the site from strategy paper presented in December 22
- Update on tenancy situation since the Chairs action in September 23
- Overview of concept and space planning exercise
- Outline programme for permanent infrastructure changes
- Proposal for interim diagnostic capacity
- Questions

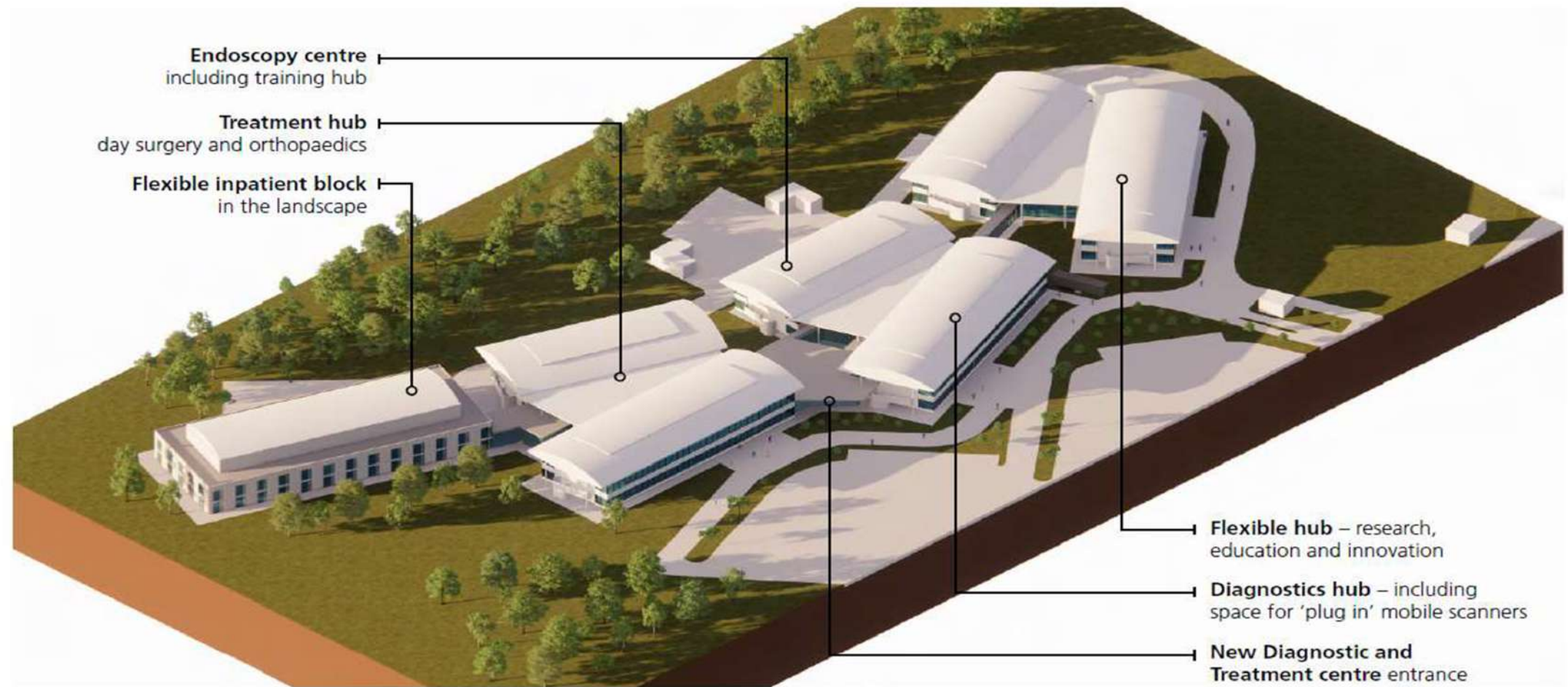
Masterplanning Works

- Archus appointed to provide Programme Management Support
- Architects and engineers (structural and mechanical) appointed to follow up initial site wide report
- Confirmation of service provision across the site:
 - Building 1: to be confirmed
 - Building 2: Diagnostic and Endoscopy Community Hub – industry partner being procured on regional basis
 - Building 3: Orthopaedic and day surgery Unit
 - Development Plot – Building 4 – Inpatient Unit

Site Location



Concept Site Plan



Update on Tenancy

- Dilapidations and Early Surrender agreement made with British Airways
- BAAE vacated and handed over site control on 29.09.23
- Dilapidations and early surrender payment of £1.8m (£0.5M lease and £1.3M dilaps)
- CTM seeking agreement to retain surplus settlement once site infrastructure costs accounted for
- CTM commencing surveys across the site (topographical, measured building, ecology)

Building 2 – Community Diagnostic and Endoscopy Hub

- Regional Planning teams leading on appointment of commercial partner to develop 2 regional centres (1 to be LHP)
- Process planned to identify partner by March 24
- Partner will fit out the building with the equipment and provide staff on a managed service contract basis
- Infrastructure project will have to address the building aspects such as statutory compliance
- Architects are developing schedules of accommodation and tests for fit for the buildings
- Schedules will be subjected to clinical appraisal (critical adjacencies, patient pathway, etc.)

Building 3 – Orthopaedics Design Update

- Consideration of Barn Theatres opportunities and constraints ongoing visit on 20th November
- Decision for 6 theatres, hybrid barn and general or 5 standard theatres on the ground floor
- Initial test of fit study for the inpatient building (4) indicates that the developable plateau will not be sufficient to support 2 x 36 bedded wards, 24 bed wards can be accommodated reducing bed numbers to 48 from 64
- Urgent need to ascertain impact of reduced bed on theatre need work being undertaken by HCP
- Capacity initially being driven by available space and to be ratified by demand / capacity planning
- Ensure clinical team considers flow and efficiency in the design but a need to work at pace

Site Masterplan – Temporary MRI Facility

- Site assessment for temporary MRI facility completed with LHP site location identified
- Supplier costs and lead-in times for acquisition of welfare unit provided by 3 potential suppliers. The Board has received a paper confirming preferred supplier.
- Planning application prepared and ready to be submitted following confirmation of mobile unit supplier.
- Operational working group established to address operational management upon transfer to ops.

Programme Update

- Programme workshops have been held – initial conventional programme developed
- Indicative start on site date of July 2025 based on standard business case preparation and approval timescales
- Challenge to consider how to reduce the programme to commence on site earlier, opportunities include:
 - Working with WG to shorten business case approval timescales – regular IIB briefings
 - Working with NWSSP-SES throughout design development to ensure technical oversight and agreement to shorten scrutiny timeframes
 - Regional groups to undertake detailed workforce and funding plans alongside technical workstreams
 - Consider how appointment and development processes can be shortened
 - Design based on maximising capacity as opposed to demand and capacity planning
 - Proactive working with planning colleagues to ensure approvals processes can be streamlined where possible



Next Steps

- Further appointments to programme team
- Continue to 1:200 drawings and detailed plans
- Appointment of a construction partner during 1:200 process
- Clinical review of layouts and further iterations developed
- Infrastructure Investment Board first review – 14th December 2023
- Planning application for temporary diagnostics
- Confirm planning application



Agenda Item

7.3

CTM Health Board

**Active Travel Charter CTM
(Whole systems approach to healthy weight)**

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Samuel Belcher – Senior Public Health Practitioner Lauren Thomas – Public Health Practitioner Helen Hammond – PSB Lisa Toghill - PSB
Cyflwynydd yr Adroddiad / Report Presenter	Claire Turbutt – Principal Public Health Practitioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health
Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Population Health & Partnerships Committee	07/11/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms

CTM	Cwm Taf Morgannwg
UHB	University Health Board
PSB	Public Services Board
WG	Welsh Government

WSA	Whole System Approach
HW	Healthy Weights
BMI	Body Mass Index

1. Situation /Background

- 1.1 Welsh Government declared a [Climate Emergency](#) in 2019 and expects the public sector to be [net zero by 2030](#).
- 1.2 Welsh Government are committed to the Active Travel Wales Act 2013, and Transport for Wales assist the WG with its guidance and Active Travel Fund for Local Authorities across Wales
- 1.3 Cwm Taf Morgannwg University Health Board (CTMUHB) is committed to fulfilling the [NHS Wales Decarbonisation Strategic Delivery Plan](#). Work to date to reduce carbon emissions is already impacting on this agenda across clinical and non-clinical areas.
- 1.4 The Board has previously agreed to the development of an Active Travel Charter for CTM based on the [Healthy Travel Charter launched in Cardiff](#). Recent communications with Healthy Travel Wales and Public Health Wales have confirmed their commitment to support CTM UHB to work with CTM PSB to develop a Healthy Travel Charter for Cwm Taf Morgannwg.
- 1.5 The design of the active travel environment within CTM will be a vital component of the Whole System Approach to enabling the population of CTM to access a lifestyle congruent with healthy weight and would have a significant impact, not only on the health and longevity of individuals, but also on the provision and cost of public services in CTM.
- 1.5 To support these goals we need to show strong leadership around the issues which encourage or discourage the population of CTM from eating well and taking appropriate levels of exercise. An Active Travel Charter for CTM will put in place the strategic driver to make it easier for our staff and organisations to travel actively across CTM, providing more opportunities for incidental physical activity, improving air quality and improving mental health.
- 1.6 As the Board has previously agreed, we need to take collective action across a number of interlinked levers for change: local, regional and national to tackle obesity at a systems level. This will only be possible through engaging with our stakeholders within Health, Local Authorities, Third Sector and the Community. Enabling our population to achieve a healthy weight will be a long-term effort.
- 1.7 The Whole System Approach to Healthy Weight work plan identifies Active Travel as a priority; we now provide a proposal for work by the UHB and the PSB towards the adoption of an Active Travel Charter for CTM.
- 1.8 The well-being assessment for the Public Services Board tells us that:

- Physical activity rates are low in Cwm Taf Morgannwg
- There are high rates of diabetes, obesity and dementia that are expected to increase
- People want help to encourage healthy behaviours
- The cost of living is a concern for citizens
- Air quality, whilst generally good, there are high levels of NO2 at busy road junctions
- Good transport links are needed for people to be able to socialize, use arts and leisure spaces and to get to jobs
- Noise pollution from traffic affects how people enjoy their local area

The well-being plan also reports that we want to support communities by increasing opportunities for more active travel in their daily lives so that we see:

- More of the things we need and use being nearby
- Fewer journeys being undertaken by car
- An improvement in air quality and health
- More people use active travel
- Fewer people face long/costly journeys to access services, particularly those who require accessible travel arrangements

2. Why a Travel Charter?

- 2.1 The changing patterns in the way we travel and how we design our environments for travel play a significant role in the lifestyles of our population. Bold action is required locally if we are to reverse these trends in population and global health, and create a healthier more sustainable future for our residents. Health and well-being in our communities could be significantly improved if active travel becomes the norm for short journeys, and public transport is used for longer journeys. There would also be improvements in air quality and carbon footprint (Healthy Travel Wales, 2023).
- 2.2 An Active Travel Charter is a series of actions that organisations publicly sign up to, to demonstrate their commitment to supporting walking, cycling, public transport, and ultra-low emission vehicle use amongst their staff and clients. The CTM active travel charter will provide the opportunity to build partnerships and collaborations necessary to design and improve community spaces, creating an active environment, whilst working together to reduce health inequalities. It therefore contributes towards some of the Board's highest long-term priorities and has the potential to act as a public accolade to some of the work already underway.
- 2.3 Active travel charters have already been developed in other health board areas across Wales, including Cardiff and the Vale, Swansea Bay and Aneurin Bevan. Each area reports positive engagement with

system leads, with numerous signatories across public services. Partners adopt a Charter over a fixed time period, completing regular self-assessments to monitor their progress. Toolkits for implementation and communication are available from the central Healthy Travel Wales team as is staff support for mentoring and media promotion. We have already secured support from National Public Health Active Travel Lead for the development of a charter in CTM. An example of commitments reported in other active travel charters can be found in Appendix 1.

2.4 There are already many different ways our partners are enabling active travel:

- Local authorities are responsible for the physical infrastructure for cycleways. They build new cycle routes and promote the use of cycleways. Via Transport for Wales, £50 million is available to them through the Active Travel Fund to improve travel infrastructure and promote active travel schemes.
- The charity 'Sustrans' encourage children to use active travel to get to school – reduces congestion, pollution and promotes physical activity.
- Local authorities assess the infrastructure for active travel routes to ensure developers provide active travel links and produce travel plans that show how active travel will be promoted and encouraged in these new housing estates and businesses.
- Cycling training schemes provide school children with the skills to cycle safely
- There are community groups that help to repair and provide cheap bicycles for people to use.

There are opportunities to build on these and other areas of work.

2.5 An active travel charter in CTM would be co-produced with public service representatives, local groups, staff and citizens across Rhondda Cynon Taf, Merthyr Tydfil and Bridgend. Commitments would be specific to our geography, demography and priorities.

3. Specific Matters for Consideration

See section 6.

4. Key Risks / Matters for Escalation

- 4.1 Stakeholder buy-in is key to the success of the charter. Through our WSA to HW we already have a wide engagement with stakeholders. The design and use of community spaces has been agreed with stakeholders to be a priority. Active travel has been raised as an issue by Stakeholders and we would be responding to this communication.
- 4.2 In order to implement an Active Travel Charter it is necessary to have a Health Board Champion and PSB approval.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: All
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below: timely, efficient and equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment



Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: Score of 6 identified.	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: Positive, document available on request.	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The Healthy Weight Team will provide resources to this project for the rest of 23/24. Sam Belcher (Senior Practitioner) Lauren Thomas (PH Practitioner)	

6. Recommendations and next steps

- 6.1 The Board is asked to **Approve** the following:
- 6.2 We ask the Board to confirm their commitment to the WSA to HW by supporting the development of an active travel charter in CTM.
- 6.3 Give authorisation to the public health team, with the Deputy Director of strategy and Partnerships to proceed with a proposal to the PSB.
- 6.4 We ask that a member of the Board be identified who is willing to champion the Active Travel Charter concept to the PSB at their December 2023 meeting.
- 6.5 We request the Health Board commit to becoming a signatory of the charter.

7. Proposed next steps:

- December 2023 – Present the proposal for an Active Travel Charter to the PSB with recommendations for project delivery and timeline.

- January 2024 – Invite PSB member representatives including transport for Wales and key local groups to attend development session(s).
- February 2024 – Coproduce Charter commitment at development sessions with PSB and wider stakeholders
- March 2024 – seek PSB approval for the draft charter
- April 2024 – Organisations to sign the charter
- May 2024 - Launch Charter in CTM and begin work to improve active travel within CTM organisations

8. References

1. Official statistics, National statistics, 2021. [online] Available at: <<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021#>> [Accessed 6 July 2022].
2. Healthy Travel Wales, 2023. [online] Available at: <<https://www.healthytravel.wales/>> [Accessed 13 September 2023].

9. Appendices

Appendix 1 - Active travel charter example (Adapted from [Swansea Bay, 2022](#))

Communications and leadership
Establish a sustainable travel champion network Establish a network of sustainable travel champions who routinely promote and model active and sustainable travel behaviour, in line with the sustainable travel hierarchy
Use consistent communications messages Agree and use consistent communications messages with the public, visitors and staff on healthy travel and reducing unnecessary travel
Consider healthy travel across our wider functions Promote and consider healthy travel options and benefits across wider functions, such as: procurement, conferences, and when advertising roles in our organisations
Encourage sustainable travel through expenses policies Review our travel expenses policies, to encourage uptake of sustainable travel
Provide strategic leadership on healthy travel Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel
Walking, cycling and public transport
Promote public transport discounts for sustainable travel Explore discounts for staff on Transport for Wales rail services and with local transport providers
Contribute to an interactive map of sustainable travel facilities Contribute to an interactive map showing, where relevant, all walking and cycling infrastructure and public transport links within our main sites in Swansea Bay
Provide staff with facilities and accessories to encourage active travel Assess and provide, as appropriate, secure cycle storage, lockers, showers and clothes drying areas at all main sites. Make accessories available to staff and/or visitors to encourage walking and cycling. Examples include umbrellas, local walking/cycling maps, locks, puncture repair kits and maintenance tools
Adopt an 'active wear for active travel' approach Promote an 'active wear for active travel' approach to work clothing and footwear, for example, allowing staff to wear trainers if their commute involves walking or cycling
Offer the cycle to work scheme Offer the cycle to work scheme to all staff (including e-bikes)
Enable staff to access bicycles more easily at work Improve access to bicycles at work where appropriate, e.g. pool bikes and public hire bikes
Promote cycle training and maintenance sessions Explore and promote opportunities for offering cycle training and maintenance sessions
Agile Working
Support flexible working Explore options for hot-desking between organisations
Ultra-low emission vehicles
Review provision of electric vehicle charging facilities Review the current and future need for electric vehicle (EV) charging infrastructure on our sites, and explore the potential for making charging infrastructure available to other partners in the area
Look at options for ultra low emission vehicles in our fleets and procurement Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles, including e-bikes and e-cargo bikes, where relevant

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 28 September 2023 as an In Person
meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant (also
Broadcast Live via Microsoft Teams)**

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive
Patsy Roseblade	Independent Member
James Hehir	Independent Member (In part)
Mel Jehu	Independent Member
Geraint Hopkins	Independent Member
Dilys Jouvenat	Independent Member
Carolyn Donoghue	Independent Member
Nicola Milligan	Independent Member
Ian Wells	Independent Member (Virtual attendee)
Linda Prosser	Executive Director of Strategy & Transformation
Greg Dix	Executive Director of Nursing/Deputy Chief Executive
Sallie Davies	Deputy Medical Director
Lauren Edwards	Executive Director of Therapies & Health Science
Mark Thomas	Deputy Director of Finance
Philip Daniels	Interim Director of Public Health
Gethin Hughes	Chief Operating Officer
Hywel Daniel	Executive Director for People
Sally Bolt	Associate Member
Lisa Curtis-Jones	Associate Member

In Attendance:

Stuart Morris	Director of Digital
Simon Blackburn	Director of Communications, Engagement & Fundraising
Gareth Watts	Director of Corporate Governance / Board Secretary
Richard Hughes	Deputy Director of Nursing (Observing)
Ana Llewellyn	Care Group Nurse Director (In part)
Lloyd Griffiths	Head of Nursing CAMHS (In part)
Lisa Davies	Assistant Director of Strategy & Transformation (In part)
Sara Utey	Audit Wales (Observing virtually)
Paul Dalton	Internal Audit (Observing virtually)
Darren Griffiths	Audit Wales (In part - virtually)
Vanessa Davies	Healthcare Inspectorate Wales (In Part - virtually)
Emma Walters	Head of Corporate Governance & Board Business (Secretariat)

Agenda Item

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

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

1.2 Apologies for Absence

Apologies for absence had been received from:

- Lynda Thomas, Independent Member
- Anne Morris, Associate Member
- Sally May, Executive Director of Finance
- Dom Hurford, Executive Medical Director

1.3 Declarations of Interest

No Declarations of Interest were noted prior to the meeting.

2. CONSENT AGENDA BUSINESS

The Chair asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion. There were none.

3. SHARED LISTENING AND LEARNING

3.1 Listening & Learning Story

A Llewellyn, L. Griffiths and L. Davies shared a presentation in relation to Ty Llidiard Service Improvements with the Board.

The Chair thanked the Team for sharing the presentation and advised that to see the turnaround that had been made by the service in quite a short period of time was quite remarkable and recognised that this came down to the commitment, the action, the focus and the leadership that had been driving this change.

L Edwards advised that she felt incredibly proud and grateful for the leadership provided by the Team.

P Mears advised that to see the improvements that had been made compared to when he first visited the unit was incredible and added that the Board should not underestimate the level of scrutiny the Team had been under from various organisations, including the Ministers Office, whilst they had been trying to make the improvements required. P Mears advised that consideration needed

to be given as an organisation to the way in which the Team had approached the improvement journey and how this could be applied within other areas in terms of learning. P Mears extended his thanks to the Team for the significant amount of work undertaken and added that the Board were incredibly proud of this fantastic achievement.

In relation to the statement made in relation to the learning for other improvement areas, A Llewellyn advised that it would be important to note that additional investment was made into the team in relation to the creation of two new senior management posts and added that this work required dedicated focus. A Llewellyn added that in relation to future improvements, time and patience was key and added that Ty Llidiard had been on an improvement journey since 2018 which would be important to bear in mind for future service improvements.

C Donoghue advised that the Quality & Safety Committee had been receiving regular reports from Ty Llidiard whilst this improvement work was being undertaken and added that she found it heartening to see that ongoing improvement and progress was being made and extended her congratulations to the Team for this achievement.

In response to a query raised by C Donoghue as to how these improvements could now be sustained, L Davies advised that a key part of the improvement journey was empowering the clinical leaders in the unit by ensuring that the weekly improvement meetings were being led by Senior Nurses with Social Worker involvement. Members noted the most recent visit undertaken by Healthcare Inspectorate Wales highlighted that improvement was being sustained and feedback received indicated that there was excitement amongst staff in relation to this visit as they were keen to share their experiences of working within the unit. L Davies added that some of the systems that had been put into place were about empowering everyone to feel part of the solution with real focus being placed on Team Ty Llidiard rather than individual leaders.

M Jehu extended his thanks to the Team for the work undertaken and advised that it was evident that the Team had approached the problem solving process in exactly the right way and suggested that the Team could maybe act as mentors for other departments and areas facing similar issues.

G Hopkins echoed the comments that had been made and advised that Ty Llidiard had also been reporting into the Mental Health Act Monitoring Committee. In response to a question raised by G Hopkins as to whether scrutiny from the various organisations was now de-escalating, A Llewellyn confirmed that the service had been de-escalated by the Welsh Health Specialised Services Committee and added that she anticipated that a positive report would be received from Healthcare Inspectorate Wales which would allow the service to move back into the usual cycle of inspection.

In response to a question raised by L Prosser as to what the Health Board did which the Team found to be helpful or not helpful so that the learning could be

shared in other areas, A Llewellyn advised that it was helpful that the Health Board agreed some additional investment at the start of the improvement journey when the Team indicated that there were issues which required dedicated leadership support. A Llewellyn advised that the support the Team received from a number of corporate departments was also extremely helpful. In terms of areas which were not helpful, the over-scrutiny at the beginning was difficult for the Team and it was felt that some time and space needed to be given to allow the team to progress the improvements required.

P Mears welcomed the approach taken by L Davies and L Griffiths in relation to engaging with the Ministers office and inviting the Minister to visit the Unit to see the improvements that were being made, which helped to build up confidence that the Team were being open and transparent in relation to progress.

L Curtis-Jones welcomed the presentation and the positive work that had been undertaken and added that the Safeguarding Board had also taken an interest in the improvement journey and as a result of the improvements made this had now been removed from their agenda.

The Chair extended his thanks to the Team for attending the Board meeting and for the improvements that had been made and recognised that patience and belief needed to be in place that the direction of travel taken was the correct one to take.

Resolution: The Listening & Learning Story was **NOTED**.

4. SETTING THE SCENE

4.1 Chairs Report and Affixing of the Common Seal

The Chair presented the report and highlighted the key matters for Members attention.

The Chair made reference to the official opening of the Snowdrop Breast Centre on the Royal Glamorgan Hospital site and advised that this centre was a fantastic example of using a relatively small building to house an important service. The Chair added that all colleagues who had led this project had developed a transformational service which was providing a much better environment to patients who were facing diagnosis and treatment and advised that this highlighted that service transformation did not always have to be undertaken on a large scale by way of its construction. Members noted that 3000 patients would have received treatment at the Centre since February and the Chair asked for his thanks to be recorded to everyone involved in the development of this service.

The Chair extended his thanks to colleagues for approving the Chairs Urgent action in advance of this meeting.

Resolution: The Board **NOTED** the report and **ENDORSED** the Affixing of the Common Seal and the Chairs urgent Action.

4.1.1 Action Log

The Chair presented the action log.

Resolution: The Action Log was **NOTED**.

4.2 Chief Executives Report

P Mears presented the report and highlighted the key matters for Members attention.

Resolution: The report was **NOTED**.

5. DELIVERING OUR PLAN

5.1 Integrated Performance Dashboard – Part 1

L Prosser led the presentation of the item, in addition Executive leads were invited to present the Operational, Quality and People & Culture Sections. Members noted that work was being undertaken to refine the report so that the appropriate and key information was being presented to the Board and Members were asked to consider outside the meeting whether they felt the report could be refined further. The Chair recognised that refinement of the report would take time to address.

I Wells made reference to the quality improvement in relation to Stroke and advised that he would welcome further information in relation to the Artificial Intelligence Software Brainomix which sounded promising. S Morris advised that this software was first presented to NHS Wales Chief Executives around 18 months/two years ago where universal support was given to implement the software. Members noted that the funding mechanism around the software was quite challenging and consideration was being given to how this could safely be implemented within the current resource allocation and needed to be considered amongst other priorities. S Morris advised that if this software was implemented a piece of work would need to be undertaken on the service change element and how this would impact on workforce models.

I Wells made reference to page 17 of the report which highlighted that there was no administrative or systems support at the Princess of Wales Hospital in relation to Stroke. G Hughes advised that there were plans to move to a single administrative support for Data Quality for the whole Stroke Service. Members noted that historically, two separate stroke services were being ran within the Health Board and added that Stroke services were now being brought together, with Consultants now working a joint rota. Members noted that there was a need to ensure consistent applications were in place given that it had been highlighted within Internal Audit reviews that consistent processes were not in

place across sites which had resulted in Data Quality challenges. Members noted that the Unscheduled Care Group were taking this piece of work forward.

I Wells made reference to a presentational issue on a graph contained on page 62 of the report which related to Follow Ups Not Booked and suggested that it may be helpful if a log scale on the x axis was used to make the data easier to read. G Hughes agreed to review this with L Prosser and S Morris outside the meeting.

I Wells advised that whilst he welcomed the inclusion of the mortality data included on page 70 of the report he felt the data needed to be more granular to assist Board Members in making informed decisions as to what the data was telling us, particularly in light of the tragic case at the Countess of Chester Hospital, and added that it would be helpful if Board Members were provided with mortality data for different areas within our Hospitals as opposed to for the whole Health Board. S Davies advised that steps were being taken to ensure more granular data was being presented and added that an electronic form had been produced, to help with consistency in reporting, which was being considered by the ICT Project Portfolio Board. In relation to the tragic events that occurred at the Countess of Chester Hospital, S Davies advised that robust information was being reported in relation to Neonatal deaths to the Children & Families performance meetings and added that the dashboards had also been presented to the Quality & Safety Committee for scrutiny.

S Morris advised that in relation to the electronic form that had been developed to assist with reporting of mortality data, if Board Members felt that this needed to be an area of priority then he would be happy to consider adoption of this moving forwards. P Mears added that in addition to the collection of data, consideration needed to be given as to how the specialty groups reviewed the data, and advised that through the new operating model, there would be a move towards standardised agenda setting which would include discussions on core data sets, for example, Mortality, Incident Reporting, Complaints and Concerns.

In response to a question raised by G Hopkins in relation to whether the improvement programme plans were being implemented in relation to ambulance handover times, G Hughes confirmed that a Standard Operating Procedure (SOP) had been developed in relation to ambulance handover times which sets out the expectations and what decisions needed to be taken. Members noted that the SOP had been developed to support senior clinicians/nurses in charge within the Emergency Department in terms of escalation and cascade of action to create offload space. G Hughes advised that within every Emergency Department, the Team tried to keep at least three bed spaces, once of which was used for honouring red release, one of which was used for ambulance offloads and one of which was used for patients who were critically unwell. Members noted that a large proportion of the Health Board's sickest patients self-presented and did not present by ambulance.

P Roseblade made reference to there being no red release information contained within the report and advised that she felt this needed to be included given that there had been an improvement in the position.

P Roseblade made reference to page 6 of the report which referred to Colonoscopy procedures and advised that whilst discussions were being held in relation to JAG accreditation, focus had never really been placed on the consequence of these issues and questioned whether it would be helpful to have a focussed discussion on this at a future Quality & Safety Committee. G Hughes advised that he would be happy to provide a report on understanding the consequence of endoscopy delays at a future Quality & Safety Committee meeting.

P Roseblade made reference to the Never Events reported on page 28 of the report and advised that whilst she recognised there were very few reported, she felt that the Board needed assurance that there were no trends being identified and that these were being discussed in detail at a particular forum.

P Roseblade made reference to the Nationally Reportable Incidents which were nearly double compared to other areas in Wales and sought clarity as to why there was such a difference compared to the Health Board's peers. G Dix advised that the 74 cases related to the number of incidents which were over the closure date of 90 days and did not relate to the total number of incidents. Members noted that the Health Board benchmarked favourably in relation to per 1000 patients per head of population in relation to Nationally Reportable Incidents.

The Chair made reference to the attrition rates and advised that there were some good examples in England where health organisations had introduced a range of measures to try to reduce the numbers of nursing staff leaving the organisations. The Chair advised that the Health Board often talked about the benefits of prevention and early intervention and expressed the importance of having early discussions with staff who were thinking of leaving the profession. The Chair made reference to the data which showed that the turnover rate went above 9% in 2022/2023 and had remained stubborn since, which was quite concerning. H Daniel advised that whilst the turnover rate remained quite low during the Covid pandemic, the rate was much higher now than pre Covid. H Daniel agreed that early intervention was key and added that this was being considered by the Team when developing the plan to address this. Members noted that much better data was now available as to why staff were leaving the organisation. G Dix made reference to the 'Itchy Feet' initiative which was being used to ensure that staff were being captured and supported before they decided to leave the organisation to work elsewhere.

H Daniel made reference to flexible working and the need to focus on attitudes and culture in relation to flexible working which would play a key part regarding staff retention. Members noted that development and career progression was another key area of focus in relation to retaining staff.

S Blackburn provided Members with an update in relation to the launch of the first stage of the Seren Awards which was the Health Board's award and recognition scheme for staff. Members noted that the first stage, the peer to peer recognition scheme, had resulted on 150 submissions being received in the last 24 hours. Members noted that the second stage would involve the collation of submissions that happen each month being considered for shortlisting as the Health Board's Seren of the month, which would be decided by a panel of staff from all areas of the workforce, with the Executive Team then having the responsibility of picking the Seren in the Month. Members noted that the third element would be the Annual Seren Awards. S Blackburn extended his thanks to K Carpenter for the significant amount of work undertaken to develop this process. The Chair welcomed the news that 150 staff had been nominated in such a short period of time.

N Milligan sought clarity as to the current position in relation to the length of service recognition process. S Blackburn advised that work was being undertaken with the Learning & Development Team and it was hoped that an update would be available within the next few days as to when the long service element would be implemented. S Blackburn added that there was a significant backlog and there would be a need to ensure that staff who had been waiting a long time to be recognised were being recognised. In response to a question raised by N Milligan as to whether there was a timescale in place to address this, S Blackburn advised that he should have a better idea of timescales within the next few days and added that he would provide an update to N Milligan outside the meeting.

In response to a query raised by N Milligan as to whether there would only be Executive Members on the panel or whether there would be wider involvement, S Blackburn confirmed that the panel would consist of a wide range of staff from across the organisation, with Deputy Directors being asked to nominate staff from within their Teams to sit on the judging panel. The Judging panel would then produce a shortlist for consideration by the Executive Team.

P Mears advised that in relation to long service recognition, there was awareness that there was a backlog of staff to recognise and advised that focus need to be placed on the staff with over forty years service first. Members noted that it was hoped that the Health Board would be in a position to hold a recognition event in the next couple of months.

In response to a question raised by G Hopkins as to whether staff had indicated as to how they would like to be recognised, S Blackburn advised that in the past long term service recognition events had worked really well and gave staff the opportunity to step out of their day to day working environment. S Blackburn added that the Health Board would need to continue to listen and learn from staff who were attending the awards so that future events and processes could be improved.

M Jehu advised that staff did want to be recognised and added that if recognition was not being given then this would impact on the way in which they talk about the organisation in future, which could impact on the number

of staff looking to join the organisation moving forwards. S Blackburn advised that it was evident through the Seren awards that there was massive pride within the organisation amongst the teams and colleagues people work with.

H Daniel advised that there was evidence that staff recognition was very effective, with value being placed on providing specific thanks to staff on something that they had worked hard to achieve, as opposed to generalised thanks from the organisation which tended to be less effective.

The Chair made reference to the upcoming launch of the Strategic Plan to support the recruitment and development of Allied Health Professionals and Scientists which was really important in terms of looking to the future.

Resolution: The report was **NOTED**.

Actions: Review to be undertaken of the formatting of the graph containing data on Follow Ups not Booked to consider whether a log scale could be used on the x axis to make the data easier to read.

Future reports to include information on red release in relation to ambulance handovers.

Report to be presented to a future Quality & Safety Committee in relation to the consequence of endoscopy delays.

Update to be provided to N Milligan outside the meeting in relation to the timescales associated with the re-introduction of the length of service recognition process.

5.2 Integrated Performance Dashboard Part 2 – Financial Performance

M. Thomas presented the report for month 5 of the financial performance.

In response to a query raised by G Hopkins in relation to the forecast deficit of £79.6m and how this would be addressed moving forwards, Members noted the Health Board would be expected to carry this deficit forward and noted that the Health Board would need to consider how this deficit could be addressed in its three to five year ongoing financial plan, which was linked to the Clinical Services Plan. P Mears advised that consideration would need to be given as to how services could be restructured and organised to bring the Health Board back into a financially stable position over the next few years.

The Chair asked for his thanks and acknowledgement to be placed on record that the Health Board were projecting that 22m of the 27m savings plan was deliverable which was quite a significant achievement given the amount of work associated with this. The Chair recognised that there was further work to undertake and there was confidence in the system and robustness of the planning undertaken to date. Members noted that following the submission of the Health Board's savings plan, a request was made by Welsh Government for Health Board's to reduce their spend by 10%/20%/30% and noted that the

Health Board were waiting final confirmation of the outcome of that process. M Thomas advised that a summary of the work that was being undertaken would be presented to Executive Leadership Group in the next two weeks.

The Chair advised the he had concerns in relation to 2024 and 2025 and suggested that the Board may wish to work collectively, by the end of the calendar year, to consider what next year and the year after looked like in terms of planning, particularly as a result of the financial position of the NHS. P Mears advised that there would be schemes that would need to be accelerated into next year in relation to the Clinical Services Strategy, particularly in light of the structural challenges being faced by the Health Board in relation to trying to resource across all three sites. Members noted that this work would need to be undertaken in collaboration with Clinical teams.

G Hughes advised that the exercise undertaken in relation to 10%/20%/30% had enabled the Team to populate what schemes could be undertaken in 2024/2025 and added that the scale of the challenge over the next couple of years was recognised.

S Morris advised that the Board may have to make some difficult decisions as to what Digital schemes would be taken forward and added that a discussion had taken place at Digital & Data Committee in relation to some of the national programmes of work in the system.

M Thomas confirmed that the Finance Team were starting to consider next year and added that work in relation to next year's plan would commence once the Month 6 position was reached.

P Roseblade expressed the importance of forward planning given that the Health Board were expected to achieve a three year rolling break even position.

P Mears advised that the Health Board were in relatively controlled position regarding the plan at present and advised that the ask from Welsh Government needed to apply to all organisations.

Resolution: The report was **NOTED**.

6. GOVERNANCE, RISK AND ASSURANCE

6.1 Escalation Status Update

Members noted that an update on the Escalation status was included in the Chief Executives report at agenda item 4.2

6.2 Board Assurance Framework

G. Watts presented the Board Assurance Framework update report which was received by the Executive Leadership Group on 18 September 2023.

P Daniels welcomed the inclusion of Risk 10: "Population Health: Prevention and Early Intervention" within the Board Assurance Framework and advised that the risk was central to what was trying to be achieved as a group and provided a good platform to discuss the wealth of prevention in Primary, Secondary and Tertiary Care that the Health Board was going to be undertaking. P Mears advised that he felt it was highly important that these types of risks were being included on the risk register and highlighted where the Health Board was trying to go as an organisation.

P Daniels made reference to a report from the Chief Scientific Officer which highlighted what the NHS would look like in 10 years and how Health Boards were going to have to shift, not only as an organisation but as a system in terms of how organisations worked with communities. The Chair advised that he had asked for this report to be circulated with Board Members and added that he had suggested previously that a national view needed to be taken by Welsh Government as to what Health & Social Care would look like in 10 years.

M Jehu welcomed the inclusion of this risk on the Risk Register and advised that a multi-agency approach would be needed in relation to this matter and noted that P Daniels was working with all three Local Authority Leaders and the Public Services Board on this agenda. P Mears advised that the Board would be kept updated on progress in regards to this piece of work.

Resolution: The Board Assurance Framework was **APPROVED**

6.3 Board Committee and Advisory Group Highlight Reports

6.3.1 Quality & Safety Committee Highlight Report

C. Donoghue provided members with the Highlight Report from the meeting held on 25 July 2023 and advised that a verbal update on the matters identified for escalation was provided at the July meeting of the Board.

C Donoghue provided Members with a verbal update on the items identified for escalation at the meeting held on 21 September which included the following matters:

- Update received on the work being undertaken to address the Ophthalmology backlog. Whilst Members took assurance from the update provided, it was felt that the position needed to be monitored closely and may require further discussion at a future Board meeting;
- Members received a report on the Closure of the Maternity and Neonatal Programme which Members endorsed given that the service had been de-escalated;
- Members welcomed a report from Ty Llidiard and noted that the service would now return to routine monitoring given its de-escalation.

Resolution: The report was **NOTED**

6.3.2 Population Health & Partnerships Committee Highlight Report

C. Donoghue provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 2 August 2023.

Resolution: The report was **NOTED**.

6.3.3 Digital and Data Committee Highlight Report

I Wells provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 12 September 2023.

In relation to Service Level Agreements regarding the Bridgend Disaggregation work, S Morris advised that the Team were working with Finance colleagues in relation to what opportunities were available, what critical services needed to be maintained and how these services could be maintained with current resources and what additionality was required.

S Morris confirmed that significant progress had been made in relation to the Information Commissioners Office action plan and advised that the Head of Information Governance had closed 10 actions in one week. Members noted that whilst there were some longer term process changes that would not be completed by January, significant progress would be made against them.

Resolution: The report was **NOTED**.

6.3.4 Planning, Performance & Finance Committee Highlight Report

P. Roseblade provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 22 August 2023.

Resolution: The report was **NOTED**.

6.4 Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review into Quality Governance

G. Dix presented the report and highlighted the key points for Members attention. Members noted that the Health Board had been de-escalated from Targeted Intervention to Enhanced Monitoring for Quality and Governance.

The Chair invited members from Audit Wales and Healthcare Inspectorate Wales to comment on the report. S Utlely extended her thanks to colleagues within the Health Board for their support in completing this piece of work and advised that a number of recommendations had been closed. S Utlely made reference to the areas highlighted within section 20 of the report and advised that it would be helpful if the Health Board could provide an update on these outstanding areas in six months.

In response to a question raised by P Mears as to the appropriate route for updates to be provided against these areas, S Utlely advised that whilst a number of these areas would be picked up through the Structured Assessment, it would be helpful if the Health Board could respond by letter outlining the

progress that had been made. Members noted that monitoring of the outstanding recommendations would also be undertaken via the Audit Recommendations Tracker.

The Chair extended his thanks for the positive progress that had been made.

Resolution: The report was **NOTED**.

Action: Response to be provided to Audit Wales/Healthcare Inspectorate Wales in six months providing an update on progress against the outstanding areas for action contained within the report.

7.

STRATEGIC PLANNING

7.1.1 CTM 2030 Clinical Services Plan

L. Prosser presented the report and highlighted the key items for Members attention.

P Mears advised that it was becoming increasingly evident that the Health Board would not be able to design its clinical service model in isolation from its neighbouring Health Board's, particularly Cardiff & Vale and Aneurin Bevan Health Boards and added that further consideration needed to be given to this. P Mears added that whilst the development of the Llantrisant Health Park was part of this solution, there would be other services that would require regional working relationships, for example, Stroke services. Members noted that a workshop was being held on 11 October 2023 with Cardiff & Vale and Aneurin Bevan where an update would be provided on strategy development.

C Donoghue recognised that this was a significantly complex and central piece of work and advised that it would be important to not lose sight of the discussions that had taken place in relation to population health and life expectancy and advised of the importance of designing services for the future and not just for the here and now. C Donoghue add that consideration also need to be given to the research agenda within this piece of work. P Mears agreed with the comments made by C Donoghue and added that consideration needed to be given as to what services needed to be provided within a Hospital setting, whether some care need to be provided face to face or could some care be provided digitally using new technologies and added that work needed to be undertaken with Primary Care colleagues on thinking about future integrated models of care. P Mears advised that consideration also needed to be given to the latest thinking being identified by Royal Colleges.

P Roseblade advised that whilst she recognised that this was a high level plan, there was nothing mentioned within the plan in relation to public engagement and added that there would be decisions coming out of this phase which were not yet being discussed with the public or through public engagement, and noted that consultation on preferred options would not take place until March 2024. P Roseblade advised that she felt there needed to be a space for more

in depth public consultation through every phase of this piece of work to limit any surprises. L Prosser advised that there was a need to ensure public views were being taken into account through the forums in a way that informs and added that the team were trying to avoid a process which occurred previously where the outcome was agreed by a vote. Members noted that ongoing discussions were required alongside the work being undertaken on obtaining due diligence of the data. P Roseblade advised that the Health Board needed to get into a position where the population recognised that certain services were not sustainable.

P Mears advised that he had recently met with the Community Leaders Group who advised that if it was recognised that there were clinical reasons for stopping some services then they would be supportive of any changes being proposed and welcomed future engagement on future proposals.

S Blackburn advised that it would be more beneficial to undertake engagement through existing platforms and fora's on the work being undertaken, for example, the Regional Partnerships Board and the Public Services Board and expressed the need for having consistent conversations so that the outputs from the discussions could be used.

M Jehu agreed with the comments made by P Roseblade and advised that it would be helpful if the Board could have these discussions in a Community setting so that the Board could demonstrate that discussions had been held in Community areas. The Chair advised that the Corporate Governance Team were in the process of sourcing community venues for future Board and Board Development Sessions to increase Board visibility.

The Chair advised that the connections the Health Board had made with Third Sector and Voluntary organisations was incredibly positive. D Jouvenat also welcomed the engagement that had been undertaken with Third Sector colleagues through the Leadership Forums and welcomed the feedback being received as a result of the engagement being undertaken.

J Hehir welcomed the process that had been outlined which he found to be positive and highlighted the need to explore what mattered to the population within Cwm Taf Morgannwg and what were the issues of most concern to them.

The Chair advised that he was conscious that colleagues spend a lot of time engaging and supporting a range of different partnerships beyond this work which was highly important and advised that he had requested that the ambition of the Clinical Services Plan was presented to the Regional Partnerships Board in October which would provide a further opportunity to engage with colleagues across the sectors.

Resolution: The report was **NOTED**

7.2 Working in Partnership

Members were invited to note the reports contained within this section.

7.2.1 Regional Capital Board – Capital Plan

L. Prosser presented the report and highlighted the key matters for Members attention.

Resolution: The report was **NOTED** and the Regional Partnerships Board 10 Year Strategic Capital Plan was **APPROVED**.

7.3 Annual Carbon Plan

L Prosser presented the report and highlighted the key matters for Members attention. L Prosser extended her apologies for not being able to submit this to the Population Health & Partnerships Committee prior to Board as a result of timing issues.

P Roseblade advised that whilst she accepted the update provided, the report seemed to indicate that improvements being made were due to reporting changes as opposed to a general reduction in carbon output and added that it was difficult to tell from the report exactly what was being achieved. L Prosser agreed with the comments made by P Roseblade and advised that when areas were being measured consistently results were being seen.

P Mears advised that some of the schemes the Health Board would like to undertake were constrained as a result of the capital resource available and added that some of the schemes the Health Board were involved in should start to realise improvements soon, for example, the impacts of the Solar Farm. P Mears advised that it may be helpful if a Dashboard style report could be produced moving forwards to assist the Board in understanding where improvements were being made.

In response to a comment made by P Roseblade in relation to some suggested quick wins which would not require financial investment, for example, hybrid cars only being offered via the lease car programme, P Mears advised that there would be some schemes which would not be within the Health Board's direct control and would be within the control of other organisations, for example, Shared Services.

L Prosser advised Members that she would be happy to share the Decarbonisation Action Plan with Board Members if they would find this helpful.

Resolution: The report was **NOTED**.

Action: Decarbonisation Action Plan to be shared with Board Members.

8.0 CONSENT AGENDA

8.1 FOR APPROVAL

8.1.1 Unconfirmed Minutes of the meetings held on 27 July 2023 and 10 August 2023

Resolution: The minutes were **APPROVED**.

8.1.2 Amendments to Standing Orders – Committee/Advisory Group Terms of Reference

Resolution: The Amendments to the Health Board's Standing Orders were **APPROVED**.

8.1.3 Board Committee Annual Reports

Resolution: The Committee Annual Reports for the Population Health & Partnerships Committee and Audit & Risk Committee were **APPROVED**.

8.1.4 Amendment to CTMUHB Standing Orders - Model Standing Orders Review

Resolution: The Amendments to the Health Boards Model Standing Orders were **APPROVED**.

8.1.5 Welsh Language Standards Annual Report 2022-2023

Resolution: The Welsh Language Standards Annual Report was **APPROVED**.

8.1.6 Carers Annual Report

Resolution: The Carers End of Year Progress Report for 2022/2023 was **APPROVED**.

8.2 FOR NOTING

8.2.1 Board Cycle of Business

Resolution: The Board Cycle of Business was **NOTED**.

8.2.2 Board Forward Work Programme

Resolution: The Board Forward Work Programme was **NOTED**.

8.2.3 Board Committee and Advisory Group Highlight Reports

Resolution: The Board Committee and Advisory Group Highlight reports were **NOTED**.

8.2.4 Putting Things Right Annual Report

Resolution: The Putting Things Right Annual Report was **NOTED**.

8.2.5 Infection, Prevention & Control Annual Report

Resolution: The Infection, Prevention & Control Annual Report was **NOTED**.

8.2.6 CTMUHB Assurance Manchester Arena Inquiry – Recommendations

Resolution: The report was **NOTED**.

8.2.7 Public Services Ombudsman For Wales A Year of Change – A year of Challenge Annual Report and Accounts 2022/2023

Resolution: The report was **NOTED**.

9. CLOSE OUT BUSINESS

9.1 ANY OTHER BUSINESS

The Chair advised that detailed correspondence had been received from a number of Consultant Colleagues at the Princess of Wales Hospital raising a number of challenges that they thought the Health Board needed to respond to. The Chair advised that he was grateful to the Consultant's for expressing their concerns and advised that he was pleased that the organisation regularly seeks to engage and work constructively with all staff teams and encouraged staff to speak up. Members noted that a response had been provided to the group of Consultant's which resulted in a meeting being held with them to discuss the challenges they were being faced with on a daily basis. Members noted that one of the outcomes from that discussion was that a meeting would be held with them each quarter and noted that this same offer would be extended to colleagues on other District General Hospital sites. The Chair advised that as the Health Board starts to consider the shape of its services moving forwards, this engagement would be helpful moving forward in terms of longer term planning.

P Mears advised that there were some issues highlighted which had not come as a surprise and there were some issues which could be resolved quickly, for example, the need to ensure senior leadership presence on site, which should hopefully be addressed through the Organisational Change Process. Members noted that it was agreed that expectations needed to be set within the new structure in relation to when issues needed to be escalated and responding to day to day challenges. P Mears advised the outcome of the discussion would now be written up and added that an action plan would be put into place which would be corporately supported.

I Wells welcomed the engagement being undertaken with this group of staff and questioned whether other staff groups needed to be involved in discussions also. P Mears advised that this was discussed with the group of Consultants and it was felt that as the specific issues raised were unique to them. It was however noted that in relation to general improvement work, this discussion needed to take place with the wider Multi-Disciplinary Teams.

The Chair extended his thanks on behalf of the entire Board to J. Hehir who was attending his last Public Board meeting as an Independent Member. The Chair advised that he had found it a pleasure to work with J Hehir over the last

six months and recognised that the work he had undertaken on behalf of the Board over the last six years in terms of advice and guidance had been invaluable. J Hehir advised that it had been a fantastic honour and privilege to have served as an Independent Member of the Board and its Committees and added that he was pleased to see the journey that the Health Board had made during his time as a Board Member. J Hehir advised that the reports being received were much more succinct and had enabled Board Members to have more structured discussions. J Hehir also advised that he also felt privileged to have sat on the Individual Patient Funding Request panel and added the work undertaken by the panel was excellent.

9.2 HOW DID WE DO IN THIS MEETING?

The Chair invited members/colleagues to put forward any comments for improvement at this point or within two weeks of the meeting to provide feedback in respect of the issues that were covered and in the way in which the meeting had been run.

10. PRIVATE / IN COMMITTEE SESSION

There were no items requiring discussion at an In Committee session of the Board.

11. DATE & TIME OF NEXT MEETING

The next scheduled meeting of the Board held in public will take place on Thursday 30 November 2023, commencing at 10:00AM.

12. CLOSE OF MEETING

The Chair closed the meeting and extended thanks to all that had participated in the meeting or observed the proceedings.

Unconfirmed

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
Annual General Meeting held on Thursday 28 September 2023 as an In
Person meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant
(also Broadcast Live via Microsoft Teams)**

Members Present:

Jonathan Morgan	UHB Chair
Paul Mears	Chief Executive
Carolyn Donoghue	Independent Member
Dilys Jouvenat	Independent Member
Ian Wells	Independent Member (attending Virtually)
James Hehir	Independent Member
Patsy Roseblade	Independent Member
Greg Dix	Executive Director of Nursing/Deputy Chief Executive
Linda Prosser	Executive Director of Strategy & Transformation
Hywel Daniel	Executive Director for People
Lauren Edwards	Executive Director of Therapies & Health Sciences
Gethin Hughes	Chief Operating Officer
Anthony Gibson	Deputy Medical Director
Mark Thomas	Deputy Director of Finance & Procurement
Philip Daniels	Interim Director of Public Health

In Attendance:

Gareth Watts	Director of Corporate Governance / Board Secretary
Simon Blackburn	Director of Engagement, Communications and Fundraising
Stuart Morris	Director of Digital
Emma Walters	Head of Corporate Governance & Board Business

**Agenda
Item**

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to this year's Annual General Meeting.

2 FORMAL PRESENTATION – CTM ANNUAL REPORT & ACCOUNTS 2022 – 2023

G Watts formally presented the Cwm Taf Morgannwg Annual Report and Accounts for 2022/2023 and advised that the report would be published on the website following the meeting.

Agenda Item 8.1.2

The Chair extended his thanks to colleagues for the work undertaken in developing the Annual Report and Annual Accounts and added that the document was a useful public document which helps inform the work that had been undertaken by the Health Board over the last year.

3 END OF YEAR FINANCE POSITION 2022 – 2023

M Thomas presented the End of Year Finance Position for 2022 – 2023 concentrating only on the Health Boards position excluding Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC).

The Chair thanked Mark and the whole of the Finance Team for the work undertaken on producing the annual accounts for 2022/2023

4 QUESTIONS AND ANSWERS SESSION – Open to the Public

The Chair advised that no questions had been received from Members of the public prior to the meeting.

5. CLOSE OF MEETING

The Chair brought the Annual General Meeting to a close and extended thanks to all that had participated in the meeting and observed the meeting proceedings



Report Title	All Wales Individual Patient Funding Request Policy (IPFR)			Agenda Item	8.1.3
Meeting Title	Cwm Taf Morgannwg UHB			Meeting Date	30/11/2023
FOI Status	Open				
Author (Job title)	Senior Project Manager				
Executive Lead (Job title)	Director of Nursing & Quality				
Purpose of the Report	The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒
Recommendation(s): Members are asked to: • Note the report, • Note the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders, • Approve the proposed changes to the All Wales IPFR Policy, • Note that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and • Note that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.					

ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST POLICY (IPFR)

1.0 SITUATION

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee (JC) supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.

2.0 BACKGROUND

2.1 All Wales IPFR Policy

The All Wales IPFR Policy is an NHS Wales policy owned by each of the seven HBs who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

In December 2021, a request for a judicial review (JR) was made in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC (hosted by Cwm Taf Morgannwg University Health Board (CTMUHB)) & (2) Aneurin Bevan UHB (ABUHB) when the JR was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice indicated the IPFR policy was being interpreted in such a way that was contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated. This was in accordance with the subsequent advice from the KC that the judicial review had changed the intended meaning on the Policy and if the original meaning was to be returned then the wording of the Policy would need to be revised.

On 28 July 2022 the Chief Pharmaceutical Officer (CPO), Welsh Government (WG) wrote to WHSSC setting out a proposal for addressing the issues raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy") – see letter at **Appendix 1**. WG requested that WHSSC lead a process of engagement for a de-minimis review of the Policy wording and the changes to the WHSSC IPFR panel ToR should be undertaken with key stakeholders including the All Wales Therapeutics & Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNHST).

2.2 Stakeholder Engagement Exercise

On the 8 November 2022, the JC approved the methodology for engagement for WHSSC to embark on an engagement process, and were assured that the process

adhered to the specific request from WG for a specific and limited review of the All Wales IPFR Policy engagement on the WHSSC IPFR panel ToR.

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, WG and Velindre University NHS Trust (VUNHST). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

3.0 ASSESSMENT

3.1 IPFR Engagement Stakeholder Feedback

Feedback was received from all HBs, the AWTTC QAG and individual IPFR Panel members. The feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and QAG and as such the comments received were consistent across all HBs.

In January 2023, WHSSC held a meeting with the IPFR Policy Implementation Group (PIG) to review the feedback received and to revise the policy.

It should be noted that the PIG in conjunction with WHSSC undertook to revise the Policy in line with the responses from the HBs, taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate.

The final All Wales IPFR Policy which incorporates the WHSSC Terms of Reference is presented at **Appendix 2** for consideration and approval.

Table 1 below provides a summary of the themes which emerged from the engagement exercise. To ensure effective information governance in accordance with UK GDPR and the Data Protection Act 2018 the full range of responses are available on request only to ensure we do not inadvertently identify specific individuals on the IPFR panel.

Table 1 - Summary of Key Themes from Stakeholder Feedback

Key Themes	WHSSC Response
Tests versus criteria The concept of tests were not widely supported	The KC highly recommended the use of tests as opposed to criteria, setting out the proposed recommendations to specifically address the issues raised in the Judicial Review. However, following further discussion, the KC confirmed that there is no legal difference between the terms

Key Themes	WHSSC Response
	and therefore the term criteria has been reinstated.
Use of legal jargon Stakeholders felt that in parts the document was over wordy and used too much legal jargon.	These sections have been reworded and subsequently reviewed by the KC and confirmed as acceptable.
Reinstatement of the Decision Making Guidance (DMG) All Stakeholders felt strongly that this should be reinstated, as it was a helpful guide for panel members in reaching a decision.	The DMG has been reinstated as an appendix rather than embedded in the main body of the policy. Following further discussions with the KC, additional wording has been added to the policy itself to add clarity to the use of the guide in conjunction with the criteria to be considered under Part A or B of the policy.
References to Commissioning policies The terminology "commissioning policies" used throughout the document was felt to be misleading as HB's do not have commissioning policies.	The sections have been expanded to include NICE, AWMSG, HTW and One Wales Medicines guidance.
Use of ICER's and QALY's Asking panels to produce ICER's (incremental cost effectiveness ratios) and QALY's (quality- adjusted life years) was considered to be beyond the abilities of most panels and would ideally require a Health Economist on each Panel.	The section was subsequently reworded by AWTTTC colleagues to support Panel decision making.
Di minimis review Feedback received highlighted that due to the number of changes made to the policy that it could not be considered as a di minimis review as requested in the letter from the Chief Pharmaceutical Officer (CPO).	The legally precise definition of di minimis was recognised and the wording included in the agreed recommendation from the JC was of a 'specific and limited' review. The changes suggested in the original draft were all submitted to the KC and met with his understanding of "relatively limited" changes. The KC had made a number of key changes to the Policy in order to strengthen and address the key issues raised by the Judicial Review.

Key Themes	WHSSC Response
	Additional changes were proposed where the KC felt that further clarity was required in order to prevent further potential contradictions in the interpretation of the policy. The WHSS team felt that whilst the proposed changes may be considered technically more than a di minimis review, it was essential that the review achieved the agreed core aim of re-establishing the originally intended meaning of the policy.
Stakeholder engagement process Stakeholders raised concern that the IPFR Policy Implementation Group (PIG) was not included in the engagement process.	HB colleagues were invited to the stakeholder event held on the 2 December 2022. WHSSC subsequently met with the group to review the comments received and to develop the revised policy.
Structure of the document Stakeholders felt that the structure of the document lacked flow and contained a number of inaccuracies.	The policy has been amended to reflect the comments from stakeholders and has in the main returned to the original Policy format.

The post consultation revision of the Policy has been reviewed by the KC and some minor changes to add further clarity have been incorporated into the final draft document. These proposed changes were shared with the PIG and AWTCC QAG and considered acceptable.

The updated All Wales Policy is presented at **Appendix 2** and the JC of WHSSC supported the proposed changes at its meeting on 21 November 2023. The Policy is therefore now able to be submitted to HBs for final approval. All seven HBs are therefore being asked to approve the proposed changes to the All Wales IPFR Policy.

It is also relevant to note that the Task and Finish group established to consider the WHSSC IPFR Panel ToR noted it would be important to reflect the IPFR process within the new Standing Orders (SO's) for the new single Joint Commissioning Committee (JCC). Further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review.

4.0 GOVERNANCE AND RISK

Issues related to IPFR governance were first raised by WHSSC offers at the JC in November 2020. These initially concerned the WHSSC IPFR ToR but subsequently issues relating to the IPFR Policy were raised following the judicial review in January 2022. It can be seen that a significant amount of time has elapsed between the identification of the issues and approval of changes in the ToR and Policy which illustrate the very significant complexities encountered in addressing the issues. This is despite it having the highest corporate risk rating within WHSSC and demonstrates the lack of clarity around the governance arrangements within the arena of the All Wales IPFR Policy.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,
- **Approve** the proposed changes to the All Wales IPFR Policy,
- **Note** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	No
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	The health and social care workforce is motivated and sustainable Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	An IPFR is the process Health Boards (HBs) and the Welsh Health Specialised Services Committee (WHSSC) use to consider providing a patient with a treatment, which is not routinely available in NHS Wales. The IPFR Quality Assurance Group (QAG) monitor the quality of the decisions made by HBs and WHSSC concerning IPFR decisions.
Finance/Resource Implications	The financial resource implication concerning remuneration of the Chair is under discussion
Population Health	No adverse implications relating to population health have been identified.
Legal Implications (including equality & diversity, socio economic duty etc.)	The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a HB has agreed to routinely provide. The Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017, which includes specific ToR for the WHSSC IPFR panel.
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	21 November 2023 – WHSSC Joint Committee –supported the proposed changes prior to submission to HBs for final approval. 6 November 2023 - Corporate Directors Group Board 18 July 2023 – Joint Committee – deferred.

Appendices

Appendix 1 – Letter from Welsh Government to WHSSC –
IPFR Policy Review 28 July 2022,
Appendix 2 – Revised All Wales IPFR Policy



Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee

By email to: Jacqueline.evans8@wales.nhs.uk

28 July 2022

Dear Sian,

Re: WHSSC Individual Patient Funding Request (IPFR) Panel – Terms of Reference

Further to your letters of 1 April and 23 May, our meeting on 10 May, and the subsequent discussion with health board (HB) and NHS Trust Medical Directors on 1 July, this letter sets out a proposal for addressing the issues you have raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy").

We are broadly in agreement that the current IPFR policy on the whole works well. Since introducing the policy in 2017 there has been a significant reduction in the number of IPFR requests made to NHS organisations and an increasing proportion of requests are approved. These measures indicate the IPFR policy is working for patients and their clinicians, and this is supported by the findings of the quality assurance processes put in place to support the policy.

That said, we note a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice has indicated the IPFR policy is now to be interpreted in such a way that is contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated.

Review of the All NHS Wales IPFR policy

We have taken the opportunity to revisit the findings of the independent review of the IPFR process and the report published by Welsh Government in 2017 which states (emphasis added):

“6. The patient’s clinical circumstances should be considered in comparison with other patients with the same condition and at the same stage in the progression of that condition.

7. The words “significantly different to the general population of patients” mean that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation was unlikely to have been considered as being part of the population for which the policy was made.”

This accords with your interpretation of the policy and strengthens the arguments for revisions to the wording of the IPFR policy to put beyond doubt how the policy should be interpreted. To that end we are content to agree a *de minimis* review of the IPFR policy subject to the conditions set out below.

- The IPFR Policy is an NHS Wales’ policy owned by each of the HBs who have statutory responsibilities in relation to IPFR decisions. The outcome of any review must therefore be agreed by each of the HBs; retaining an all-Wales approach to IPFR decisions is of primary importance given reducing variability in decision making has been a key success of the policy; and
- WHSSC is constituted as a sub-committee of all seven HBs and its Joint Committee (JC) can delegate certain activities to WHSSC directors as described in section 3.3.1 of the WHSSC Standing Orders (SO’s). On this basis, it was agreed at the All Wales Medical Directors Group (AWMDG) meeting, at which you were in attendance, that a de-minimis review with comprehensive stakeholder engagement could be taken forward by the WHSSC team. It was also agreed that this should report into WHSSC’s JC but with final approval being sought from HBs in keeping with the previous approach taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC’s SOs.

Terms of Reference (ToR) of the All Wales IPFR Panel

The All Wales IPFR Panel is a sub-committee of the WHSSC JC and therefore it is within its authority to update and approve the terms of reference (ToR).

As agreed at the AWMDG meeting a process of engagement for both the de-minimis review of the Policy wording and the changes to the ToR should be undertaken with key stakeholders including the All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Following the engagement process, an amended Policy and new TORs should be submitted to the JC for consideration, and then go to HBs for final approval. Finally, we would ask you share any changes, agreed with HBs, with us prior to their adoption. As we discussed we would fully support moves to appoint a remunerated chair for WHSSC’s IPFR panel and would be happy to discuss this with you in the future.

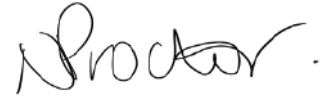
We trust the letter provides a clear outline of next steps, however if you have any queries, please do not hesitate to contact us directly.

Given the implications for HBs we are copying this letter to Chief Executives, Medical Directors, Directors of Public Health, Board Secretaries/ Directors of Corporate Governance and the AWTTTC QAG, all of whom will have an interest.

Yours sincerely



Andrew Evans
Prif Swyddog Fferyllol/ Chief Pharmaceutical
Officer



Natalie Proctor
Pennaeth y Gangen Fferylliaeth a Rhagnodi/
Head of Pharmacy & Prescribing

Cc:

Chief Executives, Health Boards
Medical Directors, Health Boards
Directors of Public Health
Board Secretaries, Health Boards
All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Group



NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	Version Number	V9 DRAFT November 2023
Linked Documents	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document: Clinical Policy

Area for Circulation: Health Boards and Primary Care providers across Wales

Welsh Health Specialised Services Committee (WHSSC)
Public Health Wales (PHW)
Public Domain via Internet Sites

Policy Development: All Wales IPFR Policy Implementation Group

Consultation: Legal Advice from TBC
NHS Wales Medical Directors
Stakeholder groups

Approved: TBC

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Lead Health Board Contact: Contact details as per individual Health Board

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1 INTRODUCTION

1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

- 1.2.3** A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).
- 1.2.4** Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:
- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
 - The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
 - The intervention is considered to be of relatively low priority for NHS resources.
- 1.2.5** The INNU policy should be read together with this policy on making decisions.
- 1.2.6** The challenge for all Health Boards and WHSSC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or WHSSC will have to make.
- 1.2.7** In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

1.3 Explaining Individual Patient Funding Requests (IPFR)

- 1.3.1** IPFRs are defined as requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or WHSSC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a patient has a rare or specialist condition that falls within the service remit of the WHSSC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.

1.3.4 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

- i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
- ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or WHSSC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of

patients” means that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

- 1.3.7** In practice, it is not always practical to determine the “benefit” of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.
- 1.3.8** Whether an intervention provides “value for money” is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst “reasonable” value for money is to be interpreted in the same way that “cost-effective” is used in the Health Technology Appraisal (HTA) process operated by NICE and AWMSG.
- 1.3.9** Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making guidance in Appendix 1 to see how panel members determine the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

2 THE LEGAL CONTEXT OF THIS POLICY

- 2.1** Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2** In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.
- 2.3** Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE, AWMSG, One Wales or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.

2.4 It is lawful for WHSSC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.5 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

3 PRINCIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

3.1 NHS Core Values are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems, and environment to work safely and effectively.

3.2 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

3.3 Evidence-Based Considerations

- 3.3.1** Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 3.3.2** The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group, One Wales and Health Technology Wales issue guidance which Health Boards and WHSSC are required to follow.
- 3.3.3** Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.
- 3.3.4** It is also important to acknowledge that in decision making there is not always an automatic “right” answer that can be scientifically reached. A “reasonable” answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately “live with” such decisions.

3.4 Ethical Considerations

- 3.4.1** Health Boards and WHSSC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources (‘distributive justice’). They are expected to respect each individual as a person in his or her own right.
- 3.4.2** Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and WHSSC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

- 3.4.3** Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:
- treating populations and particular people with respect;
 - minimising the harm that an illness or health condition could cause;
 - fairness;
 - working together;
 - keeping things in proportion; and
 - flexibility

3.5 Economic Considerations

- 3.5.1** It is a matter for Health Boards and WHSSC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. Health Boards and WHSSC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

4 MAKING DECISIONS ON IPFR

- 4.1** In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:
- openness and transparency.
 - inclusiveness.
 - accountability.
 - reasonableness.
 - effectiveness and efficiency.
 - exercising duty of care.
 - lawful decision making; and
 - the right to challenge and appeal

This policy aims to ensure that the Health Board and WHSSC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

- 4.2** In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and WHSSC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:
- **evidence-based considerations** – clinical and cost effectiveness; service and policy implications.
 - **economic considerations** – opportunity cost; resources available; and
 - **ethical considerations** – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments 'healthcare costs' website.

- 4.3 The following criteria must be used by all Health Board and WHSSC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:

(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention;
- II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:

- I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
- II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

- 4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

- 4.5.1** Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.
- 4.5.2** The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

4.6 Considerations under Part B

- 4.6.1** In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these criteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

- 4.7.1** The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.
- 4.7.2** The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

- 4.7.3** Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.
- 4.8** When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

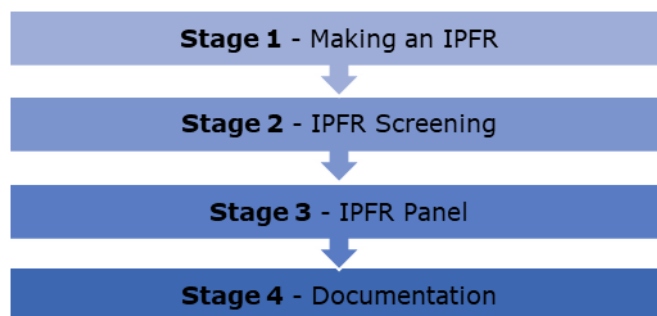
5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, WHSSC or AWTTC website. Further information can be obtained from the IPFR Co-ordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Co-ordinator.

5.2 Summary of the IPFR Process



5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Co-ordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Co-ordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- (a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
- (b) an alternative and satisfactory clinical solution is found
- (c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Co-ordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the decision-making criteria set out in this policy (see appendix 1). Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Co-ordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of WHSSC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and WHSSC IPFR Panel.

5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. **Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

5.9 Documentation

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required

by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, a review hearing can be requested in line with the following:

6.1 The 'review period'

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period'). The letter from the Health Board or WHSSC that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician.** Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

Ground One: *The Health Board or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and WHSSC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or WHSSC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

Ground Two: *The Health Board or WHSSC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones, or gave unreasonable weight to particular factors.

Ground Three: *The Health Board or WHSSC has not exercised its powers correctly.*

Health Boards and WHSSC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or WHSSC has acted outside its remit or has acted unlawfully in any other way.

6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board or WHSSC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Co-ordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of

review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

6.6 What is the timescale for a review to be heard?

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

6.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Chief Officer of the Community Health Council, or deputy
- Chair of the Local Medical Committee, or deputy
- WHSSC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician.

The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales www.ombudsman-wales.org.uk.

6.12 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the WHSSC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

8 REVIEW OF THIS POLICY

- 8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a review will not prevent WHSCC or a Health Board from being able to rely on this policy.
- 8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:
- an exemption to a treatment policy criterion has been agreed.
 - new scientific evidence of effectiveness is published for all patients or sub-groups.
 - old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
 - evidence of increased cost effectiveness is produced.
 - NHS treatment would be provided in all (or almost all) other parts of the UK.
 - A National Service Framework recommends care.

9 MAKING A COMPLAINT

- 9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSSC's Putting Things Right process, details of which can be found on their website.
- 9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

Patients are able to access advocacy support at any stage during this process.

APPENDIX 1: DECISION MAKING GUIDE

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case.

IPFR Panel Decision-Making Factors	IPFR Panel Evidence for Consideration in Decision-Making
SIGNIFICANT CLINICAL BENEFIT	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population? And Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: • What is the clinical presentation of this patient? • Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? • Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?
EVIDENCE BASED CONSIDERATIONS	
Does the treatment work? What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What does NICE recommend or advise? • What does the AWMSG recommend or advise? • What does the Scottish Medicines Consortium recommend or advise? • What does Public Health Wales advise? • Is there advice available from the One Wales Medicines process or Health Technology Wales? • Is there peer reviewed clinical journal publications available? • What information does the locally produced evidence summary provide? • Is there evidence from clinical practice or local clinical consensus? • Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available? • Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.
ECONOMIC CONSIDERATIONS	
Is it a reasonable cost? What is the cost of the treatment and is the cost of the treatment likely to be reasonable? i.e. Is the cost of the treatment in balance with the expected clinical benefits?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: • What is the specific cost of the treatment for this patient? • What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined? • Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles. • Is the treatment reasonable value for money?
ETHICAL CONSIDERATIONS	

How has the decision been reached? Is the decision a compromise based on a balance between the evidence-based input and a value judgement?	Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions? • Is the evidence base sufficient to support a decision? • Is the evidence and analysis of the cost sufficient to support a decision? • Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy? • Have non-clinical factors been excluded from the decision? • Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

APPENDIX 2

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient Safety Committee for ratification. Financial authorisation is as follows: - The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure. - Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.	• Executive Public Health Director or deputy • Executive Medical Director or deputy • Executive Director of Therapies and Health Science or deputy • Director of Pharmacy and/or Chief Pharmacist or deputy • Executive Director of Nursing or deputy • Two Lay Representatives A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning. In Attendance: • IPFR Co-ordinator • Finance Advisor (if required) • Senior Pharmacist (if required)

PROCEDURAL ARRANGEMENTS

Quorum: Chair or Vice Chair plus 2 panel members with a clinical background.

Meetings: The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

Training: All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Panel Interest: At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

APPENDIX 3

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

PURPOSE

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification. Financial authorisation is as follows: Individual Patient Packages The WHSSC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee. Lifetime costs The WHSSC scheme of delegation states that financial approval is	• Independent Chair (from open recruitment) • 2 Lay representatives** • Health Board IPFR Panel Chairs from each Health Board or nominated clinical deputy. • 2 Vice Chairs (appointed from within the panel membership) • WHSSC Medical Director or nominated deputy. • WHSSC Director of Nursing or nominated deputy. A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the WHSSC Medical and/or Director of Nursing, for example a member of an ethics committee. In attendance from WHSSC • IPFR Co-ordinator • Finance Advisor (if required) • Governance Advisor • Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee. Any decisions resulting in a financial cost in excess of these limits must be reported to the Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).	

**** Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.**

PROCEDURAL ARRANGEMENTS

Quorum: The Panel will be quorate with 4 of the 7 Health Boards representatives, 3 of which must be clinical, 1 WHSSC Clinical Director or deputy and the Chair or Vice Chair.

Meetings: The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or Director of Nursing and Quality and the Chair of the WHSSC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

Recording:

Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AW TTC.

The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

Training:

All Panel members will receive a local induction programme.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Members Interest:

At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

Consensus:

IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

Review of the TOR:

The Terms of Reference of the WHSSC Panel will be reviewed in line with the All Wales IPFR Policy.

APPENDIX 4

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above. In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board. The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).	• Independent Board Member – Lay (Chair of the Review Panel) • Independent Board Member (usually with a clinical background) • Executive Director or deputy (with a clinical background) • Chief Officer, Community Health Council, or deputy • Chairman, Local Medical Committee, or deputy • WHSSC representative at Director level (as required) In Attendance: • IPFR Senior Officer (governance advisor) • WHSSC IPFR Senior Officer (as required)

PROCEDURAL ARRANGEMENTS

Quorum: As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board Officer).

Meetings: As required.

Urgent Cases: It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review

Panel. This ensures both proper accountability of decision making and clinical input.

Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how WHSSC will undertake a review.



Agenda Item

8.1.4

CTM Health Board

**AMENDMENT TO STANDING FINANCIAL
INSTRUCTIONS: MODEL REVIEW 2023**

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Audit & Risk Committee	24/10/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms	
WG	Welsh Government

1. Situation / Background

- 1.1 NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board; a scheme of delegations to officers and others; and a range of other framework documents set out the arrangements within which the Board, its Committees, Advisory Groups and NHS staff make decisions and carry out their activities. The Standing Orders should be based upon the model determined by the Welsh Government.
- 1.2 WG reviewed and revised the model Standing Financial Instructions and these changes are identified in this report. The amendments to the Standing Orders were received and endorsed by the Committee in August 2023.
- 1.3 All Health Board members and officers must be aware of the SO's and SFI's, and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

- 2.1 The changes to the SFI's (which can be found in the documents folder within Admincontrol) are identified in red. For ease of reference the amendments are on the following pages/sections:
 - Section 3.4.7 – Page 15
 - Section 3.5.2 - Page 16
 - Section 4.1.2 – Page 18
 - Section 6.2 – Page 27
 - Section 11.6.4 V-Vi – Page 43
 - Schedule 1 pages 80-85
- 2.2 These amendments supersede those issued in accordance with the Welsh Health Circulars (WHCs) numbered WHC 2020/011 and 2021/010 which have been superseded by WHC 2023/032. The WHC is available upon request.
- 2.3 The Board is required to incorporate and adopt this latest review into CTM's SFI's as appropriate.

3. Key Risks / Matters for Escalation

- 3.1 Once approved, the SFI's will be uploaded to SharePoint and the Health Board's Internet site.
- 3.2 The SFI's will be further strengthened in year as and when required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:



Link to CTMUHB Strategic Goal(s)	
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:



Have you undertaken an Equality Impact Assessment Screening?		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board are requested to **APPROVE** of the amendments to the Health Board's SFI's as outlined in section two of this report.

6. Next Steps

- 6.1 Once approved, the SFIs will be uploaded to SharePoint and the Health Board's Internet Site.



Agenda Item

8.1.5

Population Health & Partnerships In Committee

**Vaccination and Immunisation and Vaccine Equity
Strategic Plans 2023-2026**

Dyddiad y Cyfarfod / Date of Meeting	07/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Angela Jones, Deputy Director of Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Angela Jones, Deputy Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Cwm Taf Morgannwg Strategic Immunisation Group	07/09/2023	Approved
Population Health & Partnerships Committee	07/11/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 There is a responsibility for every Health Board in Wales to deliver nationally identified vaccination programmes, with associated targets and aspirations. Within Cwm Taf Morgannwg (CTM), the Senior Responsible Officer for such is the Director of Public Health, with responsibility for the delivery of our programmes distributed across CTM, e.g. via GP Practices, School Nursing Services, District Nursing Team, etc. Given this distributed leadership model, the need was identified for a regional vaccination and immunisation strategic plan, to ensure that there is controlled oversight of all programmes, with identified pillars of work, and governance structures.

Additionally, there is an expectation from the Vaccination Programme Wales, for all Health Boards in Wales to produce a vaccine equity strategy as a requirement of the [National Immunisation Framework for Wales](#).

Vaccination represents one of the most successful and cost-effective interventions for protecting the health of the population. Vaccination programmes are a cornerstone of public health, and with the exception of safe water, no other modality has had such an impact on mortality reduction and population growth.

The Cwm Taf Morgannwg Vaccination and Immunisation Strategic Plan 2023-26, is informed and guided by data, learning from the national strategic policy context, local reviews and recommendations. It considers:

a) Risk to health i.e. what would be the risk to the health of those eligible for the vaccination if vaccine uptake were sub-optimal.

b) Scale of impact i.e. the proportion of the population negatively affected due to sub-optimal vaccine uptake.

c) Vaccine uptake targets.

d) Collective ownership for delivering the CTM vaccination and immunisation programme.

e) Potential impact to public services, in particular health and social care, due to sub-optimal vaccine uptake and subsequent increased risk of vaccine preventable disease outbreaks.

The Cwm Taf Morgannwg Vaccine Equity Strategic Plan 2023-26, fulfils the National Immunisation Framework for Wales' requirement to develop a health board level vaccine equity strategy and programme of work. Addressing vaccine inequity is an integral pillar in our Vaccination and Immunisation Strategic Plan, and we know that if we do not ensure vaccine equity is considered and addressed, this may result in:

- The needs of 'invisible' populations being ignored, who will likely suffer greater morbidity and mortality.
- Stagnation of our vaccination coverage.

- Potentially living with outbreaks of preventable infections; the cost of which is likely to be greater than the cost of addressing vaccine inequity
- Failure to achieve the elimination of vaccine preventable diseases.

Both strategic plans further support the collective achievement of a number of CTM Population Health Goals, to include:

1. Increase Healthy Life Expectancy: By decreasing incidence and morbidity from vaccine-preventable infectious diseases such as influenza, COVID-19, pneumococcal pneumonia, invasive meningococcal disease, measles, whooping cough, and shingles.
2. Decrease difference in Healthy Life Expectancy between our least and most deprived population quintiles: By decreasing incidence and mortality from vaccine-preventable infectious diseases in all deprivation quintiles but prioritising quintiles where immunisation uptake is lowest (most deprived quintiles).
3. Decrease avoidable mortality: By decreasing incidence and associated mortality from vaccine-preventable infectious diseases such as influenza, pneumococcal infections (e.g. pneumonia, meningitis, sepsis), and invasive meningococcal disease.

2. Specific Matters for Consideration

- 2.1 In order to fulfil the above, the Vaccination and Immunisation Strategic Plan and Vaccine Equity Strategic Plan have been developed in conjunction with the Strategic Immunisation Group and partners delivering our vaccination programmes. These documents are brought for your consideration as to whether they satisfy the above requirements.

3. Key Risks / Matters for Escalation

- 3.1 See above rationale for development of both strategic plans and responsibility of the health board to develop such, in order to support the aims of our vaccination programmes in CTM.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A Healthier Wales



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership All enablers of quality apply
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable All domains of quality apply
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	Following board approval we will look to undertake a quality impact assessment as part of the associated implementation plans, as appropriate.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	Following board approval we will look to undertake an equality impact assessment as part of the associated implementation plans.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1 This Board is asked to **APPROVE** the Strategic Plan and Equity Plan.

6. Next Steps

- 6.1 Delivery of both strategic plans will be reviewed annually, particularly achievement of incremental uptake targets, and targets may be revised accordingly given emerging or changing priorities. A full review of both strategic plans will be undertaken in 2026.

Cwm Taf Morgannwg

Vaccine Equity Strategic Plan

2023-2026

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1. Foreword

Vaccination is a highly effective public health intervention that prevents illness, disability and death from infectious diseases (World Health Organisation, 2023¹). To achieve vaccine equity, and protect individuals, families and their communities, all people in Wales should have fair access, and opportunity to receive vaccinations (Public Health Wales, 2023²). For population groups with sub optimal engagement with vaccination programmes, providing the opportunity for vaccination may require targeted action and additional support to address specific barriers to access and acceptance of the vaccination offer.

This Vaccine Equity Strategic Plan is an essential component of our regional implementation of the National Immunisation Framework for Wales, 2022 (NIF)³. It supports the strategic goals identified within the University Health Board's ten-year organisational strategy, 'Our Health, Our Future'⁴, CTM Strategic Equality Plan (under revision as of June 2023).

The surveillance and performance trend data included within our Vaccination and Immunisation Strategic Plan is a key component of the quantitative information available to us. However, it is only one part of the jigsaw, and using this data in isolation will only highlight vaccine inequality. Our regional data helps us to consider where we have sub-optimal vaccine uptake (unvaccinated/under vaccinated), enabling us to identify priorities across our vaccination programme. This is our starting point; however, before progressing and agreeing any targeted intervention, further collaborative work is essential to establish the reasons behind the data. Only then can we work towards closing our immunity gap, and achieving vaccine equity.

By not seeking to address vaccination inequities, we are ignoring the needs of our 'invisible' populations, which could potentially result in stagnation of our vaccination coverage, outbreaks of preventable infections, and failure to achieve the elimination of vaccine preventable diseases. Vaccine Equity should be at the heart of our work within vaccinations, ensuring vaccination programmes across Wales support a fair and equal NHS Wales.

Angela Jones

Deputy Director of Public Health

Cwm Taf Morgannwg University Health Board

¹ [Vaccines and immunization \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/vaccines-and-immunization)

² [Fair access to vaccination in Wales - Public Health Wales \(nhs.wales\)](https://publichealth.wales/nhs.uk/fair-access-to-vaccination-in-wales)

³ <https://www.gov.wales/sites/default/files/publications/2022-10/national-immunisation-framework-for-wales.pdf>

⁴ <https://ctmuhb.nhs.wales/news/latest-news/ctm-2030-our-health-our-future-have-your-say/>

2. Background

2.1. National Immunisation Framework

In October 2022, the Welsh Government Minister for Health and Social Services (Eluned Morgan) launched the National Immunisation Framework for Wales⁵ (NIF). This framework was developed by identifying and using the lessons learned from the COVID-19 pandemic, with the aim of transitioning to a position of improved business as usual, through integrating all vaccination programmes.

The framework sets a clear vision for the future of immunisation in Wales - high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

It identifies six areas of focus, including vaccine equity, and states that the approach to addressing vaccine inequity should be based on evidence and best practice, avoiding unnecessary variation across Wales. This should be locally led to engage and empower communities to understand the benefits of vaccination, and support and motivate others in their communities to be vaccinated¹.

Implementation of the NIF requires Health Boards to develop a Vaccine Equity Strategy and programme of work, with dedicated public health input, treating the following principles as a checklist during development.

Vaccination Equity Strategy Principles checklist

Provision for identifying groups with low vaccination uptake	Provision for determining barriers to uptake	Partnership working and meaningful engagement with community champions, trusted voices and third sector organisations	Co-production of tailored interventions	Evaluation of actions and interventions
✓	✓	✓	✓	✓

The Welsh Government Vaccine Oversight Board replaces the Vaccination Programme Board, the latter of which oversaw the Winter Respiratory Vaccination Programme and Vaccination Transformation Programme. The new Oversight Board will provide strategic direction both in terms of delivery of vaccination programmes and in achieving the transformation of vaccination services through implementation of the National Immunisation Framework (NIF) for Wales.

Nationally, an All Wales Vaccine Equity Group (planned to commence in 2023), will use data and behavioural insights to advise on bespoke interventions to engage with underserved communities, monitor uptake and trends, and take appropriate action.

⁵ <https://www.gov.wales/sites/default/files/publications/2022-10/national-immunisation-framework-for-wales.pdf>

In May 2023, Public Health Wales established a Vaccine Equity Network to promote and advocate identifying, addressing and monitoring vaccine equity; conduct, encourage robust evaluation of interventions to reduce vaccine inequities, be a supportive forum for the sharing of issues and ideas; highlight good practice, and share methods in relation to detecting vaccine inequities and intervening to improve vaccine equity. Cwm Taf Morgannwg UHB is a member of this network.

2.2. Cwm Taf Morgannwg Vaccination and Immunisation Strategic Plan

In 2023, Cwm Taf Morgannwg published a Vaccination and Immunisation Strategic Plan for the period 2023-26. This strategic plan highlights areas of sub-optimal vaccine uptake in relation to Welsh Government targets/aspirations, and subsequently outlines local annual incremental uptake targets as a means of moving us towards achieving the more ambitious national targets/aspirations.

The Strategic Plan identifies where we need to focus over the next three years in order to achieve vaccination levels that are equitable throughout our population, thus contributing to a reduction in vaccine related morbidity and mortality.

3. Health Inequalities and Equity

3.1. Health Inequalities

Health inequalities are systematic differences in the distribution of health services or the health status amongst different groups in the population, considered avoidable or unfair⁶. They can involve, for example:

- Health status, e.g. life expectancy
- Access to care, e.g. availability of given services
- Quality and experience of care
- Behavioural risks to health, e.g. smoking rates
- Wider determinants of health, e.g. quality of housing

3.2. Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (Centers for Disease Control and Prevention, 2023⁷). Equity in outcomes is a fundamental aim of public health; services need to meet the needs of the different groups in the population served, and care quality should not vary due to a person's characteristics, as protected under the Equality Act 2010⁸.

⁶ <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

⁷ [What is Health Equity? | Health Equity | CDC](#)

⁸ UK Government. 2010. Equality Act 2010. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Achieving a More Equal Wales is one of the seven goals set out in the Well-being of Future Generations (Wales) Act 2015⁹. The act provides public sector bodies in Wales with the five ways of working that will support us to make better decisions today for a More Equal Wales tomorrow. The Welsh Government's Socio-economic Duty came into force in 2021^{10,11} and aims to deliver better outcomes for those who experience socio-economic disadvantage

Public Health Wales have produced guidance¹² that aims to help public bodies in Wales apply the Socio-economic Duty so that it can act as a powerful lever to improve the health outcomes for people and communities who experience socio economic disadvantage.

4. Immunisation Inequities and Equalities

Immunisation inequities are the avoidable differences in vaccine access and coverage, which disadvantage individuals and group within the population, leaving them at higher risk of preventable infections.

Immunisation inequalities (or disparities) are the observed differences in vaccine coverage between sub-groups of a population. Usually, when considering vaccine coverage data in isolation, it is only possible to see vaccine inequality.

Image 1: Equality versus Equity

Equity in immunisation implies that each individual has the same chance of being fully vaccinated, and that unfair disparities in vaccination uptake are eliminated.

Image 1¹ illustrates the concepts of equality and equity.

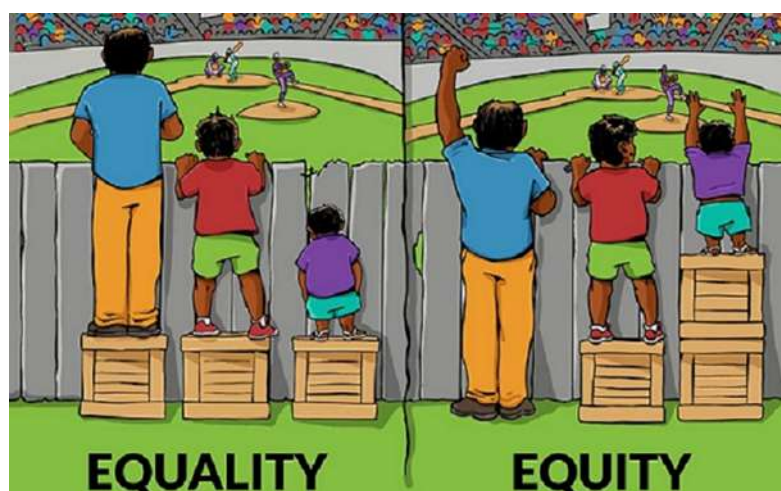


Image from: Interaction Institute

for Social Change | Artist: Angus Maguire

People can be 'left behind' in different ways, for example, remaining unvaccinated, not finishing an immunisation course, and/or not being immunised in a timely way.

⁹ <https://www.futuregenerations.wales/about-us/future-generations-act/#:~:text=The%20Well-being%20of%20Future%20Generations%20Act%20gives%20us,such%20as%20poverty%2C%20health%20inequalities%20and%20climate%20change>.

¹⁰ <https://www.gov.wales/sites/default/files/publications/2021-04/a-more-equal-wales-mapping-guide.pdf>

¹¹ <https://www.gov.wales/socio-economic-duty>

¹² <https://phw.nhs.wales/news/how-to-maximise-opportunities-to-improve-health-and-wellbeing-in-disadvantaged-communities-a-practical-toolkit-for-public-bodies-to-implement-the-socio-economic-duty/socio-economic-duty-toolkit/>

4.1. The Importance of Equitable Vaccine Uptake

Immunisation is one of the most successful interventions to reduce preventable mortality and morbidity from a range of infections. The European Immunisation Agenda 2030¹³, states that it is a strategic priority to ensure that immunisation coverage is high, and that all individuals have equitable access to, and adequately utilise vaccination programmes.

Addressing immunisation inequities helps improve uptake, and is required to prevent, control, eliminate and eradicate vaccine preventable diseases. Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and have the best start in life. Giving every child the best start in life is recognised as a key intervention to narrow health inequalities¹⁴.

Groups with a higher risk of disease, or more severe disease, benefit even more from vaccination; ensuring high coverage in these groups can narrow inequality in disease outcomes¹⁵.

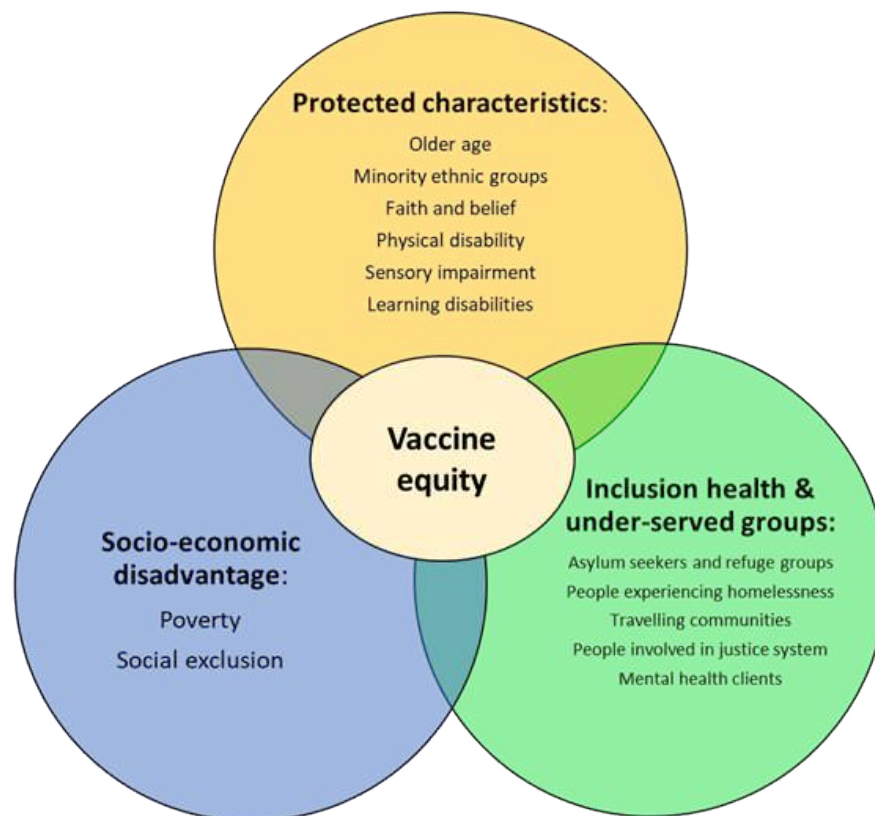
In 2021, the Welsh Government produced a COVID-19 Vaccine Equity Strategy for Wales, and established a Vaccine Equity Committee. This committee aimed to ensure equitable uptake of COVID-19 vaccine across Wales, acknowledging that additional tailored support may be required for under-served groups to achieve this. There are many elements of the COVID-19 Strategy that relate to all vaccinations. For example, to achieve equitable vaccine uptake across all population groups, increased scale and intensity of activities may be required to target (for example) those who are socio-economically disadvantaged, those living in rurality, substance misuse users, victims of domestic violence, under-served groups and those with protected characteristics (Figure 1).

¹³ <https://www.who.int/europe/initiatives/the-european-immunization-agenda-2030>

¹⁴ Marmot M, Goldblatt P, Allen J et al (2010). Fair Society, Healthy Lives. The Marmot Review.

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957717/immnstn-equity_STRATEGY_v11.pdf

Figure 1: Three interlinked dimensions to be considered for vaccine equity



The factors responsible for inequitable vaccine coverage will be context specific, and vary between geographical areas (for example, levels of poverty), the make-up of the population (for example, the number of people experiencing homelessness), and the vaccination type (how and where is the vaccine offered).

Thus, reducing inequalities in immunisation coverage via reducing vaccine inequity/targeted interventions and/or support, should allow everyone to have the same opportunities to lead a healthy life.

5. Addressing Vaccine Inequity

Addressing vaccine inequity is an integral pillar in our three year CTM strategic plan. We know that if we do not ensure vaccine equity is considered and addressed, this may result in:

- The needs of 'invisible' populations being ignored, who will likely suffer greater morbidity and mortality
- Stagnation of our vaccination coverage

- Potentially living with outbreaks of preventable infections; the cost of which is likely to be greater than the cost of addressing vaccine inequity
- Failure to achieve the elimination of vaccine preventable diseases

Addressing vaccine inequity involves completing four fundamental steps centred on four key questions:

1. Asking **WHO** is unvaccinated, or under vaccinated

- Surveillance is essential, but routine data is only one part of the jigsaw. We need to consider:
 - Who could be 'invisible' to routine data? For example:
 - Homeless populations
 - Gypsy Roma Travellers
 - Migrants
 - Children who are home schooled
 - Individuals not registered with a GP
 - Assessment of how complete a data set is (GP, child health data, other)
 - What other data and data analysis methods are available to us

2. Establishing **WHY** they are unvaccinated or under vaccinated

- What are the underlying reasons for observed inequalities?

Stakeholder engagement and qualitative work are essential. This should be a qualitative process in collaboration with others, and could include:

- Intersectional work with partners (e.g. those involved in the CTM Vaccine Equity Network - Local Authority; Health and Social Care, Voluntary, and Community colleagues)
- Identification and consideration of unintentional barriers
- Behavioural insights

3. Deciding **HOW** the immunity gap can be closed

- Consider the evidence base, both quantitative and qualitative
- Co-create with others
- Develop evidenced based/behaviourally informed, sustainable interventions tailored to the context with clear aims and objectives
- Aim to ultimately embed into service delivery

4. Evaluating **IF** the intervention is effective and sustainable

- Did the agreed approach work, i.e. did it decrease vaccine inequities?
- Disseminate findings
- Can/should this be embedded into our vaccination programme
- Evaluate implementation versus ongoing equity

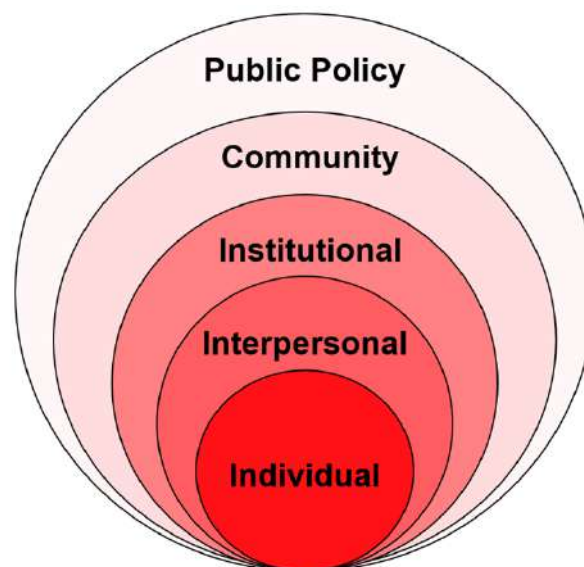
5.1. Considerations for Equitable Vaccine Uptake

5.1.1. The Social Ecological Model (SEM)

Proposed by McLeroy et al (1988)¹⁶, the Social-Ecological Model (SEM) suggested that health is not only determined by biological factors, but instead is influenced by a collection of subsystems/multiple layers of influence that occur at various levels (Image 2).

The SEM describes how individual, interpersonal, organisational, community, and policy factors shape population health, and image 2 (below) illustrates the multiple layers of influence that need to be considered when creating an environment conducive to change. When considering vaccine equity, we need to consider all the subsystems, to work towards creating an environment that is equitable for all and conducive to increasing the opportunities for those who are under vaccinated or unvaccinated.

Image 2: The Social Ecological Model



5.1.2. Recognising our community assets

Key strengths of our partners (Local Authority, voluntary and community sector) include local knowledge and understanding of their communities, an ability to engage effectively with the public and further collaboration with other organisations and services (e.g. housing, workplaces, etc.).

Facilitators of vaccine uptake identified from general population studies include recommendation from a health professional, perceived vaccine efficacy, perception of being at increased risk, pressure from family and/or friends, concern for vulnerable family members, having received a season flu vaccine, and confidence in government information.

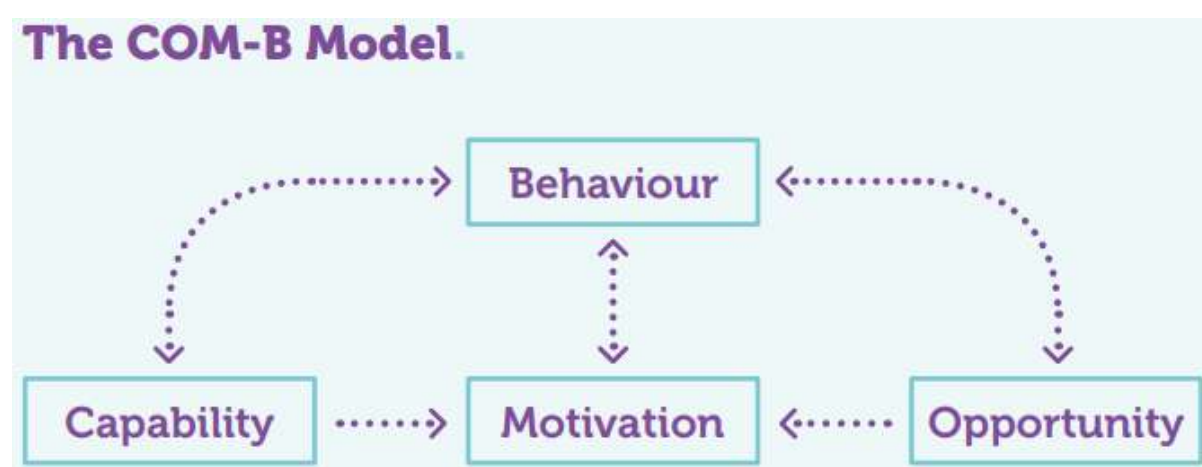
¹⁶ [https://www.dbeicoe.med.upenn.edu/sites/default/files/uploads/chbr/1988-McLeroy-An Ecological Perspective on Health Promotion Programs.pdf](https://www.dbeicoe.med.upenn.edu/sites/default/files/uploads/chbr/1988-McLeroy-An%20Ecological%20Perspective%20on%20Health%20Promotion%20Programs.pdf)

5.1.3. Behavioural Insights

Vaccination uptake involves the behaviour of those being offered the vaccine, and those offering and communicating about the vaccine. Understanding the behaviour surrounding vaccine uptake involves issues of capability, opportunity and motivation.

The COM-B model¹⁷ (Figure 2) proposes that there are three components to any behaviour (B): Capability (C), Opportunity (O) and Motivation (M). In order to perform a particular behaviour, one must feel they are both psychologically and physically able to do so (C), have the social and physical opportunity for the behaviour (O), and want or need to carry out the behaviour more than other competing behaviours (M). As each of these components interact, interventions must target one or more of these in order to deliver and maintain effective behaviour change.

Figure 2: The COM-B Model



5.1.4. Making Every Contact Count (MECC)

MECC is a behaviour change approach that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical health, mental health and wellbeing. Vaccination acceptance is a key behaviour identified within MECC, and the brief intervention based approach allows for the identification of facilitators and barriers to uptake.

5.1.5. Learning from the COVID-19 pandemic

Key to the success of the COVID-19 vaccination programme was the co-ordinated partnership approach taken by all areas of health and social care with regard to ownership and delivery of the vaccination programme. The COVID-19 pandemic demonstrated how collective resources could be mobilised quickly and effectively to vaccinate our population.

5.1.6. Vaccine Hesitancy

Although hesitancy can lead to vaccination inequities, it should never be assumed that vaccine hesitancy is the root cause. Vaccine hesitancy is the delayed acceptance or refusal to receive

¹⁷ https://social-change.co.uk/files/02.09.19_COM-B_and_changing_behaviour_.pdf

a vaccine, first proposed¹⁸ by the WHO Euro Vaccine Communications Working group in 2011, as resulting from one or a combination of three factors:

- **Confidence** – the level of trust in the safety and effectiveness of the vaccine and provider.
- **Complacency** – indicates a perception that the vaccination isn't needed, or that a serious illness is not prevented by it.
- **Convenience** – receiving the vaccine in a convenient setting that is easy for people to access.

5.1.6. Unintentional barriers

Unintentional barriers¹⁹ that lead to vaccine inequity may be introduced through:

- Service delivery (e.g. clinics only running 9-5 Monday to Friday)
- Access issues (e.g. location easily accessed via public transport)
- Health literacy (e.g. understanding the importance of vaccination)
- Service awareness (e.g. knowledge of eligibility)

6. Health Inequalities in Cwm Taf Morgannwg

StatsWales 2021²⁰ mid-year population estimates indicate that Cwm Taf Morgannwg (Bridgend, Merthyr Tydfil and Rhondda Cynon Taf) has a population of 442,123, including 22,960 children aged 0-4; 57,823 children aged 5-15, and 88,312 adults aged 65 years and over.

The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. WIMD identifies areas with the highest concentrations of several different types of deprivation. The index is calculated from eight types or domains of deprivation (income; employment; health; education; access to services; housing; physical environment, and community safety); each compiled from a range of different indicators (or measures).

Data from WIMD (2019)²¹ indicates that Cwm Taf Morgannwg contains 278 Lower Super Output Areas (LSOAs), which is 14.5% of the total in Wales. Of these 278 areas, 41 are in the 10% most deprived LSOAs in Wales.

The following (Image 3) shows geographically the location of each LSOA by national fifths of deprivation.

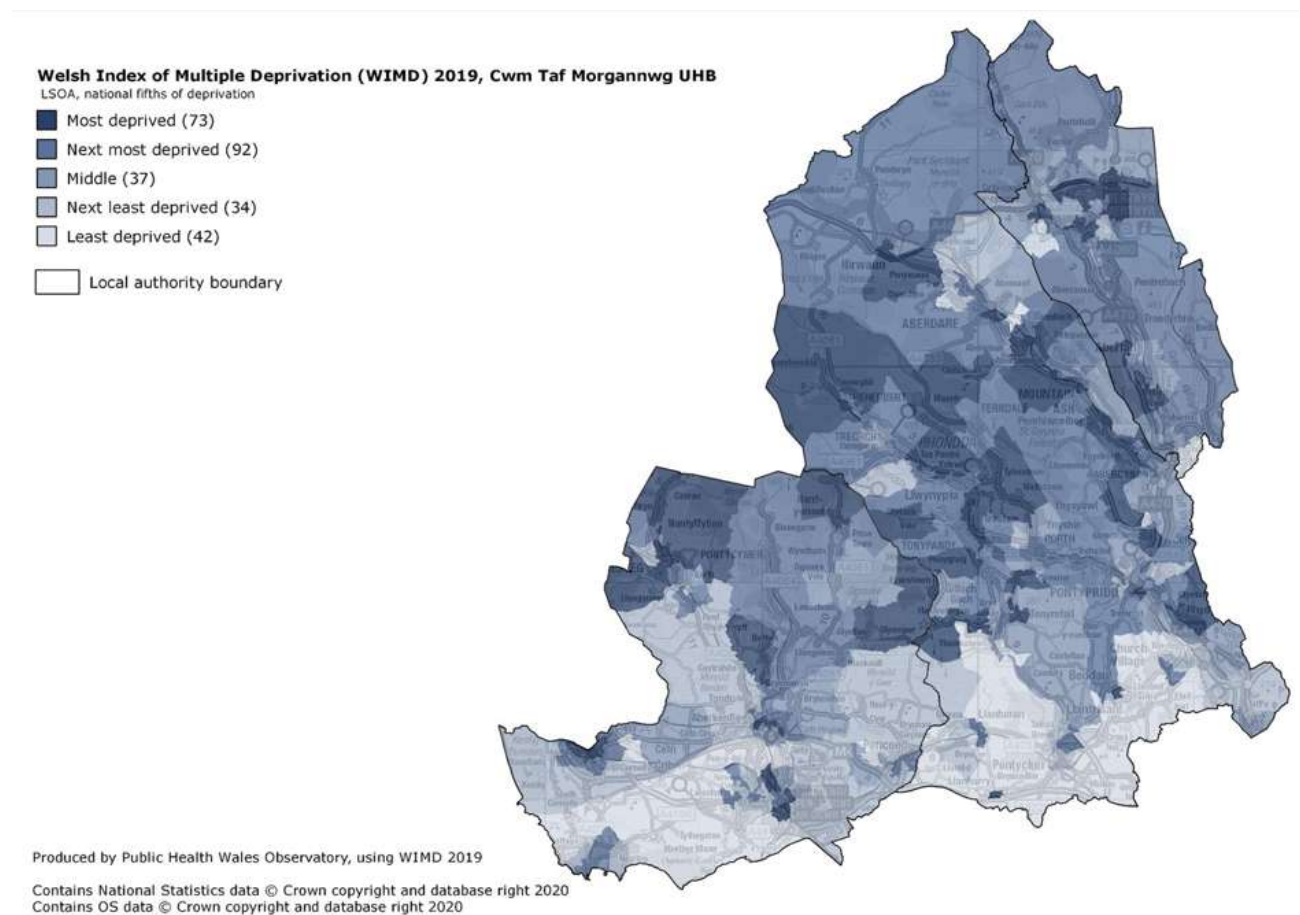
¹⁸ WHO EURO Working Group on Vaccine Communications. Istanbul, Turkey October 13–14. 2011.

¹⁹ <https://www.nice.org.uk/guidance/ng218/evidence/b-barriers-to-and-facilitators-for-vaccine-uptake-pdf-11072221743>

²⁰ <https://statswales.gov.wales/Catalogue>

²¹ <https://www.gov.wales/welsh-index-multiple-deprivation>

Image 3: Welsh Index of Multiple Deprivation (WIMD) 2019, Cwm Taf Morgannwg UHB



7. Inequalities and Inequity in Vaccination Uptake across Cwm Taf Morgannwg

7.1. Inequalities in Vaccine Uptake

Our regional surveillance data gives us some information on which population groups are unvaccinated, or under vaccinated and is detailed in the CTM Vaccination and Immunisation Strategic Plan. For some data sets, the trends in socioeconomic inequalities and/or geographic variations across the UHB are available to enable further analysis. For example:

- Our trend data for routine childhood vaccinations (2019-22) data shows:
 - We achieved the 95% target for children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
 - We did not achieve the 95% target for children who received 2 doses of the MMR vaccine by age 5

- There is a difference in uptake of routine childhood vaccinations between those residing in the least and most deprived quintiles. This percentage point difference is greatest at aged 4 and 5 years (2020-21).

There are challenges in our recording and monitoring of data due to multiple digital platforms, meaning we must acknowledge the limitations of such when using data as one of our steps to address vaccine inequity.

We have highlighted actions to improve data and monitoring within our Vaccination and Immunisation Strategic Plan (pillar 2), as follows:

- Work to ensure vaccination uptake data is consistent across different data sources, e.g. Welsh Immunisation System (WIS), General Practice and Child Health system.
- Designate an immunisation lead within each department that delivers vaccinations across CTM. These individuals will be accountable for monitoring immunisation uptake for their relevant population and ensuring uptake targets will be met.
- Ensure delivery of vaccinations is correctly recorded in relevant systems, e.g. GP system, child health system.

7.2. Inequity in Vaccine Uptake across Cwm Taf Morgannwg

Our 3-year Vaccination and Immunisation Strategic Plan details our uptake targets at Health Board level, and is informed (in some cases) by surveillance data, broken down to the following levels:

- Local authority
- Middle Super Output Area (MSOA)
- Quintile of deprivation
- GP cluster
- GP practice
- School

Coverage may also vary by levels of poverty, people experiencing homelessness, the make-up of our population (for example, those with protected characteristics²²) and the vaccination type (how and where is the vaccine offered).

²² The characteristics protected under the Equality Act 2010 are, age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation, sex. The Act also provides for protection against discrimination by association.

8. Delivering our Strategic Plan

The CTM Vaccination and Immunisation Strategic Plan (2023-26), prioritises vaccine equity as one of our strategic improvement pillars, and the following objectives acknowledge and encompass the above NIF principles:

- Ensure availability of local data to assess equity of vaccination uptake.
- Ensure means to address inequities in vaccination uptake are included in all CTM operational vaccination plans.
- Work closely with stakeholders that engage with minority/underserved groups (that have been identified) to have lower vaccination uptake than the CTM population in order to understand and address barriers to vaccination uptake.
- Introduce targeted intervention where a mobile vaccination team identify and vaccinate those un/partially vaccinated.

8.1. Implementation Plan

A more detailed 3-year CTM vaccination and immunisation implementation plan will be developed, to outline how both the Vaccination and Immunisation, and Vaccine Equity Strategic Plans will be delivered across the UHB.

8.1.1. Operational Plans

Operational plans outlining how each department/directorate will support achievement of the CTM UHB immunisation uptake targets and address each improvement pillar will be developed and implemented.

8.1.2. Vaccine Equity Planning Toolkit

Utilisation of a CTM specific vaccine equity planning toolkit (Appendix 1²³), is informed by WHO guidance^{24 25}. It is intended to facilitate the co-production of an approach that gives consideration to vaccine equity (when planning vaccination programmes). The evaluative component of this process supports the checklist principles identified within the NIF²⁶.

9. Evaluating our progress

Our three-year Vaccination and immunisation Strategic Plan (2023-26) highlights our improvement pillars for focus over the next three years (Image 3).

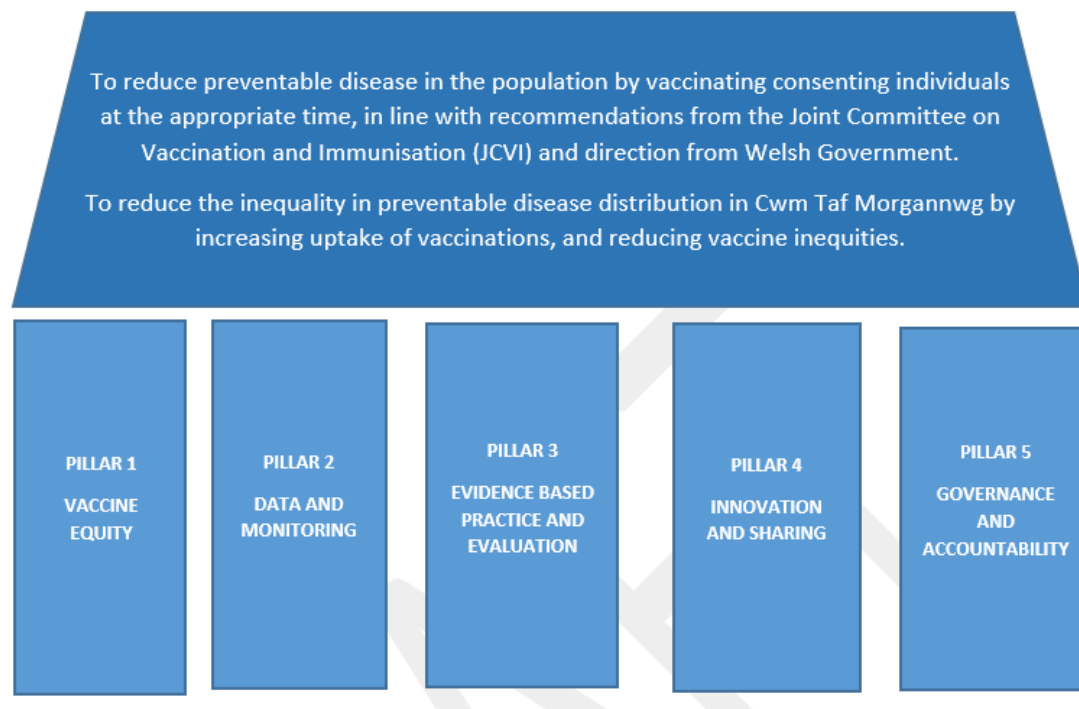
²³ The most recent vaccine equity planning toolkit is included as appendix 1

²⁴ In 2019, the Tailoring Immunisation Programmes (TIP) approach was developed by the WHO regional office for Europe. TIP provides a framework based on qualitative and quantitative research to identify populations (specifically infant and childhood) susceptible to vaccine preventable diseases, identify barriers and enablers to vaccination and recommend evidence-informed responses to improve vaccination coverage.

²⁵ In 2023, the WHO published a Vaccine Equity Action Framework as a practical guide on identifying, addressing and tracking inequities in immunisation. This document builds on previous guidance, to provide pragmatic and concise operational advice to embed equity at the heart of vaccination programmes, to identify underserved populations and to understand barriers to vaccination.

²⁶ See section 9 - evaluating our progress

Image 3: CTM Vaccination and Immunisation Improvement Pillars



The priorities for each improvement pillar will require translation into CTM operational vaccination and immunisation plans. For the vaccine equity pillar, the priorities are:

1. Development and implementation of a CTMUHB vaccine equity strategic plan as directed by the NIF
2. Ensure availability of local data to assess equity of vaccination uptake
3. Ensure means to address inequities in vaccination uptake are included in all CTM operation vaccination plans
4. Work closely with stakeholders that engage with minority/underserved groups that have been identified to have lower vaccination uptake than the CTM population in order to understand and address barriers to vaccination uptake
5. Introduce targeted intervention where a mobile vaccination team identify and vaccinate those un/partially vaccinated

Operational plans outlining how each department/directorate will support achievement of the CTM UHB immunisation uptake targets and address each improvement pillar will be developed and implemented. These Departmental/Directorate operational plans will be submitted to the CTM Operational Immunisation Group (OIG), or equivalent, annually, and departmental leads will provide quarterly updates on progress against these plans at CTM OIG, or equivalent, meetings. The OIG reports to the Strategic Immunisation Group (SIG) for assurance or escalation as appropriate, as outlined in our Vaccination and Immunisation Strategic Plan.

10. Summary

One of the strategic aims of our CTM vaccination programme is to reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations, and reducing vaccine inequities. Our vision is that all eligible individuals are able to easily, and equitably access vaccinations, and that everyone is able to make an informed choice based on reliable information.

As we plan action to achieve this, we must remember the following key points:

- Universal access to immunisation is just the starting point for any service.
- High and equitable uptake will not be achieved by offering everyone the same service.
- Equality of service does not equal equity in uptake, and some individuals or groups will need tailoring of services.
- Additional work to understand the root causes is required to determine whether an inequality is an unfair and avoidable equity.
- Vaccine coverage data in isolation will only highlight vaccine inequality.

Not seeking to address vaccination inequities means we will:

- Ignore the needs of 'invisible' populations.
- Stagnate our vaccination coverage.
- Potentially live with outbreaks of preventable infections, the cost of which is likely to be greater than the cost of addressing vaccine inequity.
- Fail to achieve the elimination of vaccine preventable diseases.

11. Acknowledgments

- Dr Simon Cottrell, Public Health Wales VPDP Scientific Lead, and WHO Euro Consultant in Vaccine Equity
- CTM Public Health Team
- CTM Specialist Immunisation Team

12. Appendices



Vaccine Equity
Planning Toolkit ver

1. CTM Vaccine Equity Planning Toolkit

Vaccination and Immunisation Strategic Plan

2023 -2026

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1. Foreword

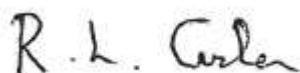
Vaccination represents one of the most successful and cost-effective interventions for protecting the health of the population. Vaccination programmes are a cornerstone of public health, and with the exception of safe water, no other modality has had such an impact on mortality reduction and population growth.

Despite a national/global focus on COVID-19 for the past 3 years, incredible work has continued at a regional level to maintain delivery of routine vaccinations and immunisations alongside the COVID-19 vaccination programme. Learning from the COVID-19 vaccination programme shows that vaccination helped to weaken the link between the COVID-19 virus, serious illness, hospitalisations and death.

I welcome the recent publication of the National Immunisation Framework for Wales, particularly its vision of high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity. The design principles set out within it, provide a framework for our strategic direction and align with our long-standing strategic aims within Cwm Taf Morgannwg University Health Board (CTM UHB):

- To reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time, in line with recommendations from the Joint Committee on Vaccination and Immunisation (JCVI) and direction from Welsh Government.
- To reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations, and reducing vaccine inequities.

This strategic plan has influenced development of the new CTMUHB Health Protection Response, and will underpin the development of further operational plans, informed by our distributed leadership system. We look forward to supporting and contributing to the process of transformational change across Wales.



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Public Health Team, Cwm Taf Morgannwg University Health Board

2. Executive Summary

Introduction

Vaccination is one of the most effective interventions against infectious diseaseⁱ, and plays a critical role in the prevention and control of such, therefore underpinning global health securityⁱⁱ.

Vaccine preventable diseases pose a risk to the health and well-being of the population, and may result in an increased risk of avoidable illness, disability, preventable excess deaths and demand on healthcare and other public services. High vaccination uptake is key to preventing the spread of infectious disease, and reducing the risk of associated complications, such as long term disabilities, and possible early death. Sub optimal uptake of vaccinations and/or vaccine inequity (driven by nationally set ambitions/defined herd immunity levels), could present as variation at geographical level or between specific groups within the population.

In developing and implementing this strategic plan, we must consider:

- a) Risk to health i.e. what would be the risk to the health of those eligible for the vaccination if vaccine uptake were sub-optimal.
- b) Scale of impact i.e. the proportion of the population negatively affected due to sub-optimal vaccine uptake.
- c) Vaccine uptake targets.
- d) Collective ownership for delivering the CTM vaccination and immunisation programme.
- e) Potential impact to public services, in particular health and social care, due to sub-optimal vaccine uptake and subsequent increased risk of vaccine preventable disease outbreaks.

Vaccination Uptake in CTM UHB

National Vaccination Uptake Targets

Welsh Government published four vaccine-related delivery measures in 2022-23 in the NHS Performance Frameworkⁱⁱⁱ. These measures¹ are outlined in Table 1.

Table 1: NHS Performance Framework, Delivery Measures (2022-23)

	Delivery Measure 2022-23	Target
1	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%
2	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%
3	Percentage uptake of autumn 2022 dose of the COVID-19 vaccination in all eligible Welsh residents	75%
4	Percentage uptake of 2022-23 influenza vaccination in all eligible Welsh residents	75%

¹ Not all vaccination programmes have performance measures, and measures are subject to periodic review and change

The national uptake target for all routine children's immunisations, except the Human Papillomavirus Virus (HPV) vaccine, is 95%.

There is currently no national target for uptake of the HPV vaccination; however, in 2020 the World Health Organisation (WHO) published a global strategy to eliminate cervical cancer, including a 90% target for girls to be fully vaccinated with HPV vaccine by age 15^{iv}.

There are currently no national uptake targets for the adult pneumococcal vaccinations.

Local performance

Routine childhood immunisation surveillance data (2022) shows that we consistently do not achieve:

- 90% uptake for HPV vaccination at 15 years²
- 95% uptake for:
 - Children up to date with vaccines at age 4 years
 - MMR 2 doses (aged 5 years)
 - 4 in 1 pre-school booster (aged 5 years)
 - 3 in 1 teenage booster (aged 16 years)
 - MMR 2 doses (aged 16 years)
 - MenACWY (aged 16 years)

Influenza vaccination, surveillance data (2022-23) shows that we:

- did not achieve the 75% target for uptake of the influenza vaccine in those aged 65 years and over
- did not achieve the 75% target for uptake of the influenza vaccine across all other eligible groups/cohorts

COVID-19 vaccination uptake data shows that:

- The percentage uptake of COVID-19 Autumn Booster 2022/23 vaccination is currently above the 75% target for the following priority groups:
 - severely immunosuppressed
 - residents in care homes for older adults
 - All adults aged 65 years and older
- All other groups are currently below the 75% target, and thus below the ambition to achieve 80% uptake for COPD patients.

² In line with Welsh Government guidance, from 1st September 2023, immunocompetent adolescents and eligible adults under 25 years of age (including GBMSM) who have received one dose of HPV vaccine will be considered fully vaccinated against HPV and will not need any additional doses.

Pneumococcal vaccination (PPV)

- There is currently no national uptake target for the pneumococcal vaccination. Latest data for uptake of the pneumococcal vaccination (March 2021) shows that CTM has lower uptake of PPV than the Wales average for patients age 65+ years, patients <65 years in a clinical at risk group, and for patients in the chronic respiratory disease and chronic heart disease at-risk groups.

Shingles vaccination³

Data for uptake of the shingles vaccination (January 2023) shows that:

- Shingles vaccination coverage is lower in CTMUHB than the Wales average for all age groups and shows considerable variation by local authority.
- In CTMUHB uptake peaks at age 76-78 years.

What do we want to achieve?

This strategic plan is informed and guided by data, learning from the national strategic policy context, and recommendations from a recent CTM strategic review of vaccinations and immunisations.

The design principles set out within the National Immunisation Framework^v (NIF) provides a framework for our strategic direction and align with our long-standing strategic aims within CTM, which are:

- To reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time, in line with recommendations from the Joint Committee on Vaccination and Immunisation (JCVI) and direction from Welsh Government.
- To reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations, and reducing vaccine inequities.

Achievement of our long-standing strategic aims further supports the collective achievement of a number of CTM UHB Population Health Goals, to include:

- 1) **Increase Healthy Life Expectancy:** By decreasing incidence and morbidity from vaccine-preventable infectious diseases such as influenza, COVID-19, pneumococcal pneumonia, invasive meningococcal disease, measles, whooping cough, and shingles.
- 2) **Decrease difference in Healthy Life Expectancy between our least and most deprived population quintiles:** By decreasing incidence and mortality from vaccine-preventable infectious diseases in all deprivation quintiles but prioritising quintiles where immunisation uptake is lowest (most deprived quintiles).

³ From 1 September 2023, the eligibility for the Shingles vaccination programme expands <https://www.gov.wales/sites/default/files/publications/2023-06/change-of-vaccine-and-cohort-expansion-for-shingles-vaccination-programme.pdf>

- 3) **Decrease avoidable mortality:** By decreasing incidence and associated mortality from vaccine-preventable infectious diseases such as influenza, pneumococcal infections (e.g. pneumonia, meningitis, sepsis), and invasive meningococcal disease.

Our ultimate goal is to achieve vaccination uptake in line with the national targets set by Welsh Government. However, for some immunisation programmes, and similar to trend performance data for the rest of Wales, this will be challenging. It is therefore more realistic to set annual minimal incremental uptake targets that will challenge us and drive us towards achievement of national uptake targets, and will require collective focus and dedication across CTM UHB. For other immunisation programmes the ambition is to maintain (and where possible exceed) our current high levels of uptake.

How will we achieve this?

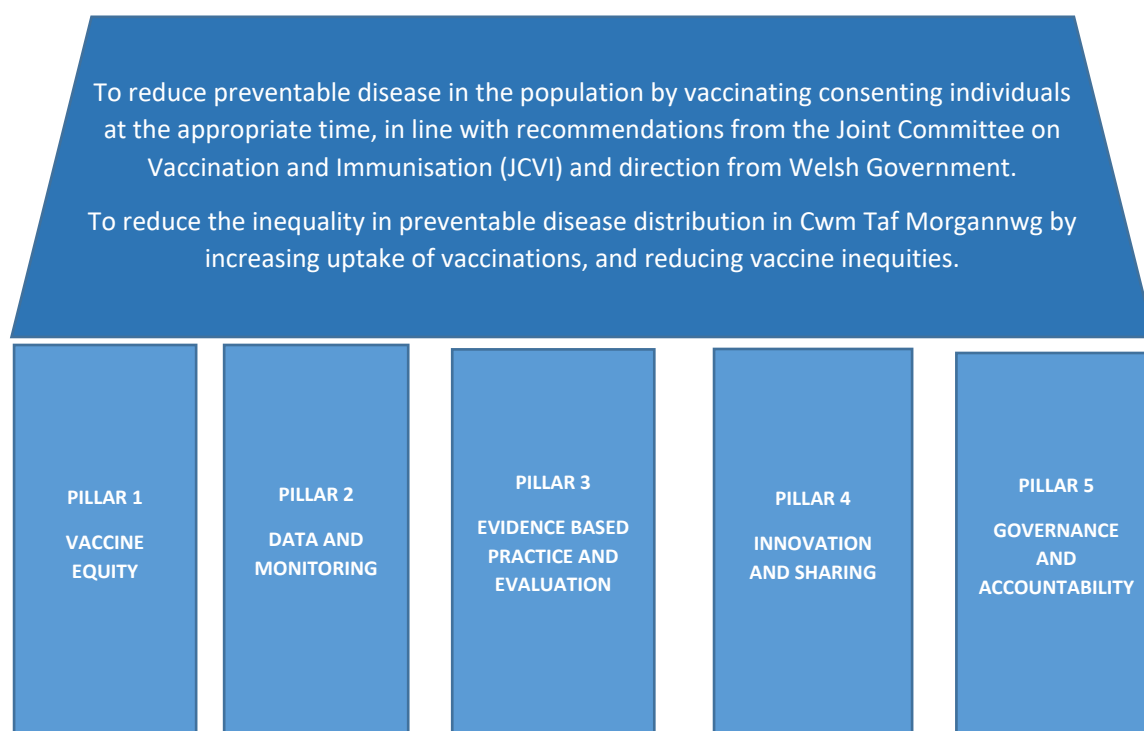
Implementation of the National Immunisation Framework

The National Immunisation Framework (NIF) sets out Welsh Government ambitions for continued vaccination transformation, with a deepening of integration to improve service provision for everyone in Wales. At the core of this Framework is a focus on reducing inequities and improving health outcomes.

In CTM UHB, we will fully engage with implementation of the NIF as directed by the NHS Wales Delivery Unit, and will incorporate this within our wider CTM UHB Health Protection Response.

Improvement Pillars

Five improvement pillars highlight our areas of focus over the next three years, in support of achieving our long-standing strategic aims:



For each improvement pillar a number of priorities have been identified within this 3 year strategic plan, each of which will require translation into CTM operational vaccination and immunisation plans.

How will we measure success?

A detailed 3 year CTM vaccination and immunisation implementation plan will be developed which will outline how this strategic plan will be delivered across the UHB.

Annual operational plans outlining how each department/directorate will support achievement of the CTM UHB immunisation uptake targets and address each improvement pillar will be developed and implemented. Departmental leads will provide quarterly updates on progress against these plans.

Departmental/Directorate Immunisation Leads will review uptake data and provide quarterly updates on progress against incremental and national targets.

Delivery of this strategic plan will be reviewed annually, particularly achievement of incremental uptake targets, and targets may be revised accordingly given emerging or changing priorities. A full review will be undertaken in 2026.

Conclusion

Immunisation is a public health success story, saving millions of lives globally per annum. Since vaccinations were first introduced in the UK, several serious infectious diseases associated with significant morbidity and mortality have been eradicated. In addition to this, introduction of the HPV vaccination in the UK in 2008^{vi} has resulted in a substantial reduction in the incidence of cervical cancer, and has almost eliminated cervical cancer in women born since September 1995^{vii}.

However, despite such success stories, it is vital that we aren't complacent. If uptake of routine childhood immunisations starts to decline there's every potential that previously forgotten infectious diseases could re-emerge and spread throughout our un/partially vaccinated communities.

Development of this three year strategic plan provides the opportunity to develop a considered approach to vaccine delivery, taking into account evidence based interventions alongside local insights into barriers and facilitators to vaccination uptake, in order to develop interventions to improve our local uptake. Publication of this strategic plan is also very timely given recent publication of the NIF in addition to the requirement from Welsh Government for all Health Boards to establish an agile, co-ordinated multi-agency Health Protection System.

3. Introduction

Vaccination is one of the most effective interventions against infectious disease^{viii}, and plays a critical role in the prevention and control of such, therefore underpinning global health security^{ix}.

High vaccination uptake is key to preventing the spread of infectious disease, and reducing the risk of associated complications, such as long term disabilities, and possible early death. As a cornerstone of Public Health, vaccination is integral to protecting the population's health through both individual and herd immunity^{x,xi} and offers benefits that can last a lifetime such as preventing and/or eradicating disease.

The global economy and frequency of international travel have both flourished in recent years, with more goods and people travelling than ever before. This means that the spread of diseases between countries can be rapid. Vaccine preventable diseases pose a risk to the health and well-being of the population, and may result in an increased risk of avoidable illness, disability, preventable excess deaths and demand on healthcare and other public services. Sub optimal uptake of vaccinations and/or vaccine inequity (driven by nationally set ambitions/defined herd immunity levels), could present as variation at geographical level or between specific groups within the population.

Vaccinated individuals can develop individual immunity to specific diseases, offering personal protection, and reducing the risk of onward transmission to their contacts. By vaccinating enough people in our population, we can develop herd immunity for some diseases, which means that the disease cannot continue to spread through the population. If nationally set ambitions/defined herd immunity levels are not reached, there is a risk of disease outbreaks.

In addition to offering disease specific immunity, there are additional direct and indirect benefits of vaccination. For example, the influenza vaccine offers protection against both influenza and the development of secondary infections associated with influenza illness. The economic benefits of vaccination and immunisation programmes are broader than the direct health benefits and medical cost savings. Vaccination uptake is also linked to improved childhood development, educational outcomes and equality in distribution of health gains^{xii}.

As there are very few people who cannot have a vaccine⁴, and the aforementioned challenges, it is integral that our distributed model of vaccine delivery in CTM has clear priorities and shared ways of working, to ensure vaccine equity across the region.

In developing and implementing this strategic plan, we must consider:

a) Risk to health i.e. what would be the risk to the health of those eligible for the vaccination if vaccine uptake were sub-optimal.

⁴ This can include people who've had a serious allergic reaction (anaphylaxis) to a previous dose of the vaccine; people who've had a serious allergic reaction to ingredients in the vaccine, and people with weakened immune systems (for example, because of cancer treatment or a health condition) may also not be able to have some vaccines.

- b) Scale of impact i.e. the proportion of the population negatively affected due to sub-optimal vaccine uptake.
- c) Vaccine uptake targets.
- d) Collective ownership for delivering the CTM vaccination and immunisation programme.
- e) Potential impact to public services, in particular health and social care, due to sub-optimal vaccine uptake and subsequent increased risk of vaccine preventable disease outbreaks.

4. What does our data tell us?

At a national level, the Public Health Wales (PHW) Vaccine Preventable Disease Programme (VPDP) undertakes the surveillance of uptake data across a range of available vaccines^{xiii}. Regionally, our Informatics team also provide CTM specific uptake data.

4.1. Welsh Government Delivery Measures

Welsh Government published four vaccine-related delivery measures in 2022-23 in the NHS Performance Framework^{xiv}. These measures⁵ are outlined in Table 2.

Table 2: NHS Performance Framework, Delivery Measures (2022-23)

	Delivery Measure 2022-23	Target
1	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%
2	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%
3	Percentage uptake of autumn 2022 dose of the COVID-19 vaccination in all eligible Welsh residents	75%
4	Percentage uptake of 2022-23 influenza vaccination in all eligible Welsh residents	75%

4.1.1. Measures 1 and 2: Routine Childhood Vaccinations

For the delivery measures relating to routine childhood immunisations^{xv}, data from the Coverage of Vaccination Evaluation Rapidly (COVER) Annual Report^{xvi} outline the trend⁶ in performance for the period 2019 -2022, as shown in Table 3.

Quarterly COVER reports (which inform the COVER annual reports) are available [here](#).

⁵ Not all vaccination programmes have performance measures, and are subject to periodic review and change

⁶ It is important to note that all trend data will reflect a change in the geography of the health board boundaries, which came into effect in April 2019.

Table 3: Trends in children who received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1, and 2 doses of the MMR vaccine by age 5 (2019 -2022)

	2019	2020	2021	2022
Percentage of children who received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1 (target 95%)	Merthyr Tydfil 96.5% Rhondda Cynon Taff 97.8% Bridgend 96.7% Wales 95.4%	Merthyr Tydfil 96.1% Rhondda Cynon Taff 97.9% Bridgend 96.5% Wales 95.8%	Merthyr Tydfil 96.6% Rhondda Cynon Taff 97.4% Bridgend 97.1% Wales 95.6%	Merthyr Tydfil 96.7% Rhondda Cynon Taff 97.1% Bridgend 97.8% Wales 95.2%
Percentage of children who received 2 doses of the MMR vaccine by age 5 (Target 95%)	Merthyr Tydfil 92.7% Rhondda Cynon Taff 93.2% Bridgend 93.4% Wales 92.2%	Merthyr Tydfil 91.2% Rhondda Cynon Taff 93.2% Bridgend 92.6% Wales 92.1%	Merthyr Tydfil 91.6% Rhondda Cynon Taff 94.0% Bridgend 90.4% Wales 92.2%	Merthyr Tydfil 92.3% Rhondda Cynon Taff 92.9% Bridgend 92.0% Wales 90.6%

Source: Vaccine Uptake in Children in Wales – COVER Annual Reports

Key: **uptake between 95-100%**, **uptake between 90-94.9%**, **uptake below 90%**

2019-22 trend data shows that in CTM we:

- **achieved** the 95% target for children who received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1
- **did not achieve** the 95% target for children who received 2 doses of the MMR vaccine by age 5

4.1.2. Measure 3: COVID-19 Vaccination

An indication of projected uptake can be informed by available data for the COVID-19 autumn 2022/2023 booster^{xvii} dose, as shown in Table 4:

Table 4: 2022/23 COVID-19 Autumn Booster, summary by priority group, Cwm Taf Morgannwg UHB (as at 10pm, March 29th 2023).

Priority Group	Denominator	2022/23 Booster	2022/23 Booster Uptake (%)
Severely immunosuppressed	49,726	38,287	77.0
Residents in a care home for older adults	12,740	11,334	89.0
Staff working in care homes for older adults	37,477	15,743	42.0
Health care staff	141,997	81,396	57.3
Social care staff	45,087	23,549	52.2
All adults aged 65 years and older	700,579	579,222	82.7
All adults aged 50 to 64 years	685,221	413,765	60.3
COPD patients	1,451	375	25.8
Aged 16 to 49 years in a clinical risk group	199,723	72,652	36.4
Aged 12 to 15 years in a clinical risk group	7,910	1,974	25.0
Aged 5 to 11 years in a clinical risk group	9,713	1,535	15.8

In addition, the Welsh Governments Winter Respiratory Vaccination Strategy: Autumn and Winter 2022 to 2023^{xviii}, set the ambition to achieve 80% uptake for the Chronic Obstructive Pulmonary Disease (COPD) risk group⁷ for both COVID-19 and flu vaccinations.

The data shows that in CTM:

- The percentage uptake of COVID-19 Autumn Booster 2022/23 vaccination is **currently above the 75% target** for the following priority groups:
 - severely immunosuppressed
 - residents in care homes for older adults
 - All adults aged 65 years and older
- All other groups are **currently below** the 75% target, and thus below the ambition to achieve 80% uptake for COPD patients.

4.1.3. Measure 4: Influenza Vaccination

The prevalence of influenza, especially amongst high risk groups (as defined by the Joint Committee on Vaccination and Immunisation (JCVI)), can lead to serious health complications. Hospitalisation due to influenza can generate significant costs to the health service, whilst also jeopardising the wellbeing of the vulnerable. Each winter, hundreds of thousands of people in the UK seek help from their GP, and tens of thousands are hospitalised because of influenza. Deaths in the UK attributable to influenza are estimated to range from around 4,000 to 14,000 per year, with an average of around 8,000 per year^{xix}.

⁷ The data for this risk group is difficult to extrapolate

A key aim of the 2022-23 influenza programme is to achieve uptake levels higher than in 2021-2022 for each eligible cohort (target 75%)⁸. The eligible groups/cohorts can change annually, and the Welsh Health Circular issued in June 2022^{xx} detailed the eligible groups for 2022/23. National Influenza Summaries produced by PHW, highlight the efforts required to work towards this 75% target across eligible groups/cohorts. Trends in vaccine uptake (2014-2023) in CTM UHB are shown in Table 5⁹.

Table 5: CTM UHB Influenza vaccination uptake trend data (2014-2023)^{xxi,xxii}

Priority group	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Adults over 65 years	67.5%	65.0%	64.9%	67.7%	67.1%	68.9%	75.4%	76.7%	74.9%
Clinical risk groups (6m to 64 years)	49.8%	45.9%	45.2%	46.8%	40.0%	40.3%	46.3%	43.2%	42.3%
2 year olds	38.9%	46.7%	39.9%	49.1%	43.9%	42.5%	40.3%	44.6%	43.1%
3 year olds	37.9%	42.0%	47.3%	56.9%	57.6%	58.2%	54.5%	40.0%	48.4%
School aged children (4-10 years)	N/A	64.6%	74.1%	72.2%	69.5%	73.8%	71.6%	71.6%	60.1%
School aged children (11-15 years)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56.9%	47.2%
Healthcare staff with direct patient contact	47.0%	50.4%	47.2%	53.1%	50.9%	63.2%	67.8%	63.7%	46.0%

Key

Over 75%
65% - 74.9%
55% - 64.9%
45% - 54.9%
35% - 44.9%
N/A (data not available)

⁸ Welsh Governments Winter Respiratory Vaccination strategy: autumn and winter 2022 to 2023 - ambition is to achieve 80% take up for the chronic obstructive pulmonary disease (COPD) risk group for both the COVID-19 and flu vaccine.

⁹ Data for this season are currently undergoing quality assurance and will be subject to revision in the future

The Influenza Vaccination Online Reporting tool (IVOR)^{xxiii} summarises influenza vaccination uptake submitted by General Practices through Audit+ for the following patient groups:

- Aged 65 years and older
- Children aged 2-3 years
- Those in a clinical risk group aged below 65 years

The current CTM surveillance data for 2022-2023 shows that we:

- **did not achieve** the 75% target for uptake of the influenza vaccine in those aged 65 years and over
- **did not achieve** the 75% target for uptake of the influenza vaccine across all other eligible groups/cohorts

For frontline health and social care staff, influenza vaccination is recommended to reduce transmission to patients and help prevent sickness absence, thereby reducing strain on services at times of peak demand. A UK study^{xxiv} has shown that where rates of vaccination are about 50%, a 10% increase in influenza vaccination rates is associated with a 10% fall in sickness absence rates. During a typical influenza season, approximately a quarter of healthcare staff will contract influenza, with approximately 50% of these not having major symptoms, despite being infectious. In 2022/23 our frontline healthcare staff influenza vaccination rates in CTMUHB remained low at under 50%, increasing the likelihood of influenza infection amongst our staff with subsequent sequelae.

4.2. Uptake and trends in childhood vaccinations

Immunisation uptake figures presented in PHW COVER reports are calculated using data from the National Community Child Health Database (NCCHD).

Health Board level childhood immunisation uptake data is presented nationally - summarised by Health Board and Local Authority (LA), Wales's quarterly trend charts, and Wales MSOA (Middle Super Output Area) maps^{xxv}.

Additionally Health Board level data provides:

- Quarterly dashboards¹⁰
 - Health Board and Local Authority summary
 - Health Board and Local Authority summary by age
 - Quarterly trend chart
 - MSOA map
 - GP cluster and practice level summary – LA; age, vaccine

¹⁰ Uptake of school vaccination programmes will increase throughout the year depending on when vaccination sessions take place.

- Annual dashboards
 - GP cluster and practice level summary – LA; age, vaccine

Table 6 summarises trend data for the period 2019-22, enabling an analysis of the percentage uptake by vaccination type.

Table 6: COVER trends in CTM by vaccine type, 2019-22^{xxvi}

Vaccine type	Percentage uptake				
	2019 Quarter 2	2020 Quarter 2	2021 Quarter 2	2022 Quarter 2	2022 Quarter 3
6 in 1 primary (1 year)	96.9	97.7	96.7	97.1	96.8
PCV primary (1 year)	97.1	97.5	98.0	98.3	98.0
MENB (2 doses, 1 year)	96.7	97.8	97.0	97.0	96.9
Rotavirus (2 doses, 1 year)	96.4	96.2	95.7	96.0	95.6
Hib/MenC booster (2 years)	95.9	96.4	96.8	95.5	96.1
PCV final (2 years)	96.3	96.9	97.3	95.9	96.2
MMR (1 dose, 2 years)	95.9	96.7	96.9	95.3	95.9
MenB (complete course, 2 years)	95.8	96.4	96.8	95.6	95.7
Up to date (4 years)*	87.8	91.9	88.9	86.6	86.4
4 in 1 pre-school booster (5 years)	92.4	93.2	93.8	91.6	92.1
MMR (2 doses, 5 years)	91.7	92.2	93.4	91.1	91.7
3 in 1 teenage booster (16 years)	90.1	88.3	90.9	90.4	91.2
MMR (1 dose, 16 years)	94.6	95.6	95.5	95.8	95.7
MMR (2 doses, 16 years)	90.1	91.1	91.3	92.0	92.1
MenACWY (16 years)	90.6	88.6	90.6	90.9	91.4

Key

Over 95%
90% - 94.9%
85% - 89.9%
<85%

The national uptake target for all routine children's immunisations, excluding the Human Papillomavirus Virus (HPV) vaccine, is 95%.

The HPV vaccine protects against the development of cancers caused by HPV, including cervical cancer, some mouth and throat cancers, and some cancers of the anal and genital areas, and there is growing evidence of the success of the UK HPV immunisation programme. A recently published Cancer Research UK funded study^{xxvii} found that cervical cancer rates in women offered the vaccine between the ages of 12 and 13 (and now in their 20s), were 87% lower than in an unvaccinated population^{xxviii}. In 2020, the World Health Organisation (WHO) published a global strategy to eliminate cervical cancer, including the 90% target for girls to be fully vaccinated with the HPV vaccine by age 15^{xxix}.

Table 7 summarises HPV vaccine trend data for the period 2019-22 enabling an analysis of the percentage uptake by vaccination type towards the 90% WHO target.

Table 7: Annual COVER trends in CTM for the update of HPV vaccine, 2019-22

	2019 Annual Cover Report ^{xxx}	2020 Annual COVER Report ^{xxxi}	2021 Annual COVER Report ^{xxxii}	2022 Annual COVER Report ^{xxxiii}
HPV (1 dose 15 years)	93.8%	92.7%	92.3%	86.9%
HPV (2 doses, 15 years)	88.7%	86.3%	2.9% ¹¹	79.0%

Key

Over 90%
85% - 89.9%
80% - 84.9%
<80%

Note lower uptake target for HPV vaccination (WHO target 90%) than other routine childhood vaccinations

Table 6 highlights a consistent trend in **not achieving 95% uptake for:**

- Children up to date with all vaccines at age 4 years
- MMR 2 doses (age 5 years)
- 4 in 1 pre-school booster (age 5 years)
- 3 in 1 teenage booster (age 16 years)
- MMR 2 doses (age 16 years)
- MenACWY (age 16 years)

Table 7, also highlights a consistent trend for **not achieving 90% uptake for 2 doses of the HPV vaccine at 15 years.**

¹¹ Data reporting error assumed

More detailed analyses for each childhood vaccination are available at the local authority (LA) and GP cluster level, so that variation across the UHB can be identified.

For childhood vaccines that are consistently below the 95% uptake in CTM, Table 8 shows uptake by LA (2019 -2022), and Table 9 shows the range of uptake by GP cluster (July – September 2022).

Table 8: COVER trends in routine childhood vaccines where uptake is consistently below 95%, CTM by locality and vaccine type, 2019-22^{xxxiv}

Vaccine type	Location	Percentage uptake				
		2019 Quarter 2	2020 Quarter 2	2021 Quarter 2	2022 Quarter 2	2022 Quarter 3
Up to date (4 years)	Bridgend	83.8	90.3	92.2	88.3	87.0
	Merthyr Tydfil	87.2	93.8	90.7	85.7	81.0
	Rhondda Cynon Taff	90.1	92.4	86.4	85.9	87.6
4 in 1 pre-school booster (5 years)	Bridgend	91.1	91.5	91.9	94.7	91.2
	Merthyr Tydfil	91.7	90.5	93.8	92.1	87.3
	Rhondda Cynon Taff	93.3	94.9	95.0	89.7	94.0
MMR (2 doses, 5 years)	Bridgend	90.8	90.2	91.4	94.4	90.7
	Merthyr Tydfil	90.2	89.4	93.8	91.5	86.8
	Rhondda Cynon Taff	92.7	94.1	94.5	89.1	93.7
3 in 1 teenage booster (16 years)	Bridgend	89.5	82.6	92.1	91.2	89.2
	Merthyr Tydfil	89.9	90.6	89.6	92.2	89.6
	Rhondda Cynon Taff	90.6	91.3	90.5	89.5	92.8
MMR (2 doses, 16 years)	Bridgend	89.0	87.3	91.6	87.8	92.1
	Merthyr Tydfil	91.7	91.8	89.6	93.8	87.6
	Rhondda Cynon Taff	90.4	93.3	91.6	93.7	93.3
MenACWY (16 years)	Bridgend	91.0	83.8	92.3	91.4	89.8
	Merthyr Tydfil	89.9	90.6	90.2	92.2	89.6
	Rhondda Cynon Taff	90.6	91.1	89.8	90.2	92.8

Key

Over 95%
90% - 94.9%
85% - 89.9%
<85%

Table 9: Routine Childhood vaccine uptake in CTMUHB by GP cluster (July – September 2022)^{xxxv} 12

Vaccine type	CTM GP Cluster range % uptake
Up to date (4 years)	76.9 – 91.5
4 in 1 pre-school booster (5 years)	84.7 - 97.4
MMR (2 doses, 5 years)	83.9 - 97.4
3 in 1 teenage booster (16 years)	86.8 - 95.3
MMR (2 doses, 16 years)	86.5 - 96.0
MenACWY (16 years)	Data not currently available ⁹

Table 10 reveals that whilst in CTM UHB we achieve higher uptake of HPV vaccination than the Wales average, we do not achieve the 90% WHO uptake target, and by age 16 years there is very little variation in uptake across the three local authorities.

Table 10: CTMUHB HPV Vaccine uptake in children reaching their 14th, 15th and 16th birthdays between 01/09/2021 and 31/08/2022 and resident on 31/03/2022 (School Year 9, 10 and 11 during 2021/22). Uptake for those reaching 16 years of age is for girls only^{xxxvi}.

Area	14 years (2021-22) School Year 9	15 years (2021-22) School Year 10		16 years (2021-22) School Year 11	
	HPV 1 dose	HPV 1 dose	HPV 2 doses	HPV 1 dose	HPV 2 doses
Bridgend	85.6%	87.9%	80.4%	92.7%	85.4%
Merthyr Tydfil	83.7%	81.6%	74.1%	89.3%	85.0%
Rhondda Cynon Taff	85.3%	87.5%	79.3%	93.0%	85.6%
Cwm Taf Morgannwg	85.2%	86.9%	79.0%	92.4%	85.5%
Wales	78.9%	82.0%	55.1%	89.1%	79.0%

Key

Over 90%
85% - 89.9%
80% - 84.9%
<80%

Note lower uptake target for HPV vaccination (WHO target 90%) than other routine childhood vaccinations

¹² No GP cluster level data available for MenACWY (16 years)

4.2.1. Trends in socioeconomic inequalities and geographic variations

Surveillance data¹³ produced by the PHW Vaccine Preventable Disease Programme (VPDP) and Communicable Disease Surveillance Centre (CDSC), summarises trends in socioeconomic inequalities and geographic variation in the uptake of all routine childhood immunisations in Wales up to 2020-21^{xxxvii}

The report shows that all Wales uptake has remained broadly stable across all age groups in 2020-21, with the exception of 15 year olds where the COVID-19 pandemic affected school vaccination sessions. Inequality gaps have narrowed in the majority of age groups with the exception of one and two year olds. In addition, variation in uptake between health boards has increased in all age groups, with the exception of two year olds.

Table 11, shows the percentage point difference in the proportion of children being up to date with routine immunisations between the most and least deprived quintiles at ages 1, 2, 4, 5 and 15 years.

Table 11: The proportion of children in CTM up to date with routine immunisations by age (Most and least deprived quintiles of deprivation), 2020-21

Age	Most deprived quintile % (number of children)	Least deprived quintile % (number of children)	% Point Difference in uptake between least and most deprived quintile
1	95.3 (1,234)	98.2 (552)	2.9
2	93.5 (1,342)	97.4 (662)	3.9
4	87.4 (1,449)	92.8 (651)	5.4
5	89.5 (1,459)	94.1 (693)	4.6
15	81.2 (1,418)	84.8 (888)	3.6

¹³ Surveillance of uptake and equality of all routine childhood vaccinations in Wales is undertaken by Public Health Wales Vaccine Preventable Disease Programme through the national COVER scheme in Wales (Coverage of Vaccination Evaluation Rapidly).

The data shows that in CTMUHB:

- We consistently **do not achieve** 95% uptake for:
 - Children up to date with vaccines at age 4 years
 - MMR 2 doses (aged 5 years)
 - 4 in 1 pre-school booster (aged 5 years)
 - 3 in 1 teenage booster (aged 16 years)
 - MMR 2 doses (aged 16 years)
 - MenACWY (aged 16 years)
- We consistently **do not achieve** 90% uptake for HPV vaccination at 15 years
- There is a difference in uptake of routine childhood vaccinations between those resident in the least and most deprived quintiles. This **percentage point difference** is greatest **at aged 4 and 5 years** (2020-21).

4.3. Adult vaccinations

4.3.1. Pneumococcal polysaccharide vaccine (PPV)

The UK introduced a pneumococcal immunisation programme for older people in August 2003. The pneumococcal vaccine is given to people aged 65 years and over, and to people aged 2 – 64 in select clinical risk groups. PPV protects against 23 serotypes of *Streptococcus pneumoniae* that can cause pneumonia or serious invasive infections. The PPV vaccination is either given once, which gives lifelong immunity, or every five years for certain patient groups. PHW produce an annual report, the most recent for the period 2020/21 published in February 2022^{xxxviii,14}. This report presented summary data for patients aged 65+, in a clinical risk group aged 2 - 64 years, and specific data for each clinical risk group (as at 31st March 2021) as highlighted in Table 12 below.

¹⁴ More information on other at risk groups is included in the report

Table 12: Pneumococcal vaccine coverage, by health board and local authority, data as at 31st March 2021

Priority Group	Bridgend	Merthyr Tydfil	RCT	CTM	Wales
Patients aged 65+	61.1%	57.1%	60.2%	60.1%	61.4%
Patients in clinical at risk groups aged 2 -64 years	28.1%	22.1%	25.7%	26.0%	34.7%
Patients in chronic respiratory disease at-risk group	38.2%	33.1%	32.8%	34.5%	45.7%
Patients in chronic heart disease at-risk group	23.4%	19.4%	21.9%	22.1%	28.9%

The PPV data shows:

- CTM has lower uptake of PPV than the Wales average for patients age 65+ years, patients <65 years in a clinical at risk group, and for patients in the chronic respiratory disease and chronic heart disease at-risk groups.

4.3.2. Shingles (herpes zoster) vaccine

In 2013, a national shingles vaccination programme was introduced which aimed to lower the incidence and severity of shingles in older people. Prior to September 2023, the shingles vaccine was offered routinely to everyone aged 70 to 79 years of age^{xxix}. Individuals became eligible on their 70th birthday and remained eligible until their 80th birthday. PHW produce surveillance data informed by Audit+^{xl}. Table 13, shows the percentage uptake of shingles vaccination in the eligible population (prior to September 2023) at aged 70, 75 and aged 77 years¹⁵.

¹⁵ This data is periodically updated

Table 13: Shingles vaccination uptake in the eligible population aged 70, 75 and 77 years (age as at 30th January 2023)

	Aged 70 years Eligible population coverage (%)	Aged 75 years Eligible population coverage (%)	Aged 77 years Eligible population coverage (%)
Wales	34.0	67.6	71.1
CTM	33.0	58.4	66.2
Bridgend	42.9	66.1	73.0
Merthyr Tydfil	21.2	54.7	67.5
RCT	29.1	54.2	61.2

The shingles data shows:

- Shingles vaccination coverage is lower in CTMUHB than the Wales average for all age groups and shows considerable variation by local authority.
- In CTMUHB uptake currently peaks at age 76-78 years.

4.3.3. NHS Staff vaccination programme

The Health Board has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees (including non-employed staff).

To minimise the risk of employees either spreading or contracting communicable diseases the Health Board recommends the screening for and, where appropriate, immunisation against infectious diseases. This is applicable to all existing and prospective employees, or any individual who has a contract for services and whose work exposes them to direct or indirect contact with patients or the handling of specimens where there is a potential risk of transmission of infection.

Following all Wales/Occupational Health agreed standards, the occupational health team will recommend and offer to administer the following vaccines to CTM staff who may be unvaccinated or partially vaccinated:

- Hepatitis A; Hepatitis B; MMR; Pertussis; Varicella; Typhoid; Men ACWY; BCG; DTAP
- Influenza is opportunistically offered if staff are attending occupational health assessments during the autumn

In addition to these occupational vaccines, the UHB offers and administers staff influenza and COVID-19 vaccinations in line with JCVI eligibility guidelines and annual CMO Welsh Health Circular guidance.

5. How do we currently deliver our immunisation programme in CTM

The overall responsibility for achieving Welsh Government targets in uptake for the different vaccinations we deliver sits at an Executive Level with the Director of Public Health, with the role of strategic lead for vaccination and immunisation delegated to a Consultant in Public Health within the CTMUHB Public Health Team. However, the staff responsible for the operational delivery of the programme schedule are distributed throughout CTM UHB.

For example:

- **The School Nursing Team** deliver vaccines to children within educational settings;
- **GPs and Practice Nurses** vaccinate children and adults within general practice;
- Many **Community Pharmacies** vaccinate adults as part of the seasonal flu campaign and administer other vaccines such as travel;
- The **Community Vaccination Centres (CVCs)** are scheduled to offer COVID-19 vaccinations as follows:
 - Primary Doses can continue to be given universally until the 30th June 2023 only for anyone aged 5+
 - From 1st April 2023, the only people eligible for a booster will be those eligible for a Spring Booster: over 75's, Care Home residents and immunosuppressed
- The **Health Visiting Team** in Merthyr Tydfil and RCT currently administer the intranasal live attenuated influenza vaccine to children age 3 that attend a LA nursery school setting;
- The **District Nursing Team** administer domiciliary vaccinations to adult house bound patients on their caseload and known to the service. They also administer influenza vaccinations to some residents of residential care homes as requested by the GP;
- The **Care Home Immunisation Team** have been vaccinating care home staff and residents against COVID-19 since the vaccine was introduced.
- **Midwives** are responsible for the well-being and care of women throughout the course of the pregnancy. They don't currently vaccinate pregnant women, but advise them to contact their GP to receive vaccinations in line with national guidelines, e.g. influenza, COVID-19, pertussis.
- The **Learning Disability Nurses** support the COVID-19 vaccine programme and vaccinate those with learning difficulties in their care. They raise awareness of all other vaccines.

- The CTM **Occupational Health Service** advise newly appointed UHB staff on their need for specific vaccinations, e.g. BCG, Hep B and administer these vaccinations. They also opportunistically vaccinate UHB staff against influenza within health board premises if attending occupational health assessments during the autumn.
- The **Sexual Health Team** vaccinate individuals who attend sexual health clinics as required.
- **Secondary Care staff** in paediatrics and at the Special Care Baby Unit vaccinate babies whilst they are an inpatient in line with the routine childhood immunisation programme.
- **HMP Parc** nursing team vaccinate prisoners and health care staff working¹⁶ within this sector.
- The **Specialist Immunisation Team** provides professional specialist advice to all immunisers, and vaccinates as and when necessary to support all delivery groups.
- The **CTM Pharmacy and Medicines Management Team** are a key partner in the delivery of the immunisation programme, to include updating the Patient Group Directions annually; ordering of medicine; dealing with cold chain queries; redistributing vaccines across the health board to ensure best effect and dealing with multiple queries on vaccinations from a variety of sources.

Key to the success of the COVID-19 vaccination programme was the co-ordinated partnership approach taken by all areas of health and social care with regard to ownership and delivery of the vaccination programme. Lessons must be learned from this collective responsibility approach if we are to truly influence the uptake of vaccinations across our patient population.

This strategic plan will support our model of distributed leadership, as it is essential to be clear about our improvement priorities, and how we work collectively to maximise vaccination uptake.

¹⁶ Not all vaccines are offered to staff within the prison setting

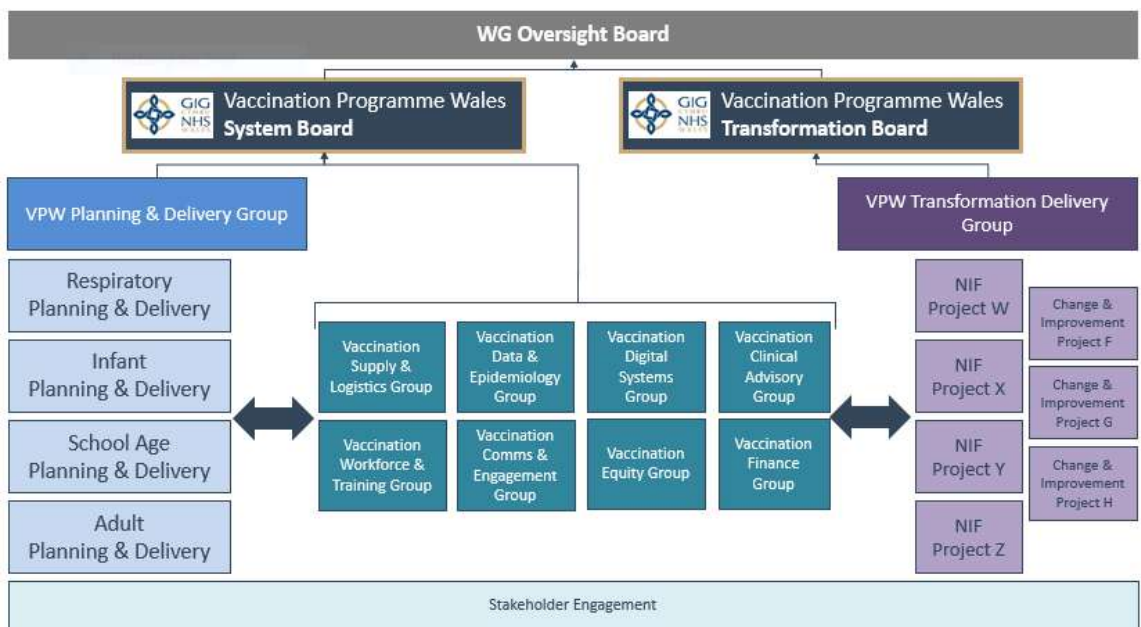
6. Governance Structures

6.1 National Governance Structure

A new governance structure was introduced in 2023 for the vaccination programme in Wales (Image 1)

The Welsh Government Oversight Board replaces the Vaccination Programme Board, which latterly oversaw the Winter Respiratory Vaccination Programme and Vaccination Transformation Programme. The Board’s purpose is to provide strategic direction to, and seek assurance on the performance of the NHS on the vaccination system. Both in terms of delivery of vaccination programmes and in achieving the transformation of vaccination services through implementation of the National Immunisation Framework (NIF) for Wales. CTM is represented within this structure.

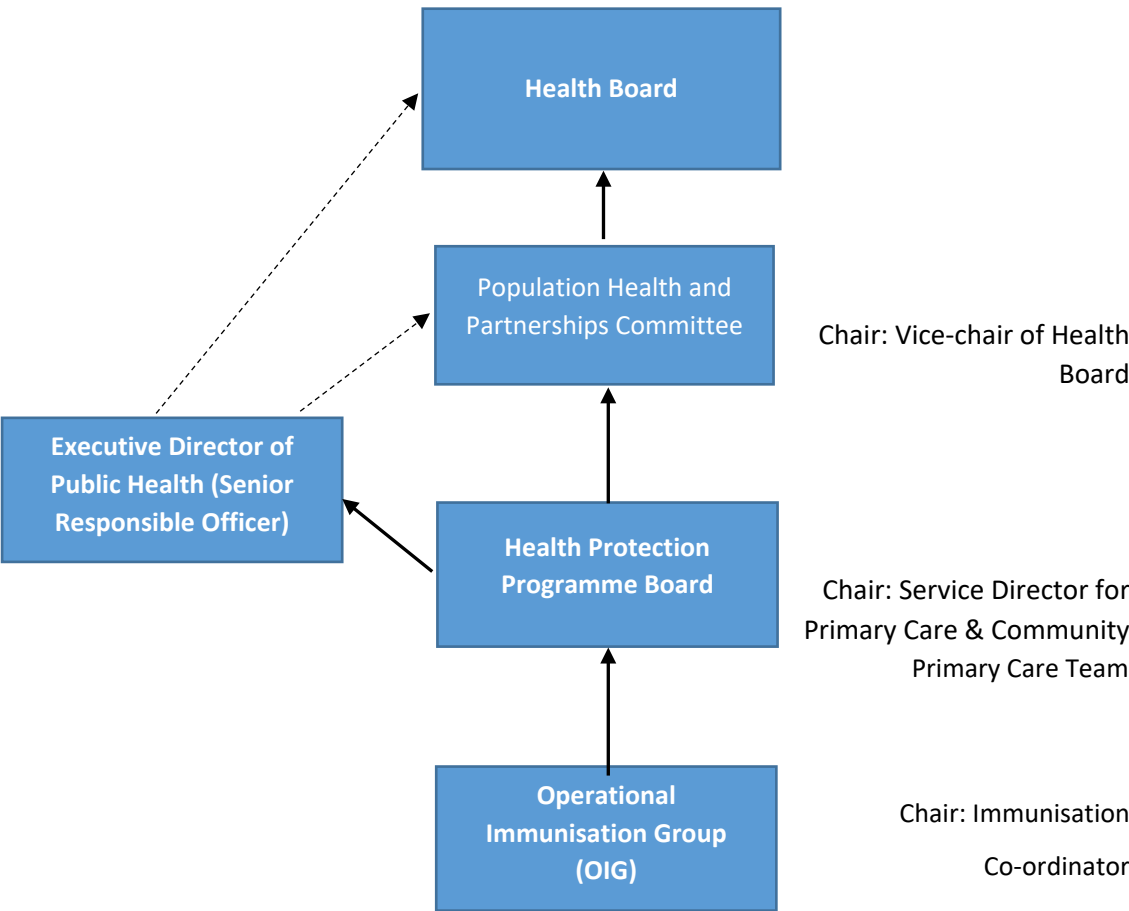
Image 1: Wales Vaccination and Immunisation Governance Structure (most recent)



6.2. Local Governance Structure

The Health Board has a statutory duty for improving and protecting population health. The Health Board is assured that it discharges its duties through the Board and Committee structures. Figure 1 outlines the governance structure for vaccination and immunisation in CTMUHB. The Senior Responsible Officer (SRO) is the Executive Director of Public Health. The chair of the Health Protection Programme Board reports to the SRO. The SRO is a member of the Population Health, and Partnerships Committee.

Figure 1: Governance structure for vaccination and immunisation within CTM UHB



6.3. Finance

6.3.1 Health Board routine allocation

The Health Board receives funding for vaccination and immunisation services as part of their routine allocation on a per capita basis. When additional vaccination and immunisation programmes are requested through Welsh Health Circulars, additional funding is usually provided.

6.3.2. Health Protection response funding^{xli}

Following an independent Welsh Health Protection System Review (October 2022), Health Boards have been required to establish a health protection service to include vaccination and immunisation services. Specific funding has been allocated for 2023/24 as a transitional year. The final funding will be included in the Health Board allocation from 2024 onwards.

7. What do we want to achieve

This strategic plan is informed and guided by data, learning from the national strategic policy context, and recommendations from a recent CTM strategic review of vaccinations and immunisations.

The design principles set out within the National Immunisation Framework^{xlii} (NIF) provides a framework for our strategic direction and align with our long-standing strategic aims within CTM which are:

- To reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time
- To reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations in areas of deprivation and vulnerable populations.

Work to support achievement of our long-standing strategic aims further supports the collective achievement of a number of CTM UHB Population Health Goals, to include:

- 1) Increase Healthy Life Expectancy:** By decreasing incidence and morbidity from vaccine-preventable infectious diseases such as influenza, COVID-19, pneumococcal pneumonia, invasive meningococcal disease, measles, whooping cough, and shingles
- 2) Decrease difference in Healthy Life Expectancy between our least and most deprived population quintiles:** By decreasing incidence and mortality from vaccine-preventable infectious diseases in all deprivation quintiles but prioritising quintiles where immunisation uptake is lowest (most deprived quintiles)
- 3) Decrease avoidable mortality:** By decreasing incidence and associated mortality from vaccine-preventable infectious diseases such as influenza, pneumococcal infections (e.g. pneumonia, meningitis, sepsis), and invasive meningococcal disease

Our ultimate goal is to achieve vaccination uptake in line with national targets set by Welsh Government. To achieve this, we have identified five key areas of focus, "improvement pillars", and a series of defined actions that will inform the development of operational plans (see section 7 for more detail).

However, for some immunisation programmes, and similar to trend performance data for the rest of Wales, this will be challenging. It is therefore more realistic to set yearly incremental

uptake targets that will challenge us and drive us towards achievement of national uptake targets, and will require collective focus and dedication across CTM UHB. For other immunisation programmes the ambition is to maintain, and where possible exceed, our current high levels of uptake.

7.1. Routine childhood immunisations¹⁷

Table 13 outlines current CTM uptake for routine childhood immunisations alongside our 3 year uptake targets.

Table 13: Summary of current uptake of routine childhood vaccines and annual uptake targets

Measure	National Target*	CTM Current uptake (2022 Q4) <i>xliii</i>	CTM Uptake/Incremental Target		
			March 2024	March 2025	March 2026
Uptake of all routine childhood vaccination from birth to age 16 years in CTM UHB as a whole	95%	97.0% 5 in 1 primary (1 year) 97.9% PCV Primary (1 year) 96.1% MMR 1 dose (2 years) 87.4% Up to date (4 years) 91.5% MMR 2 doses(5 years) 86.5% 3 in 1 teenage booster (16 years) 94.3% MMR 2 doses (16 years)	95% +	95% +	95% +
Uptake of all routine childhood vaccination from birth to age 16 years at	95%	Range of uptake at Local Authority level <i>xliv</i>: 96.1 – 98.4% 5 in 1 primary (1 year) 97.3 – 98.6% PCV Primary (1 year)	95% +	95% +	95% +

¹⁷ 6 in 1 primary (1 year); PCV primary (1 year); Rotavirus (2 doses, 1 year); MenB (2 doses, 1 year); Hib/MenC booster(2 years); PCV final (2 years); MMR (1 dose, 2 years); MenB (complete course, 2 years); Up to date (4 years); 4 in 1 pre-school booster (5 years); MMR (2 doses, 5 years); 3 in 1 teenage booster(16 years); MMR (1 dose, 16 years); MMR (2 doses, 16 years)

each local authority		93.0 – 97.0% MMR 1 dose (2 years) 84.2 – 89.3% Up to date (4 years) 90.4 – 92.3% MMR 2 doses(5 years) 84.8 – 87.3% 3 in 1 teenage booster (16 years) 93.4 – 94.7% MMR 2 doses (16 years)			
Uptake of all routine childhood vaccinations from birth to age 16 years at each GP surgery within CTMUHB	95%	Range of uptake at GP cluster level (Oct –Dec 2022)^{xlv} 93.3 – 99.2% Up to date ¹⁸ at aged 1 year 90.5 – 100% Up to date at aged 2 years 84.3 – 94.3% Up to date at age 5 years 79.3 – 93.8% 3 in 1 teenage booster (16 years) 92.6 – 98.9% MMR 2 doses (16 years)	95% +	95% +	95% +
Uptake of all routine childhood vaccinations from birth to age 16 years for each deprivation quintile within CTMUHB	95%	No available data for uptake of routine childhood vaccinations broken down by deprivation quintile	95% +	95% +	95% +
Uptake of all routine	95%	Vaccination coverage by primary school as at 31 Dec	95% +	95% +	95% +

¹⁸ Up to date refers to a completed 4 in 1 pre-school booster, Hib/MenC booster, and a second MMR dose by four years of age.

vaccination from age 4 to 16 years by school within the CTM boundary (excluding HPV)		2022^{xlvi} and secondary schools as at 31 Dec 2022^{xlvi}, lowest to highest uptake: 55 -100%¹⁹ Up to date at aged 5 years 69.2 -100%¹⁶ Up to date aged 6 years 25 – 85.2%²⁰ Up to date school year 10 (reaching 15 years) 33.3 – 97.8%¹⁸ Up to date school year 11 (reaching 16 years)			
Uptake of HPV vaccination by age 16 years (1 dose) across CTM as a whole and within each local authority, for both males and females	*WHO global target 90%	CTM Uptake (2022 Q4) 92.4% ²¹	90% +	90% +	90% +

7.2. Influenza vaccination

In CTM our uptake of the influenza vaccination consistently lies below national uptake targets. Within this 3 year strategic plan we have therefore set minimal annual incremental targets to drive us towards our ultimate goal of achieving national targets. Table 14 outlines the 2022/23 CTM influenza uptake for each priority group plus the annual incremental uptake targets to be achieved over the next 3 years. We aim to increase our uptake by 5% points for each priority group every year until we achieve national uptake targets.

¹⁹ When comparing the uptake in coverage, it is important to note that the number of eligible pupils are small in many of the educational establishments.

²⁰ When comparing uptake in coverage, the numbers of eligible pupils in some in some of the establishments are small. Does not include those who are home educated.

²¹ Please refer to Table 9 in this report for detail on reporting dates and gender

Table 14: CTM UHB annual incremental uptake targets for the influenza vaccination, 2023-2026

Measure	WG Target	CTM Current uptake (25 th April 2023 ^{xlviii} ; *31 st March 2023)	CTM Uptake/Incremental Target		
			March 2024	March 2025	March 2026
Uptake in those 65+ years in CTM as a whole, within each local authority, and at every GP surgery	75%	74.9%	75% +	75% +	75% +
Uptake in those <65 years in a clinical at risk group in CTM as a whole, within each local authority, and at every GP surgery	75%	42.3%	47%	52%	57%
Uptake in Children age 2 years	75%	43.1%	48%	53%	58%
Uptake in Children age 3 years	75%	48.4%	53%	58%	63%
Uptake in Children 4-10 years	75%	60.1%	65%	70%	75%
Uptake in Children 11-15 years	75%	47.2%	52%	57%	62%
Uptake in CTM UHB Healthcare staff (those with direct patient contact)	75%	50%	55%	60%	65%
Uptake in HMP Parc residents	75%	36.6% ^{xlix}	41%	46%	51%

7.3. COVID-19 vaccinationⁱ

Table 15 outlines the uptake of the 2022/23 COVID-19 autumn booster according to priority group plus the annual incremental uptake targets to be achieved over the next 3 years. Each year in CTM we want to achieve the **national uptake target** for COVID-19 vaccination for each priority group, plus aim to be in the **upper quartile of performance for Health Boards in Wales**.

Table 15: CTM UHB annual incremental uptake targets for the COVID-19 autumn booster vaccination, 2023-2026

Measure	Current WG Target	CTM Current uptake Autumn booster (Data as of 8 Feb 2023)	CTM Uptake Target		
			March 2024	March 2025	March 2026

Booster vaccination uptake individuals over 65s	75%	84.2% ²²	Meet WG target and aim to be in the upper quartile performance for HBs in Wales.	Meet WG target and aim to be in the upper quartile performance for HBs in Wales.	Meet WG target and aim to be in the upper quartile performance for HBs in Wales.
Booster vaccination uptake Health care staff	75%	59.1% ²³			
Booster vaccination uptake social care staff	75%	50.3% ²⁴			
Booster vaccination uptake All adults aged 50 – 64 years	75%	60.9% ²⁵			
Booster vaccination uptake aged 16 - 49 years in a clinical risk group	75%	36.1% ²⁶			
Booster vaccination uptake aged 5-11 in a high clinical risk group	75%	15.7% ²⁷			
Booster vaccination uptake aged 12 -15 in a high clinical risk group	75%	24.9% ²⁸			

²² **Within** the upper quartile performance in Wales (82.725% or above). Current HB range is 80.6% - 84.4% (data as of 8 Feb 2023)

²³ **Not within** the upper quartile performance in Wales (60.925% or above). Current HB range is 51.1% - 64.2% (data as of 8 Feb 2023)

²⁴ **Not within** the upper quartile performance in Wales (60% or above). Current HB range is 44.4% - 65.2% (data as of 8 Feb 2023)

²⁵ **Within** the upper quartile performance in Wales (60.3% or above). Current HB range is 51.0% - 63.4% (data as of 8 Feb 2023)

²⁶ **Not within** the upper quartile performance in Wales (39.78% or above). Current HB range is 31.0% - 42.7% (data as of 8 Feb 2023)

²⁷ **Not within** the upper quartile performance in Wales (18% or above). Current HB range is 6.3% - 21.9% (data as of 8 Feb 2023).

²⁸ **Not within** the upper quintile performance in Wales (27.2% or above). Current HB range is 11.9% - 32.3% (data as of 8 Feb 2023).

7.4. Pneumococcal vaccination

There is no national uptake target for the pneumococcal vaccination in adults. We have, however, set our own annual incremental targets seeking to improve upon our latest uptake. Table 16 sets out our incremental targets for different priority groups.

Table 16: CTM UHB annual incremental uptake targets for the Pneumococcal vaccination, 2023-2026

Measure	Current uptake (data as of 31 st March 2021)	Uptake/Incremental Target		
		March 2024	March 2025	March 2026
Uptake in those 65+ years in CTM as a whole	60.1%	63%	66.0%	70%+
Uptake in those age 2-64 years in a clinical at risk group in CTM as a whole	26.0%	27.5%	29.0%	31.0%
Uptake in those with chronic respiratory disease in CTM as a whole	34.5%	36%	37.5%	39.5%
Uptake in those with chronic heart disease in CTM as a whole	22.1%	23.5%	25%	27.1%

7.5. Shingles^{li}

The Welsh Government signalled a change of vaccine and cohort expansion for shingles vaccination programme from September 2023, so that individuals can be protected from an earlier age. These changes are based on advice from the JCVI. ²⁹. All newly eligible individuals will be offered two doses of the inactivated shingles vaccine Shingrix® instead of one dose of Zostavax.

The ambition for uptake in the first year (2023-24), is for at least 60% of those turning 65 and 70 to receive a complete course of vaccination.

The Welsh Government expects health boards to produce equality impact assessments of their implementation plans and to share with the Vaccination Programme Wales, to inform a focus on reducing equity gaps in vaccination during the course of the implementation of these changes.

Table 17, sets out our incremental targets for the different priority groups.

²⁹ <https://www.gov.wales/sites/default/files/publications/2023-06/change-of-vaccine-and-cohort-expansion-for-shingles-vaccination-programme.pdf>

Table 17: CTM UHB annual incremental uptake targets for the Shingles vaccination, 2023-2026

Ambition	Shingles vaccination uptake, as at 30/1/2023 in the eligible population (age as at 30/1/2023)	Uptake/Incremental Target		
		September 2024	September 2025	September 2026
<u>Immunocompetent cohort</u> Ongoing routine offer for those turning 65 years and 70 years ³⁰	Aged 65 – awaiting data for revised cohort from VPDP Aged 70 – CTM 33.0% Bridgend 42.9% Merthyr Tydfil 21.2% Rhondda Cynon Taf 29.1%	60%		
<u>Immunocompromised cohort</u> All individuals aged 50 years and over	Awaiting data for revised cohort from VPDP	100% of all those eligible		

7.6. Additional Occupational Health Vaccinations

There is currently no available data to identify the uptake of additionally recommended occupational vaccinations by the CTM UHB occupational health department. It is important to ensure that the current occupational vaccination policy/procedure is updated, that clear pathways are developed outlining where staff can have these additional vaccines administered, and that uptake data for recommended vaccines is collated.

8. How will we achieve this

8.1. Implementation of the National Immunisation Framework

The National Immunisation Framework (NIF) sets out Welsh Government ambitions for continued vaccination transformation, with a deepening of integration to improve service provision for everyone in Wales. At the core of this Framework is a focus on reducing inequities and improving health outcomes. Health Board accountability will remain unchanged, with boards assessing local need, commissioning, performance managing, and evaluating provision in line with the national strategic direction. The vision for the future of immunisation in Wales is high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

³⁰ Phase 1 (5 year duration) of changes to cohort - those who reach age 65 or 70 years during this period should be called in on/after their 65th or 70th birthday.

The vaccination arrangements should:

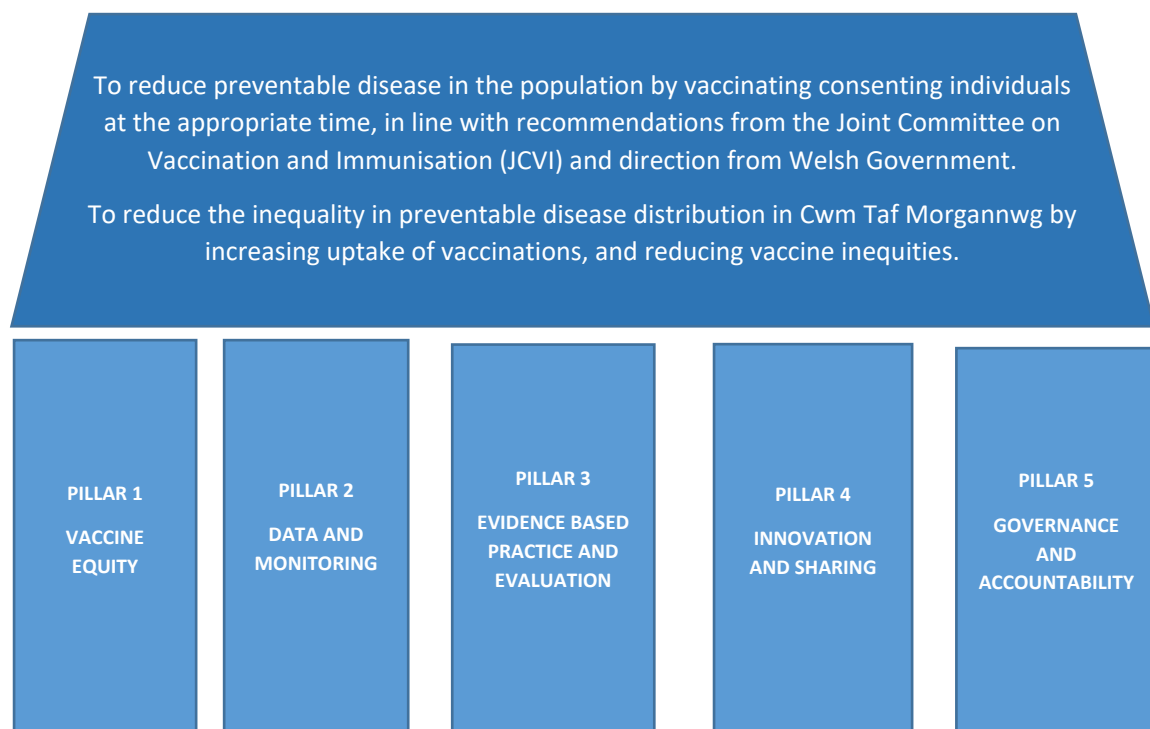
- Be fit for the future with improved patient experience
- Focused in a person and family centred way
- Benefit from national infrastructure
- Support a once for Wales approach that is locally designed and deployed
- Produce value-based outcomes
- Have appropriate and robust governance

Implementation of the NIF will be overseen by the NHS Wales Delivery Unit^{lii}, with Welsh Government moving into an oversight role while retaining the lead on key work streams that enable transformation. The implementation phase of vaccine transformation, with a process of transition to the new arrangements is expected during 2023 and 2024.

In CTM UHB, we will fully engage with implementation of the NIF as directed by the NHS Wales Delivery Unit, and will incorporate this within our wider CTM UHB Health Protection Response.

8.2. Improvement Pillars

Five improvement pillars highlight our areas of focus over the next three years, in support of achieving our long-standing strategic aims:



For each improvement pillar a number of priorities have been identified, each of which will require translation into CTM operational vaccination and immunisation plans.

PILLAR 1: Vaccine Equity³¹

- Development and implementation of a CTMUHB vaccine equity strategic plan as directed by the NIF
- Ensure availability of local data to assess equity of vaccination uptake
- Ensure means to address inequities in vaccination uptake are included in all CTM operation vaccination plans
- Work closely with stakeholders that engage with minority/underserved groups that have been identified to have lower vaccination uptake than the CTM population in order to understand and address barriers to vaccination uptake
- Introduce targeted intervention where a mobile vaccination team identify and vaccinate those un/partially vaccinated

PILLAR 2: Data and monitoring

- Work to ensure vaccination uptake data is consistent across different data sources, e.g. Welsh Immunisation System (WIS), General Practice and Child Health system
- Appoint an immunisation lead within each department that delivers vaccinations across CTM. These individuals will be accountable for monitoring immunisation uptake for their relevant population and ensuring uptake targets will be met
- Ensure delivery of vaccinations is correctly recorded in relevant systems, e.g. GP system, child health system

PILLAR 3: Evidence based practice and evaluation

- Implement NICE Guidelines to include: Vaccine uptake in the general population^{liii}
- Undertake evidence reviews to identify published interventions to improve uptake in specific priority groups
- Use behavioural science to develop interventions to improve uptake in priority groups
- Implement and evaluate evidence-based pilot interventions

PILLAR 4: Innovation and sharing

- Roll out successful local pilots across CTM and evaluate their impact
- Share learning from CTM local pilots with VPDP and other UHB immunisation leads
- Seek to publish/present locally successful interventions at National conferences
- Collaborate closely with the national communications programme, led by Public Health Wales
- CTM UHB Communications team to share immunisation success stories

³¹ Vaccination equity means tailoring support for specific groups that are affected by inequalities in vaccine uptake. The World Health Organisation says to promote vaccine equity, we need to understand barriers to vaccination, and develop solutions so all people can be vaccinated regardless of their income, education, age, geography, ethnicity, religion or beliefs.

PILLAR 5: Governance and accountability

- Implement the NIF in line with the NIF implementation plan, publication expected in 2023
- Audit performance against NICE Guidelines: Vaccine uptake in the general population^{liv}
- Improve ownership of vaccination uptake within CTM UHB:
 - Named executive lead to drive support across all clinical areas
 - Establish a governance structure for vaccination and immunisations within CTM UHB that is in line with the UHB Health Protection Response. Ensure there are clear lines of responsibility and accountability and the governance structure aligns with national implementation of the NIF
 - Establish a commissioning function as guided by the NHS Wales Delivery Unit, NIF implementation plan
 - Develop a three-year CTM immunisation delivery plan in partnership with key directorate/departmental/locality leads, outlining the process for implementation, monitoring and escalation.

9. How will we measure success

9.1. Implementation Plan

It is expected that a more detailed 3 year CTM vaccination and immunisation implementation plan will be developed which will outline how this strategic plan will be delivered across the UHB.

9.2. Operational Plans

Operational plans outlining how each department/directorate will support achievement of the CTM UHB immunisation uptake targets and address each improvement pillar will be developed and implemented. These Departmental/Directorate operational plans will be submitted to the CTM Operational Immunisation Group (or equivalent) annually, and departmental leads will provide quarterly updates on progress against these plans at CTM Operational immunisation group (or equivalent) meetings.

9.3. Monitoring Uptake

Departmental/Directorate Immunisation Leads will undertake:

- 1) Quarterly monitoring of uptake of routine childhood immunisations; annual review of uptake data in September
- 2) Quarterly monitoring of the HPV vaccination; annual review of uptake data in September
- 3) Fortnightly monitoring of influenza vaccination uptake between October and March; annual monitoring of influenza vaccination uptake data in March

- 4) Fortnightly monitoring of COVID-19 Autumn booster vaccination uptake between October and March; annual monitoring of COVID-19 Autumn booster vaccination uptake in March
- 5) Annual monitoring of PPV vaccination uptake
- 6) Annual monitoring of shingles vaccination uptake

Departmental/directorate Immunisation Leads will provide an update on CTM progress against set uptake targets at quarterly CTM operational immunisation group (or equivalent) meetings. These will be escalated to the CTM Strategic Immunisation Group (or equivalent) if immunisation uptake targets are unlikely to be met.

9.4. Review

Delivery of this strategic plan will be reviewed periodically, particularly achievement of incremental uptake targets, and targets may be revised accordingly, given emerging or changing priorities. A full review will be undertaken in 2026.

10. Conclusion

Immunisation is a public health success story, saving millions of lives globally per annum. Since vaccinations were first introduced in the UK, several serious infectious diseases associated with significant morbidity and mortality have either been eradicated, e.g. smallpox, or their prevalence dramatically reduced to the extent that a high proportion of healthcare professionals rarely see a case, e.g. measles.

Vaccinations have, however, not only impacted upon the incidence of infectious diseases. Introduction of the HPV vaccination in the UK in 2008^{lv} has resulted in a substantial reduction in the incidence of cervical cancer and CIN3, and has thus almost eliminated cervical cancer in women born since September 1995^{lvi}.

However, despite such success stories, it is vital that we aren't complacent. If uptake of routine childhood immunisations starts to decline there's every potential that previously forgotten infectious diseases could re-emerge and spread throughout our un/partially vaccinated communities. Whilst in CTMUHB our uptake of primary childhood vaccinations (up to age 2 years) is maintained at 95%, uptake of all other routine childhood immunisations consistently lies below the 95% required to achieve herd immunity, which puts us at risk of future outbreaks of vaccine-preventable infectious diseases. Our uptake of influenza vaccination currently lies below the 75% national uptake target for all priority groups which means that cases of influenza continue to spread throughout our autumn and winter months, with deaths in the UK attributable to influenza estimated at an average of 8,000 per year.

Delivery of our vaccination programmes at CTM is undertaken predominantly via general practices which are already under considerable pressure to provide for the healthcare needs of their registered population. Our school nurses also struggle to deliver the increasing school

vaccination programme in addition to their other core functions, particularly during the autumn/winter when delivery of the Live Attenuated Influenza Vaccination to all primary and secondary school children in CTM has to be prioritised amongst all other competing demands on their services. As a result of these considerable pressures, these services struggle to implement new evidence based strategies or interventions to improve uptake. Development of this three year strategic plan provides the opportunity to develop a considered approach to vaccine delivery, taking into account evidence based interventions alongside local insights into barriers and facilitators to vaccination uptake in order to develop interventions to improve our local uptake. Publication of this strategic plan is also very timely given recent publication of the NIF in addition to the requirement from Welsh Government for all Health Boards to establish an agile, coordinated multi-agency Health Protection System. This strategic plan highlights where we, as a UHB, are consistently not meeting Welsh Government uptake targets, and outlines our local annual incremental uptake targets as a means of moving us towards achieving the more ambitious National targets. Within this strategic plan we have set out five key areas of focus – improvement pillars – which will be expected to form the basis of all clinical directorate/departmental vaccination and immunisation operational/delivery plans. This strategic plan shows us where we need to focus during the next three years to achieve vaccination levels that are equitable throughout our population, thus contributing to a reduction in vaccine related morbidity and mortality.

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xlvi [Workbook: School level COVER Tableau \(cymru.nhs.uk\)](#)

xlvi

[https://nww2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/%28\\$All%29/9F559147536F8D2B8025899E006A9404/\\$File/National%20Influenza%20Immunisation%20Summary%20-%20Update%2027%202022-23%20%2827%20Apr%202023%29.pdf?](https://nww2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/%28$All%29/9F559147536F8D2B8025899E006A9404/$File/National%20Influenza%20Immunisation%20Summary%20-%20Update%2027%202022-23%20%2827%20Apr%202023%29.pdf?)

xliv [COVID and Flu vaccine uptake in prisons March 2023 version1.pdf](#)

i https://phw-tableau.cymru.nhs.uk/views/COVID19vaccination-HBsurveillancereportversion1/HBlevelupdate?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

ii

<https://public.tableau.com/app/profile/public.health.wales.vpd.and.respiratory.surveillance.group/viz/NationalandHBlevelShinglesdashboard-ENGLISH/DBShinglesuptake-ENGLISH>

lii <https://du.nhs.wales/>

lii [vaccine-uptake-in-the-general-population-pdf-66143781919429.pdf](#)

liv [1 \(nice.org.uk\)](#)

lv [HPV vaccine - Information for health professionals - Public Health Wales \(nhs.wales\)](#)

lvi [The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study - The Lancet](#)



Agenda Item

8.1.6

CTM Health Board

**AMENDMENT TO STANDING ORDERS – COMMITTEE / ADVISORY
GROUP TERMS OF REFERENCE (SCHEDULES 3.3 AND 3.5)**

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Charitable Funds Committee	26/10/2023	Endorsed for Board Approval
People & Culture Committee	8/11/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

2.1 Terms of Reference Review

- Standing Orders Schedule 3.2 – Charitable Funds Committee
The Terms of Reference were reviewed with changes identified in red as outlined in Appendix 1
- Standing Orders – Schedule 3.5 – People & Culture Committee
The Terms of Reference were reviewed with changes identified in red as outlined in Appendix 2.

3. Key Risks / Matters for Escalation

- 3.1 If approved, the Standing Orders will be uploaded to SharePoint and the Health Board's Internet site.
- 3.2 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	



Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1 The Board is being asked to **APPROVE** the Amendments to the Health Board's Standing Orders as outlined on section 2 of this report.

6. Next Steps

- 6.1 Once approved the Terms of Reference will be uploaded to the Health Board's website.

Schedule 3.2

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

Review October 2023

1. INTRODUCTION

- 1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".
- 1.2 In accordance with standing orders (and the CTMUHB scheme of delegation), the Board shall nominate a committee to be known as the **Charitable Funds Committee (CFC)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The Charity Registration Number is: 1049765

2. CONSTITUTION AND PURPOSE

- 2.1 The CTMUHB is appointed as corporate trustee of the charitable funds and its Board serves as its agent in the administration of the charitable funds held by the CTMUHB.
- 2.2 Board Members (those who are voting members i.e. Executive Directors and Independent Members (excluding Associate Board Members) have a dual role in that as members of the Board they are also therefore CTMUHB Charitable Fund Trustees. The Trustees are responsible for controlling the management and administration of the Charity and have collective responsibility for these monies. The duties of a Trustee are to ensure compliance, duty of prudence and duty of care.
- 2.3 The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of the CTMUHB's Charitable Funds.
- 2.4 All Trustees are invited to attend at least one meeting of the Charitable Fund Trustees per year to approve the annual accounts and Trustees report.

3. SCOPE AND DUTIES

- 3.1 Within the budget, priorities and spending criteria determined by the Board as Corporate Trustee and consistent with the requirements of the Charities Act 2011 (or any modifications of these acts) to apply the charitable funds in accordance with the respective governing documents.
- 3.2 Provide advice to the Corporate Trustee in the discharge of its duties and responsibilities for charitable funds.

- 3.3 Discharge delegated responsibilities from the Corporate Trustee for the control and management of Charitable Funds
- 3.4 To ensure that the Health Board's policies and procedures for charitable funds and investments are followed.
- 3.5 To make decisions involving the sound investment of the charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with the:
 - Trustee Act 2000
 - The Charities Act 2011
 - The terms outlined in the CTMUHB Charity's governing documents.
- 3.6 Provide advice to the Trustee on its charitable funds strategy, including fundraising, budgets, priorities and spending criteria
- 3.7 To receive at least twice a year, reports for ratification from the Executive Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Investment Adviser.
- 3.8 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial instructions.
- 3.9 To respond to, and monitor the level of donations and legacies received, including the progress of any Charitable Appeal Funds where these are in place and considered to be material.
- 3.10 To monitor and review CTMUHB's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 3.11 To ensure that funds are being utilised appropriately in accordance with both the instructions and wishes of the donor, and to ensure that fund balances are maintained in accordance with the Reserves Policy.
- 3.12 To ensure funds are used for the enhancement of services and for the benefit of the communities served by CTMUHB in accordance with the Health Board's strategic direction. There should also be consideration and alignment with the requirements of the Socio Economic Duty, the Wellbeing of Future Generations Act, sustainable development principles and other relevant legislation and principles as appropriate.

4. DELEGATED POWERS

- 4.1 The Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference.

4.2 The Director of Finance has prime responsibility for the Health Board's Charitable Funds as defined in the Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are:

- administration of all existing charitable funds
- to identify any new charity that may be created (of which the Health Board is a trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity
- provide guidelines with regard to donations, legacies and bequests, fundraising and trading income
- responsibility for the management of investment of funds held on trust
- ensure appropriate banking services are available
- Consider and recommend for approval the audited Annual Report and Accounts.

5. AUTHORITY

5.1 The Board has delegated the following responsibilities / activity to the Committee:

- ~~Oversightsee the day-to-day management~~ of the ~~management of the~~ investments of the charitable fund in accordance with the investment strategy set down from time to time by the Trustee and the requirements of the Health Board's Standing Financial Instructions
- The appointment of an Investment Manager to advise on investment matters. Delegating, where applicable the day-to-day management of some or all of the investments to that Investment Manager. In exercising this power, the Committee must ensure that:
 - the scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it
 - There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently
 - The performance of the person or persons exercising the delegated power is regularly reviewed
 - Where an investment manager is appointed, that the person is regulated under the Financial Services Act 2021
 - Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance. Materiality can be either material in value or nature (type of investment). The value of investments that can be made/disposed of is set out in the investment strategy. The nature of investments is set out clearly to the Investment Manager and monitored on a regular basis. Any changes to the type of investments made will require authority from the Committee or the Chair of the Committee in conjunction with the Director of Finance.

- If any decisions are taken by the Chair and Director of Finance outside of a Committee meeting they should be reported back to the next meeting of the Committee for formal endorsement. Please also see section on Chairs Urgent Action
- ensure that the banking arrangements for the charitable funds are kept entirely distinct from the Health Board's NHS funds
- ensure that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts
- ensure the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments
- ensure the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Health Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance
- obtain appropriate professional advice to support its investment activities
- regularly review investments to see if other opportunities or investment services offer a better return or alignment to the objectives to the Charity.
- Regularly review risks included on the organisational Risk Register as assigned to the Committee by the Board;

5.2 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Health Board relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to cooperate with any reasonable request made by the Committee
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements, and

- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.
- Approve policies relevant to the business of the Committee as delegated by the Board.

5.3 Sub Committee(s)

- The Committee may, subject to the approval of the Board, establish sub committees to carry out on its behalf specific aspects of Committee business.
- The Committee may at its discretion establish appropriate Task and Finish Groups.

6. ACCESS

- 6.1 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

7. MEMBERSHIP

7.1 **Members:** A minimum of **5** members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	~~One other~~ Independent Members

The Executive Director of Finance (who may be represented by a Nominated Representative in their absence).

- At least half of the overall membership must be Independent Members.
- All Members of the Board (as Corporate Trustee) are welcome to attend the Committee.

7.2 **Attendees** -The Committee may require the attendance for advice, support and information routinely at meetings from:

- Director of Corporate Governance / Board Secretary
- Head of Corporate Finance
- Director of Communications, Engagement and Fundraising

7.3 **By Invitation** - The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the Committee considers should attend, taking account of the matters under

consideration. The Health Board Investment Advisor will be invited to attend periodically.

7.4 Secretariat - The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

7.5 Member Appointments - The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Applicable to Independent Members only - Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

7.7 Support to Committee Members

The Director of Corporate Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme.

8. COMMITTEE MEETINGS

8.1 Quorum

At least 3 members must be present to ensure the quorum of the Committee. Of these three, two must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Director of Finance (or the Deputy Director of Finance).

8.2 Frequency of Meetings

Meetings shall be held at least twice a year and otherwise as the Committee Chair deems necessary.

8.3 Withdrawal of Individuals in Attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8.4 Circulation of Papers

The Director of Governance / Board Secretary will ensure that all papers are distributed at least 7 calendar days in advance of the meeting.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

- Agree arrangements with the Health Board Chair to report to the Board in their capacity as Trustee. This may include, where appropriate, a separate meeting with the Board;
- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of written highlight reports following each Committee meeting;
- Bring to the Board's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the CTMUHB Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.2 The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

10. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

10.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

10.2 The Committee, through the Committee Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business
- appropriate sharing of information

In doing so, contributing to the integration of good governance across the Organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 11.1 The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

12. CHAIR'S ACTION ON URGENT MATTERS

- 12.1 There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair (or Vice Chair in their absence), supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with two other Members (one of whom must be the Chief Executive or Director of Finance and the other an Independent Member) of the Committee.
- 12.2 The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 12.3 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision without prior discussion or advice sought from the Director of Corporate Governance.

13. REVIEW

- 13.1 These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.

Definitions:

Corporate Trustee – a person having the general control and management of the administration of a charity regardless of what they are called. (All voting Board Members are Charitable Fund Trustees).

Addendum: Charity Commission – Glossary of Terms

Schedule 3.5

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
University Health Board Standing Orders

PEOPLE & CULTURE COMMITTEE

Terms of Reference & Operating Arrangements

Pending review: 8th November 2023

Reviewed: 9th August 2023

Approved by Health Board: 28th September 2023

INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate a committee to be known as the **People & Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

CONSTITUTION & PURPOSE

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

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

SCOPE AND DUTIES

The Committee will, in respect of its provision of advice and assurance:

Culture & Values:

- Agree and oversee a credible process for assessing, measuring and reporting on the "culture of the organisation" on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.

- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence;
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Ensure the organisation adopts **the principles of the 'Speaking Up Safely' Welsh Government Framework to ensure** a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Supporting the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

Organisational Development & Capacity:

- Ensure the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
 - strategic approach to growing the capacity of the workforce
 - analysis and use of sound workforce, employment and demographic intelligence
 - the planning of current and future workforce capacity
 - effective recruitment and retention
 - new models of care and roles flexible working
 - identification of urgent capacity problems and their resolution
 - continuous development of personal and professional skills
 - talent management
- Review plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning.
- Receive and consider people & Organisational Development strategies providing assurance to the Board that all strategic developments are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

Performance Reporting

- Seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise risks on the Organisational Risk Register that fall within the remit and control of the Committee.
- Advise the Board on aligning service, workforce and financial performance matters into an integrated approach in keeping with the Health Board's commitment to the Sustainable Development Principle defined by the Well-being of Future Generations (Wales) Act 2015.
- Ensure there is an effective planning and performance management cycle that meets the needs of the Board in delivering the Health Board's people and organisational development objectives.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
 - The Health Board's strategic priorities on people
 - organisational culture
 - strategies to promote and protect staff Health & Wellbeing
 - workforce utilisation and sustainability
 - recruitment, retention and absence management strategies,
 - strategic communications
 - workforce planning
 - plans regarding staff recruitment, retention and remuneration;
 - succession planning and talent management;
 - staff appraisal and performance management.
 - Training, development and education
 - Management & leadership capacity programmes,
- Ensure the credibility of sources of evidence and data used for reporting to the Committee, in relation to the Committee's purpose and function.

- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.
- Consider and ratify Welsh Government Workforce & Organisational Development policies, procedures and initiatives prior to implementation across the Health Board.

Statutory Compliance

Ensure, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act
- Consultation on service change
- Mandatory and Statutory Training

DELEGATED POWERS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The People & Culture Committee has a key role in assisting the Board to fulfil its oversight responsibilities in areas such as the Health Board's Culture, Organisational Development Strategy, its Values and Behaviours Framework to ensure it is appropriate and operating effectively.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
 - Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements
- approve policies relevant to the business of the Committee as delegated by the Board.

Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub-committees/task and finish groups have been established.

ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

MEMBERSHIP

Members:

A minimum of **(4)** members, comprising

Chair Independent Member of the Board

Vice Chair Independent Member of the Board

Members Two Independent Members of the Board (one of which is the Staff side representative)

Attendees

- Executive Director for People (Committee Executive Lead)
- Executive Director of Nursing, Midwifery & Patient Care
- Executive Medical Director
- Chief Operating Officer
- Executive Director of Therapies and Health Sciences
- Director of Improvement & Innovation
- Representative from the Care Groups

- Director of Corporate Governance / Board Secretary or their Deputy
- Director of Communications, Engagement & Fundraising
- Staff side representatives (nominated by Local Partnership Forum)

By Invitation:

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat

The Director of Corporate Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of three consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development

COMMITTEE MEETINGS

Quorum

Page 7 of 10

GC01 – Standing Orders – Schedule 2 – Board Committee Terms of Reference – People & Culture Committee

Approved:

A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair and the staff side representative Independent Member.

Frequency of Meetings

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers

The Director of Governance / Board Secretary will ensure that all papers are distributed at least **7** calendar days in advance of the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee
- ensure appropriate escalation arrangements are in place to alert the CTMUHB's Chair, Chief Executive or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the organisation.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

CHAIR'S ACTION ON URGENT MATTERS

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

REVIEW

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.



Agenda Item

8.2.1

CTM Health Board

BOARD ANNUAL CYCLE OF BUSINESS

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Nil	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
None identified.	

1. Situation / Background

- 1.1 The Board should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2023 to 31 December 2023.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Board Cycle of Business for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:



Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board is asked to **NOTE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Health Board

Cycle of Business (1st January 2023 – 31st December 2023)

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

The Cycle of Business covers the period 1st January 2023 to 31st December 2023.

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

The principal role of the Health Board is set out in the Standing Orders 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Board's performance across all areas of activity.

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Board Cycle of Business (1st January 2023 – 31st December 2023)

Item of Business	Executive Lead	Reporting period	26 Jan 2023	Feb 2023	30 Mar 2023	April 2023	25 May 2023	12 June 2023	27 July 2023	Aug 2023	28 Sep 2023	Oct 2023	30 Nov 2023	Dec 2023
Consent Agenda														
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Action Log	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Chairs Report (Including affixing of the Common Seal and Chairs Urgent Action Requests)	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Joint Committee Composite Report (NWSSP, EASC and WHSSC)	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Putting Things Right Annual Report	Director of Corporate Governance	Annually							R Defer to Sept		R			
Safeguarding Annual Report	Executive Director of Nursing	Annually	R											
Health & Care Standards Annual Report To be removed from the annual cycle of business. No longer a reporting requirement	Executive Director of Nursing	Annually											R	
Carers Annual Report	Executive Director of Nursing	Annually					R Defer to July		R Defer to Sept		R			
Clinical Education Annual Report	Executive Medical Director	Annually											R	
Infection Prevention & Control Annual Report	Executive Director of Nursing	Annually									R			
Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					R							
Welsh Language Standards Annual Report	Executive Director for People	Annually									R			
Director of Public Health Annual Report	Director of Public Health	Annually					R							
Board Cycle of Business	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Board Forward Work Programme	Director of Corporate Governance	All Regular Meeting	R		R		R		R		R		R	
Committee Highlight Reports	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	

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Item of Business	Executive Lead	Reporting period	26 Jan 2023	Feb 2023	30 Mar 2023	April 2023	25 May 2023	12 June 2023	27 July 2023	Aug 2023	28 Sep 2023	Oct 2023	30 Nov 2023	Dec 2023
Committee Annual Reports	Director of Corporate Governance	As and when required	R		R		R		R		R		R	
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R							
Capital Update – to be taken as an In Committee item given commercial sensitivities	Executive Director of Finance	Quarterly (from November onwards)											R	
Shared Listening & Learning														
Listening & Learning Story	Executive Nurse Director	All Regular Meetings	R		R		R		R		R		R	
Governance														
Chief Executives Report – to include updates on Targeted Intervention – Programme for Continuous Improvement in response to Targeted Intervention	Chief Executive	All regular meetings	R		R		R		R		R		R	
Audit Wales Structured Assessment & Audit Letter	Audit Wales	Annually			R									
Audit Wales Annual Audit Report	Audit Wales	Annually			R									
Board Assurance Framework	Director of Corporate Governance	All Regular meetings	R		R		R		R		R		R	
Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance	Annually						R Defer to July 2023	R					
Annual Statutory Accounts	Executive Director of Finance	Annually						R Defer to July 2023	R					
Annual Review of the Standing Orders	Director of Corporate Governance	Annually			R									
Board Effectiveness Self-Assessment	Director of Corporate Governance	Annually			R									
Risk Management Strategy	Director of Corporate Governance	Annually					R							
Nurse Staffing Levels (Wales) Act Report – Annual Assurance Report	Executive Director of Nursing	Bi-Annually					R						R	

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Item of Business	Executive Lead	Reporting period	26 Jan 2023	Feb 2023	30 Mar 2023	April 2023	25 May 2023	12 June 2023	27 July 2023	Aug 2023	28 Sep 2023	Oct 2023	30 Nov 2023	Dec 2023
Healthcare Inspectorate Wales Annual Report	Healthcare Inspectorate Wales	Annually									Defer to Nov 2023		Defer to Jan 2024	
Delivering Our Purpose & Strategic Direction														
Integrated Performance Dashboard – to include an update on Improving Urgent Care and Planned Care Recovery	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R	
Monthly Finance Reports	Executive Director of Finance	All Regular meetings	R		R		R		R		R		R	
Clinical Advisory Group Highlight Report	Executive Director of Strategy & Transformation	Quarterly	R				Defer to July 2023		R		R			
Clinical Advisory Group Annual Report	Executive Director of Strategy & Transformation	Annually					Defer to July 2023		Defer to Sept 2023		R			
Delivering Our Recovery/Improvement Plan														
Integrated Medium Term Plan – Approval	Executive Director of Strategy & Transformation	Annually			R									
Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly					R						R	
Regional Partnerships Board & Public Services Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					R						R	
Winter Plan Update	Chief Operating Officer	Annually											R	
Clinical Services Plan Progress Updates	Executive Director of Strategy & Transformation	All Regular meetings (from July 2023 onwards)							R		R		R	
Escalation Status: Special Measures & Targeted Intervention														
Maternity & Neonatal Services Improvement Programme Agreed at the January Board meeting that reports would now be presented to the Board by exception only given the ongoing scrutiny undertaken at the Quality & Safety Committee	Executive Director of Nursing/Executive Medical Director	By exception only	R											



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HEALTH BOARD – FORWARD WORK PLAN

Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Additional Item	Major Incident and Critical Business Continuity Plans	Director of Strategy & Transformation	25 May 2023 – 28 September 2023. To be Deferred – Now January 2024
Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Additional Item	Armed Forces Covenant	Director of Strategy & Transformation	In progress Director for People to advise on future reporting requirements moving forwards.
Email request from the Head of Corporate Governance and Board Business	Additional Item	All Wales Individual Patient Funding Request Policy	Director of Strategy & Transformation	27 July 2023 – Now 28 September 2023. Deferred to 30 November 2023 – On agenda
Email request received from the Assistant Director of Governance & Risk	Additional Item	Critical Care – Framework Model of Care Proposal	Medical Director	Planned for 28 September 2023. Deferred to the 30 November 2023. It has been suggested that this item is discussed at a future Board Development session – date to be agreed

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Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Assistant Director of Governance & Risk	Additional Item	Estates, Facilities Performance Management System annual report	Director of Finance	Planned for 28 September 2023 – Now 30 November 2023 – To be deferred from November – date to be confirmed
Identified as a report coming forward within the Chief Executive Report presented to the July Board	Additional Item	Llantrisant Health Park Update – To include the year one+ Plan	Chief Executive	Planned for 28 September 2023 – Deferred to 30 November 2023 – On agenda
Email request from the Assistant Director of Governance & Risk	Additional Item	Structured Assessment 2023	Director of Corporate Governance	Planned for 30 November 2023 – Now January 2024
Email request received from the Assistant Director of Digital Systems	Additional Item	Hospital e Prescribing and Medicine Administration (HEPMA) Business Case	Director of Digital	Planned for 30 November 2023 (suggesting that this is discussed In Committee given commercial sensitivities) – On In Committee Agenda
Email request from the Assistant Director of Governance & Risk	Additional Item	Amendment to the Standing Financial Instructions	Director of Corporate Governance	Planned for 30 November 2023 – On agenda



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Completed Requests:				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Head of Corporate Governance & Board Business to add this item to the agenda following discussion with Chair	Additional Item	Regional Partnerships Board – Capital Funding Strategy	Director of Strategy & Transformation	Completed Received at the meeting held on 28 September 2023
Email request from the Assistant Director of Governance & Risk	Additional Item	WHSSC's and EASCs Model Standing Orders	Director of Corporate Governance	Completed Received and approved at the meeting held on 28 September 2023.
Email request from the Assistant Director of Governance & Risk	Additional Item	CTMUHB Model Standing Orders	Director of Corporate Governance	Completed Received and approved at the meeting held on 28 September 2023.
Email request from the Assistant Director of Governance & Risk	Additional Item	Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review Quality Governance	Director of Corporate Governance	Completed Received and discussed at the meeting held on 28 September 2023
Request received from the Executive Director of Strategy & Transformation	Additional Item	Annual Carbon Plan	Executive Director of Strategy & Transformation	Completed Received and discussed at the meeting held on 28 September 2023

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Request received from the Executive Director of Strategy & Transformation	Additional Item	CTMUHB Assurance Manchester Arena Inquiry – Recommendations	Executive Director of Strategy & Transformation	Completed Received and noted at the meeting held on 28 September 2023.
Email request received from the Director of Strategy & Transformation	Additional Item	Clinical Services Plan – Draft Principles	Director of Strategy & Transformation	Completed and Ongoing Report received at the meeting held on 28 September 2023. Director of Strategy and Transformation has confirmed that for the next 12 months this will need to be regularly reported to Board. In this respect this has been added to the Annual Cycle of Business as a regular item.
Email request received from the Service Project Manager, Capital Planning	Additional Item	Business Case for Capital Scheme at the Princess of Wales Hospital	Director of Finance	Ongoing Service Project Manager, Capital Planning has advised that several options have been considered. The Project Board has finally agreed the preferred way forward and once this preferred way forward has been worked up in more detail this will be discussed further at the Executive Capital Management Group and Executive Leadership Group. Service Project Manager to confirm if a Business Case will be coming forward to Board in the future.
Chief Operating Officer referred to this item coming forward to	Additional Item	JAG Accreditation Business Case	Chief Operating Officer	Completed/Ongoing An update on progress against this matter is being reported



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Board at the September 2022 Quality & Safety Committee				through Audit & Risk Committee. Next update is due June 2024.



Agenda Item

8.2.3

CTM Health Board

BOARD COMMITTEE/ADVISORY GROUP HIGHLIGHT REPORTS

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation / Background

- 1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. Specific Matters for Consideration

- 2.1 A number of Committee/Advisory Groups have been held since the Board last met in September 2023.

3. Key Risks / Matters for Escalation

- 3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:



**Effaith Amgylcheddol/
Cynaliadwyedd (5R) /
Environmental
/Sustainability Impact (5Rs)**

No - Not Applicable

If more than one applies please list below:

Impact Assessment

Ansawdd

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Ansawdd? /*

Quality

*Have you undertaken a Quality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
This is an overarching
position report. If service
change arises the specific
areas and activity impacted
will be subject to the
appropriate impact
assessment.

Cydraddoldeb

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Cydraddoldeb? /*

Equality

*Have you undertaken an Equality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
This is an overarching
position report. If service
change arises the specific
areas and activity impacted
will be subject to the
appropriate impact
assessment.

Cyfreithiol / Legal

There are no specific legal implications related to the
activity outlined in this report.

Enw da / Reputational

There is no direct impact on the reputation of the
Health Board as a result of the activity outlined in this
report.

Effaith Adnoddau

(Pobl / Ariannol) /

Resource Impact

(People / Financial)

There is no direct impact on resources as a result of
the activity outlined in this report.

5. Recommendation

5.1 The Board is being asked to NOTE the following Highlight Reports:

- Local Partnerships Forum 19 September 2023 (Appendix 1);

- Quality & Safety Committee 21 September 2023 (on main agenda at agenda item 6.3.1);
- Stakeholder Reference Group 12 October 2023 (Appendix 2);
- Hosted Bodies Audit & Risk Committee 24 October 2023 (Appendix 3);
- CTMUHB Audit & Risk Committee 24 October 2023 (on main agenda at agenda item 6.3.3);
- Charitable Funds Committee 26 October 2023 (Appendix 4);
- Planning, Performance & Finance Committee 31 October 2023 (on main agenda at agenda item 6.3.4);
- Population Health & Partnerships Committee 7 November 2023 (Appendix 5);
- People & Culture Committee 8 November 2023 (Appendix 6);
- Digital & Data Committee 14 November 2023 (on main agenda at agenda item 6.3.2).



Agenda Item

8.2.3 Appendix 1

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Wright, Assistant Director of Policy and Governance
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel, Executive Director of People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Joint Chairs – Trade Union and Executive Director for People	20/09/2023	Endorsed for Board

Acronyms / Glossary of Terms

CAV	Cardiff and Vale University Health Board
CPU	Central Processing Unit
LPF	Local Partnership Forum
WPF	Welsh Partnership Forum

1. **Introduction**

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Local Partnership Forum (LPF) at its meeting on 19 September 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. **Purpose of this Meeting**

- 2.1 The purpose of the LPF is to provide regular and formal dialogue between the Executive Directors and trade union / staff organisation colleagues. The meetings allow all parties to engage with each other to inform, debate and to seek to agree local priorities on workforce and health service issues.
- 2.2 The meeting agenda is structured in two parts. Part 1 is the Business Part focused on operational matters primarily with members of the People Directorate. Part 2 provides opportunity for engagement on Health Board strategic matters

3. The LPF will:

- Establish regular and formal dialogue between the Executive Directors and trade union organisations on matters relating to operational and strategic workforce and Health Board service delivery issue;
- Enable the Health Board and trade union organisations to present and discuss issues affecting the workforce;
- Provide opportunities for trade union organisations and Health Board senior managers to input into the organisation's service development plans, at an early stage;
- Consider the workforce implications in respect of service reviews to identify and seek to agree new ways of working;
- Apprise and discuss in partnership the workforce and financial performance of the Health Board;
- Apprise and discuss in partnership the Health Board's services, activities and the people implications;
- Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for the workforce;
- Communicate to their trade union organisations and members the key decisions taken by the Board and senior management;
- Consider national NHS Wales developments, People Strategy and the implications for the Health Board, including matters of service re-profiling, re-organisation etc.;
- Negotiate on limited matters that fall outside of national terms and conditions of service that are subject to local determination;
- Ensure trade union organisation representatives are afforded reasonable paid time off to undertake their trade union duties within the Health Board;

- Regularly review trade union organisation facilities arrangements with reference to the minimum standards set out in the National Terms and Conditions of Service Facilities Agreement arrangements; and.
- Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

4. Highlight Report

Alert / Escalate	• No issues to alert or escalate on this occasion.
Advise	• It was confirmed a partnership group is being established under the Welsh Partnership Forum (WPF) Business Committee to develop an All Wales Pensions Policy during Autumn 2023. The work on the CTM Pension Policy has been halted and the draft shared with the WPF Business Committee to inform the All-Wales policy. • It was advised that the NHS Wales Survey will be launched on Monday 16 October 2023. Trade unions and managers were invited to engage in this process, and to encourage staff to complete. • Care Group Updates were provided by the relevant Head of People regarding their people issues and the work being undertaken in partnership, via their local partnership fora to work together to find solutions and improve the employee and patient experience. • An Occupational Health Changes Update was provided, confirming the benefits realised to date from the collaborative working arrangement between CTM and Cardiff and Vale University Health Board (CAV), which has been in place since November 2021. As the first of its kind in NHS Wales it is being followed with interest by other Health Boards and the Welsh Government. Following a recent engagement exercise with Occupational Health staff and their trade unions, the collaboration will move into phase two from 1 November 2023. This will see an increase in staff resilience by providing cross clinical and non-clinical support and services, as and when required, increased access to specialised OH Physician advice across both services, further standardisation of processes and joint working to implement the new all Wales Occupational Health data base. • An overview of the month 5 Finance report was provided. It was reported that good progress is being made to achieve the planned savings target by year end, based on month 5



figures. It was acknowledged that CTM is in a very challenging financial position this year, which is expected to continue into the 2024/25 financial year.

- The initial findings from the recent **CTM Wellbeing Staff Survey** were shared. The results demonstrate that the wellbeing of the participating staff has not particularly deteriorated, but highlights a significant impact on staffing pressures, including a high percentage of staff who are working over their substantive hours, relationship issues and impact of manager behaviours. The results demonstrate that while the current Wellbeing Services are effective and need to continue, the results further emphasise the importance support for CTM to implement a holistic employee experience and wellbeing approach. This whole systems approach is being developed with organisational input around eight conditions to be met to promote positive employee experience and wellbeing.
- A **Welsh Language Annual Plan Update** was provided, setting out the progress made by CTM to provide its services in Welsh to our communities. The report highlights the significant progress which has been made over the past 12 months to change behaviours, which is helping to embed a vibrant and thriving Welsh language culture, driven by cultural change not compliance. The group noted its thanks to the Welsh Language Manager for the production of an excellent report and the work they have supported.
- A presentation was delivered on the **Facilities Transformation** work which showcased the plans to commercialise the CTM Central Production Unit (CPU) and the progress already being made to improve the meals offered to our patients and staff. This includes a new patient menu which exceeds the All-Wales nutrition and catering standard and accessible and affordable nutritious meals for our staff. 'Ein Lle' the rebranded CTM restaurants will be launched in January 2024, offering and providing the meals customers want, with extended opening hours. The group welcomed these developments.
- An overview was provided on the progress towards developing the **CTM People Plan**, which will be presented to the Board in November 2023 for approval.



Assure	- A Phase 2 Operation Model Update was provided. The OCP consultation will be open until 29 September 2023. To date 61 pieces of feedback having been received to date, 41 of which have been submitted anonymously. Feedback has been acknowledged upon receipt, unless submitted anonymously. The themes to date are, ensuring all services are in the right place, clinical leadership roles and balance of staff between community and hospital settings. A review of the comments will inform the final proposals. - An overview was provided on the progress being made to establish a Speaking up Safely service in CTM, which will be led and managed by the new Directorate of Corporate Governance / Board Secretary Gareth Watts. It was confirmed while the Welsh Government Framework will not be launched until the Autumn, work is progressing within CTM and we will launch our new internal and external SharePoint pages on the 23 October 2023, during national Speak up Safely week. Once the Framework is published, CTM will begin to explore the detailed mechanisms to support our staff to speak up safely.
Inform	The following item was approved via the consent agenda: Minutes of the Meetings held on 20 June 2023.
Appendices	No appendices to note on this occasion.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Creating Health Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A vibrant culture and thriving Welsh Language



Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

6. Recommendation

- 6.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

8.2.3 Appendix 2

CTM Health Board

**Highlight Report from the Cwm Taf Morgannwg University
Health Board Stakeholder Reference Group Meeting**

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kay Baker & Claire Williams Vice Chairs of CTMUHB Stakeholder Reference Group
Cyflwynydd yr Adroddiad / Report Presenter	Anne Morris, Associate Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/Group)**

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
CAVUHB	Cardiff and Vale University Health Board
SRG	Stakeholder Reference Group
IMTP	Integrated Medium Term Plan

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 12th October 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 2.1 The purpose of the CTMUHB Stakeholder Reference Group is to provide independent advice on any aspect of UHB business. This may include: -
- Early engagement and involvement in the determination of the UHB's overall strategic direction;
 - Provision of advice on specific service proposals prior to formal consultation; as well as
 - Feedback on the impact of the UHB's operations on the communities it serves.
- 2.2 The CTUHB Stakeholder Reference Group will:-
- Provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. Highlight Report

Alert / Escalate	There were no items requiring escalation on this occasion
Advise	Updated Terms of Reference – Members were informed that the Terms of Reference had been updated to reflect the changes from Community Health Council to Llais. This was following CTMUHB receiving Model Standing Orders with updated Terms of Reference being received from Welsh Government. These were taken to Board 28th September 2023.

Assure	There were no items to include in this section
Inform	Self Effectiveness Survey The Business Manager for Strategy & Transformation reminded members that the Stakeholder Reference Group Self Effectiveness Survey was planned to close on 13th October 2023 and that feedback on the outcomes of the survey would be given at the Stakeholder Reference Group Face to Face meeting in December 2023 as planned. IMTP/Budget Update The Assistant Director of Transformation, Strategic & Operational Planning gave a presentation and liaised with members around the IMTP process and budget. The purpose of the IMTP was outlined and a financial situation update provided. A timeline and process for the Acute Clinical Services Plan was outlined. A schedule of key dates as part of the IMTP 24/25 planning process were shared and requirement outlined. It was noted that as part of assuring delivery, Stakeholder Reference Group consultation would be carried out throughout the process and Quality Impact Assessment and Equality Impact Assessment would be carried out. Stroke Services Update & Engagement The Regional Stroke Manager & Head of Strategic Planning & Commissioning gave a presentation and undertook engagement with SRG members around regional stroke services. It was noted that this was following previous engagement with members in April 2022. An outline around stroke and of stroke services across the region was given which included details of stroke being the fourth leading cause of death in the UK and the leading cause of adult disability. Rates of thrombolysis and thrombectomy were noted as below UK averages with limited access to thrombectomy. It was noted that Regional Stroke Centres improve clinical outcomes. Current services across the regions were discussed with those being Prince Charles Hospital with an average of 577 strokes per year, the Princess of Wales Hospital with an average of 321 strokes per year and the University Hospital of Wales with an average of 611 strokes per year.

	A background to the programme of work was given with Cardiff & Vale University Hospital (CAVUHB) and Cwm Taf Morgannwg University Hospital along with other key stakeholder agreeing to work collaboratively to address key challenges across current services with the co-designed aim as being <i>"to transform stroke outcomes for our population by working in partnership to deliver evidence based innovative and sustainable care that is best-in-class at all stages of our pathway"</i>. This aim will be achieved by; developing a collaborative single stroke service for the population of CAVUHB and CTMUHB, achieving compliance with the quality attributes of WG Quality Statement for Stroke and implementation of the optimal pathways, service standards and specification set by the Royal College of Physicians, NICE Guidelines and the National Stroke Board. Details of the high level plan which included engagement was outlined. Members were asked for their feedback around a range of areas and robust feedback was received which will feed into the engagement findings. In addition members were asked for their support in sharing the links through their networks to the CTMUHB webpage for 'Let's Talk Stroke' and also the 'Lets Talk Stroke' survey.
Appendices	•

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <u>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</u>	A Healthier Wales
	If more than one applies please list below:
	Learning, Improvement & Research



Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Person Centred If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

8.2.3 Appendix 3

CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit & Risk Committee at its meeting on 24 October 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate

- There were no matters requiring escalation on this occasion.



Advise	• The Welsh Health Specialised Services Committee (WHSSC) Corporate Risk Assurance Framework and Risk Register was received. Members requested further assurance be provided at the next meeting that mitigations had been put into place in relation to Risk 54, which related to a risk that tier 4 providers for CAMHS could not meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm; • The WHSSC Audit Recommendations Tracker was received. In relation to the new Joint Committee arrangements that would be put into place from April 2024 onwards, Members were provided with assurance the Committee would be apprised of any key decisions being made. Members also noted that any outstanding recommendations would become part of the legacy arrangements for the new organisation; • The WHSSC Model Standing Orders - Governance & Accountability Framework was received. Members noted that this would now need to be formally presented to Board's for Approval; • The Emergency Ambulance Services Committee Update was received. Members made reference to Risks 4506 and 5370 (red calls and ambulance capacity), both of which had a risk score of 25 with no signs of improvement; • The National Imaging Academy for Wales Risk Register was received and noted.
Assure	• The Internal Audit Review for WHSSC – Welsh Kidney Network was received. Members noted that a substantial assurance rating had been allocated to the review.
Inform	• The Unconfirmed Minutes of the meeting held on 16 August 2023 were APPROVED.
Appendices	•



3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

4. Recommendation

- 4.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

8.2.3 Appendix 4

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE CHARITABLE FUNDS COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Ian Wells, Independent Member/Committee Vice Chair/Lynda Thomas, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
CFC	Charitable Funds Committee
NHSCT	NHS Charities Together



1. Situation /Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee, which took place on 26th October 2023.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE CHARITABLE FUNDS COMMITTEE

- 2.1 The purpose of the Committee is to make and monitor arrangements for the control and management of the CTMUHB's Charitable Funds.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	No items identified for alert or escalate on this occasion.
ADVISE	- Due to business, sensitive information contained within the report, the "In Committee" meeting of the Charitable Funds Committee, received and noted a presentation on Investments from the Charity Investment Manager, CCLA Investments. - The Terms of Reference were received and approved for endorsement by the Health Board at its meeting to be held on 30th November 2023. - A report on the General Charitable Funds Update was received. The Committee noted the current balances and investment performance of Cwm Taf Morgannwg NHS General Charitable Funds as at 30th September 2023, including grants from NHSCT and noted the update on investment balances and reserves and reviewed the requests for expenditure over £50k and to provide initial feedback on whether these should proceed to the next stage to further develop the proposals.
ASSURE	A report was received on the Charity Account: Audit Enquiries to Management and those charged with governance. The Committee endorsed the submission of the response to the Audit Enquiries letter to Audit Wales.
INFORM	The Committee received and approved the Annual Cycle of Business for 2023-24.
APPENDICES	NOT APPLICABLE



Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:



Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>		Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.3 Appendix 5

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee Chair and Executive Lead.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
PSB	Public Service Board
WSA	Whole System Approach
HW	Healthy Weights

1. Situation /Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Population Health & Partnerships Committee which took place on 7th November 2023.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

- 2.1 The purpose of this Committee is to provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to **population health across primary and secondary care**. This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no matters requiring escalation on this occasion.
ADVISE	- The Committee received a report on the Population Health Management Programme Report and noted the update on the population segmentation and risk stratification approach to Population Health Management in CTMUHB. A strategic update on Primary Care was received, noting the update on the key priorities identified by Welsh Government, the National Strategic Programme for Primary Care and the progress being made by the Health Board. - The Committee received a report on the Green Scholar Programme, noting the progress being made. - A report was received on the Creating Health Strategic Pillar, noting progress to date. - Following an update on the Health Protection Service and highlighting of the current challenges being faced. The Committee sought assurance that risks in this area



	are being assessed and will be escalated as appropriate to the Organisational Risk Register. • The Committee received a verbal update on the CHOICE – Year 3 Service Report. • The Regional Partnerships Board (RPB) Further Faster Pathway Update report was received, noting the progress made to date with the Programme of Work. • A report was received on the Building Healthier Communities Group Update. The Committee noted the portfolio of work being undertaken.
ASSURE	• The Committee received the Organisational Risk Register and reviewed the single risk assigned to the Committee noting the update in terms of the mitigating action identified within the report. • The Active Travel Charter was received and the Committee Endorsed for Board Approval the following: • To confirm their commitment to the WSA to HW by supporting the development of an active travel charter in CTM. • Give authorisation to the public health team to proceed with a proposal to the PSB. • That a member of the Board be identified who is willing to champion the Active Travel Charter concept to the PSB at their December 2023 meeting. • That the Health Board commits to becoming a signatory of the Charter. • The 'In Committee' meeting of the Population Health & Partnerships Committee Endorsed for Board Approval the Vaccination & Immunisation Strategic Plan & Equity Plan. The Committee discussed a potential organisational risk in relation to the challenges faced by the vaccination programme and agreed to review the risks with a view to escalation to the Organisational Risk Register as appropriate. • A presentation was received and noted on the Shared Listening & Learning Story – Homeless Service. Members took assurance from the work being undertaken by the team.



INFORM	- The Committee Annual Self Effectiveness Survey Outcome and Improvement Plan was noted. - The Regional Partnership Board Annual Report 2022-23 was received and noted. - The Committee received and noted the Post Payment Verification Mid-Year Update - The Committee received and noted the Strategy Groups Update. - The Committee received and noted a verbal update on the Area Public Board and the Public Service Board.
APPENDICES	Not Applicable

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.3 Appendix 8

CTM Health Board

**CHAIRS HIGHLIGHT REPORT FROM THE PEOPLE & CULTURE
COMMITTEE**

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dilys Jouvenat, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
EDI	Equality, Diversity and Inclusion
SUS	Speaking Up Safely

1. Situation /Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the People & Culture Committee which took place on the 8th November 2023.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE PEOPLE & CULTURE COMMITTEE

- 2.1 The role of the People and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board, and enhance the environment that supports and values staff in to engage the talent, nurture the leadership capability of individuals and teams, working together to drive the desired culture throughout the health service to deliver safer better healthcare.
- 2.2 The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There are no matters to escalate to the Board on this occasion.
ADVISE	- The "In Committee" meeting of the People & Culture Committee received and noted a draft report on the Equality, Diversity & Inclusion - Strategic Equality Plan (SEP) 2023-2027, noting the emerging strategic approach to EDI, the activities undertaken to date to support this approach, and the plan for a proposed SEP for 2023-27. The Committee noted the communications and engagement plan to support the delivery of activities. - The Committee received a verbal update on the Implementation of the Speaking Up Safety Framework, noting the submission of the Self-Assessment against Section 6 to Welsh Government at the end of October 2023
ASSURE	Shared Listening and Learning Story - the Committee were delighted to welcome a presentation from a Healthcare Support worker in maternity sharing their path to employment within the Health Board.

	Lessons learned were identified and the People Services Team agreed to reflect upon those and share experiences to help improve recruitment pathways in future. - The Committee received the Workforce Metrics Report, which included historic trends. - The Committee received a report on the Employee Relations (ER) Update, noting the ongoing ER cases and trends within the Health Board. - The Committee received a report on the Organisational Risk Register for those matters where risks had a score of 15 or more assigned to the Committee, noting actions taken to manage or mitigate those high-level risks. - A report was received on Retention. The Committee noted the development of the Retention Plan and the formation of the Retention Steering Group.
INFORM	- The Committee approved the following Policies: - Domestic Abuse Policy - The Committee received and endorsed for Board Approval the Revised Committee Terms of Reference. The Outcome of the Committee Self-Effectiveness Survey & Improvement Plan was received and noted. The Committee agreed to hold 'face-to-face' meetings moving forward.
APPENDICES	Not applicable.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing	Not Applicable
	If more than one applies please list below:



Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.4

CTM Health Board

CLINICAL EDUCATION ANNUAL REPORT 2022/23

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Janet Gilbertson – Head of Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Clinical Education Forum	07/11/2023	Endorsed for Approval
Executive Leadership Group		
Quality & Safety Committee	21/11/2023	NOTED

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
HEIW	Health Education and Improvement Wales
NEWS	National Early Warning Score

RADAR	Recognition of Acute Deterioration and Resuscitation

1. Situation /Background

- 1.1 The purpose of this report is to highlight the activities and performance of Clinical Education for the academic year 2022/23 and to share the Strategic Direction for Clinical Education.
- 1.2 The Clinical Education Annual Report is presented in Appendix 1 for noting

2. Specific Matters for Consideration

- 2.1 That investment in education and training of our workforce underpins the required transformation to the way we work. Underpinning the CTM2030 strategy will be the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development. Education and support is key and as our workforce is forever changing, this is an ongoing need.
- 2.2 An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.
- 2.3 To note the progress that has been made in 22/23 towards the delivery of the Strategic Direction for Clinical Education including;
 - 2.3.1.1 Raising the profile and identity of our service through a branding and refresh of Clinical Education facilities across all sites.
 - 2.3.1.2 Continuation, with Finance, of a three year plan to align and standardise Service Increment for Teaching (SIFT) funding, enabling the robust resource support structures of the undergraduate medical education activity, and increasing governance and clarity over the utilisation of SIFT funds.
 - 2.3.1.3 Establishment of the Clinical Education Forum and reporting forums as a robust organisational wide education governance infrastructure to assure high quality education and training meeting the requirements and standards.
 - 2.3.1.4 Significant progress in the development of Interprofessional learning and practice.
 - 2.3.1.5 Significant progress with our widening access programmes.
- 2.4 Recognition of the organisational contribution of this function through its many education and training activities to safe working practices and patient care.

3. Key Risks / Matters for Escalation

- 3.1 Permanent accessible training accommodation continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services. It is recommended that the creation of a dedicated multi-professional Education and Learning facility is included as part of the strategic site development plan.

- 3.2 Continuing support will be needed from executives for the 3 year plan for the re-alignment and re-allocation of SIFT throughout the organisation.
- 3.3 The establishment of strong strategic workforce planning activity considering the workforce as a whole is needed to better inform education commissioning, in order to support multi-disciplinary service redesign to deliver our Clinical Strategy.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below: Improving Care Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No policies or services are new or have been withdrawn
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No policies or services are new or have been withdrawn.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 It is recommended that the Board notes the Clinical Education Annual Report 2022/23 and the contribution quality education and training makes to our services and improving patient care.

6. Next Steps

Approval of the report.

Clinical Education

**Cwm Taf Morgannwg
University Health Board**



Annual Report Academic Year 2022/2023



What will this Annual Report tell you?

Our Annual Report provides you with information about the Clinical Education Service within Cwm Taf Morgannwg University Health Board (CTMUHB), what we do, how we work in partnership with external organisations including Universities and Health Education & Improvement Wales (HEIW), and what we plan to do to deliver and continually improve healthcare education, in order to meet changing demands and future challenges.

It provides information about our performance, achievements in 2022/2023 and how we have made continued progress towards delivery of our strategic ambition of the CTM Learning Academy, developing and embedding an organisational Learning Culture that enables staff to work flexibly and with agility to respond to the health needs of our population by;

- Encouraging life-long learning
- Generating openness to collaboration and effective co-design
- Developing a greater understanding of human intelligence.
- Promoting multi-professional learning.
- Developing staff to work at the “top of their licence” both registrants and support staff.

It is well recognised that there is a strong causal relationship between targeted and well-designed education and training, service improvement and patient outcomes and that quality healthcare for patients is supported by maintenance and enhancement of clinical, management and personal skills.(1)

Our Annual Report for 2022-23 includes:

- Current health education context in Wales
- Current Education context in CTMUHB
- University Health Board Status
- About us and what we do & activity in 22-23
- Progress with our strategic direction & where we plan to go next.

Contents:

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3.3. Post Graduate/ post registration Education, Continuing Professional Development and Advanced Practice.	
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Progress and future development focus.	
5.1. Learning Environment and Culture	
5.2. Education Governance	
5.3. Multi-professional Approach and Inter-professional Learning.	
5.4. Partnership, recognition and mastery.	
5.5. Opportunity, Vision and Innovation.	

Introduction

Health Education Context in Wales.

Health Services in Wales continue to deliver the vision, ambition and approaches that are needed to deliver 'A Healthier Wales' (1). The demand for services, increasing health and wellbeing inequalities, higher public expectations, the additional challenges due to the impact of COVID-19 on health and social care services, as well as the possibilities that new and emerging medical and digital technologies offer, are set against a backdrop of changing demography, recruitment, resource and severe financial challenges as healthcare services continue to try to reset from the impacts of the Covid pandemic and meet the growing health care need.

Health Education and Improvement Wales (HEIW) is the strategic workforce organisation for Wales. Now in its fifth year it is committed to the development of a highly qualified, empowered and sustainable workforce for both now and the future. Its purpose is to address assessed workforce requirements and invest in quality education and training for health and care.

The benefits of their approach are:

- A modernised workforce with extended skills
- Access to care closer to home
- Quality learning and service environments to accommodate service transformation
- Sustained growth benefiting the foundation economy
- Increased access to education across the geography of Wales
- A multi-professional workforce that use their skills in line with the prudent in practice principles.

Reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales.

Context in CTMUHB

The year from April 2022 was the period in which we emerged from the Pandemic and began to understand its impacts and legacies.

The Cwm Taf Morgannwg workforce has continued to adapt to new working models and service challenges however we are now facing greater health need, driven by the impacts of lockdowns and lack of access to support mechanisms and services. This has created greater demand in areas such as mental health, cancer diagnosis and emergency illness, whilst at the start of the year the elective care backlog was the greatest it has ever been.

This year has also seen the further establishment of our new organisational structure moving from a locality based model to a Care Group structure.

The Board is developing an organisational strategy and a plan for our clinical services which delivers on our mission of "building healthier communities together". Work continued during 2022-2023 to develop and implement the organisational strategy, including the

future of our clinical services through CTM2030. CTM2030 has engaged with staff, our population and partners to identify our four strategic goals which are as follows:



Fig 1 – CTMUHB strategic goals

The work on the strategy will continue to develop in 2023-24 with a focus on developing services across our organisation which are safe, high quality and sustainable from both a workforce, estates and financial perspective.

The Health Board employs 11,148.04 whole-time equivalent (WTE) staff, with a headcount of 12,793. Some 77% of our workforce live within the CTMUHB’s area, development of our staff has a direct impact within the communities we serve. Widening access activities to enable more of our communities to achieve successful careers in health care are a key focus of activity for Clinical Education.

Underpinning the CTM2030 strategic goals will be the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development.

An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.

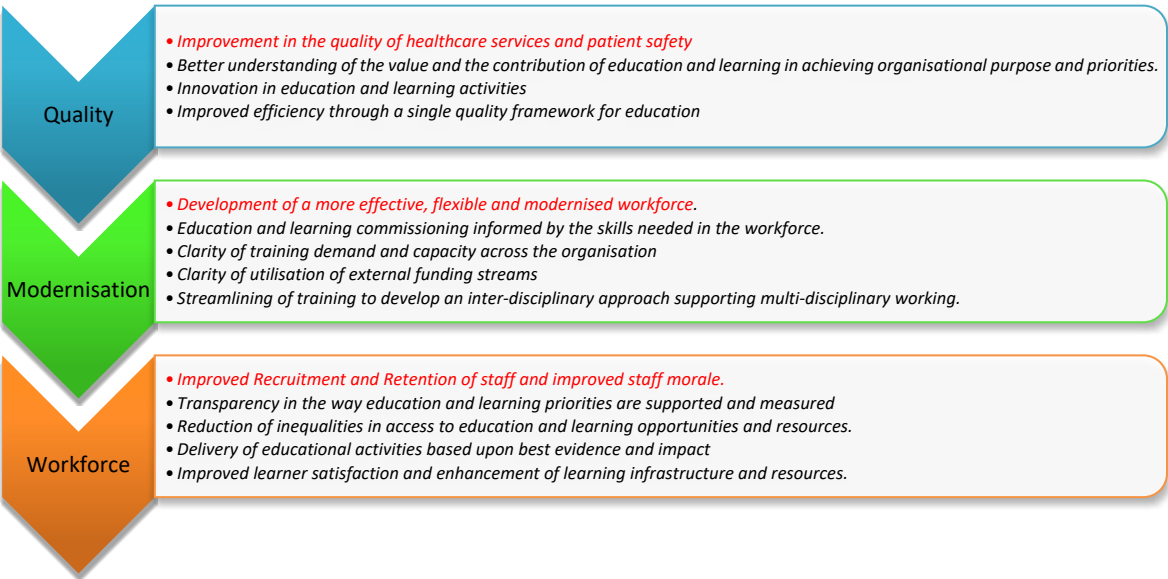


Fig (3) Organisational Benefits of Excellence in Education

University Health Board Status.

Cwm Taf Morgannwg continues to be recognised as a University Health Board, a status first awarded in 2013, due to activity in three pillars; Education & Training, Research & Development, and Innovation.

Welsh Government has incorporated the review of university health board status into the annual Intermediate Medium Term Planning process, requiring consideration and evidence of university health board activity at every level of strategy and delivery.

The potential of University Health Board status, is in the manifestation of the symbiotic and synergistic relationship between three priority activities:



Fig 4

A Learning Culture energises all three elements of university health board activity resulting in Innovation and Improvement

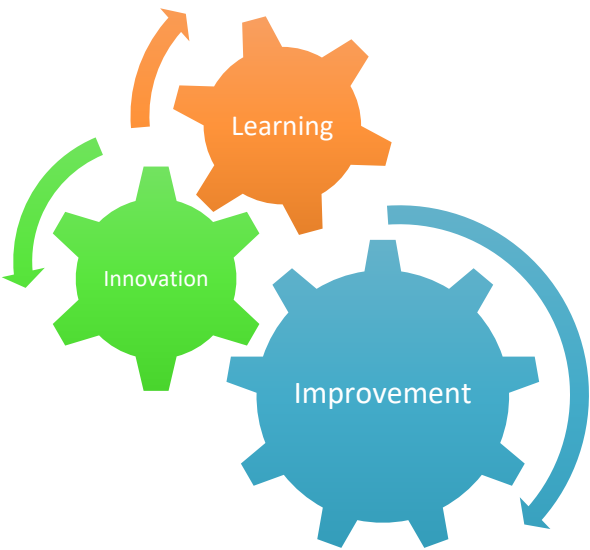


Fig 5

Working in partnership with our Higher Education Institutions (HEI) colleagues in the fields of research, teaching, innovation and evidence based practice, is vital to drive up standards and build momentum for co-creative roles and a collective drive for a better future for our communities.

This year CTMUHB hosted a multi-agency summit with our educational partners including university partners and colleges of further education offering a space for organisational ambitions to be shared and collaborative conversations to emerge. Following on from that a further collaboration event was held between University South Wales (USW) and CTMUHB, hosted by USW. This event utilised a world café format to explore collaboration opportunities in education and training, digital, research, innovation and leadership. A collaboration steering group has been formed to take forward the action plan developed from this event.

About the Clinical Education Service:

The Clinical Education function sits within the portfolio of the Executive Director of Nursing and Midwifery. There are also strong professional leadership accountability lines with the Medical Director and Director of Therapies & Health Care Sciences.

Over 22-23 we have continued our focussed development work, commenced in 2021 to bring together what was a group of separate departments to create a cross-functional multi-disciplinary Clinical Education Service. This work has supported and enabled progress with the delivery of the Strategic Direction for Clinical Education in CTMUHB.



Fig 6 Clinical Education Team.

The Clinical Education Service encompasses the following functionalities:



Fig 7 Clin ED Services

The Clinical Education service is a highly-skilled education workforce of both clinical and specialist administration staff. A central management structure ensures overarching CTMUHB wide consistency of service whilst dedicated education teams manage, deliver and support education activity across all 3 acute hospital sites; Prince Charles, Royal Glamorgan and Princess of Wales and at Keir Hardie Academic Centre. Over 22-23 we have also utilised temporary training accommodation in Ysbyty George Thomas.

Clinical Professional Education.

Undergraduate/ Pre-registration Education and Training

CTMUHB as an organisation contributes significantly to the education and training of healthcare professional students in Wales. Each year our organisation delivers undergraduate clinical placement training weeks including:

- > 6000 medical student training weeks
- > 10,000 student nurse weeks
- > 1600 AHP student weeks

Over 2022/23 we have worked in partnership with 5 universities (HEIs) to deliver clinical placements for healthcare professional students:

- University of South Wales including–
 - Nursing & Midwifery, Operating Department Practitioners and Part-time Occupational Therapy & Physiotherapy courses.
- Cardiff University including
 - Medical, Physiotherapy, Occupational Therapy, Health Care Sciences & Pharmacy – (new pilot programme for 22/23, ongoing from 23/24)
- Swansea University including
 - Nursing, Paramedics and Physicians Associates.
 - (Will include Pharmacy Students from 23/24)
- Cardiff Metropolitan University including
 - Speech and Language Therapy, Dietetics, Podiatry.
- Open University (Part time distance learning) & Bangor University (Full time Distance Learning) from 22-23) Nursing.

Focus on Nursing and Midwifery

The following preregistration routes to nursing are supported:

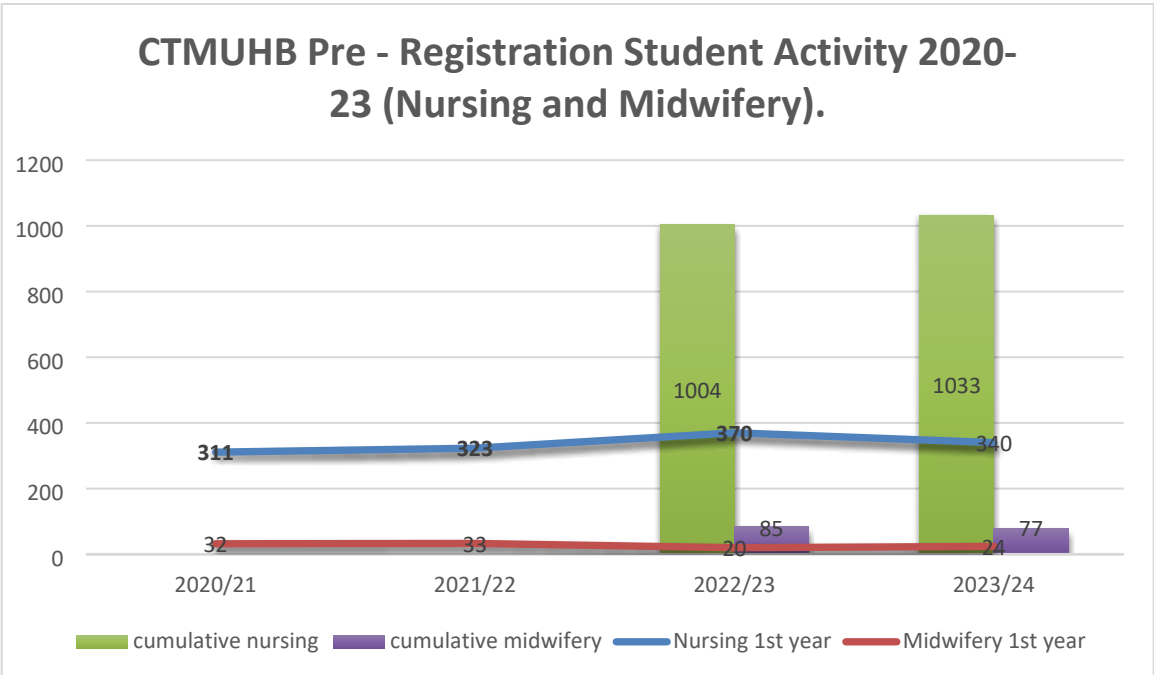
- Full-time 3 year programmes
- Flexible routes in either Adult, Child, Learning Disability or Mental Health.
- Full time Midwifery programme

The Practice Education Facilitators (PEFs) within the Nurse Education Team actively support the clinical placements within the health board and deliver clinical teaching within the university. The PEF team also support student issues both clinically and pastorally in collaboration with our clinical and HEI partners.

The table below shows the number of 1st year nursing & midwifery students allocated to CTMUHB over the last 4 years. As students are placed with us for the 3 years of their undergraduate course, cumulative figures are shown for 22/23 and 23/24. The Practice Education Facilitator Team work closely with the clinical areas and university partners to

ensure areas are supported to provide a positive learning environment as these students represent our future nursing workforce. Monthly meetings with our partner HEI's help identify areas for development including those out of compliance with educational audits & struggling with student numbers and also where excellence is shown by those who go over and above to support our students in practice.

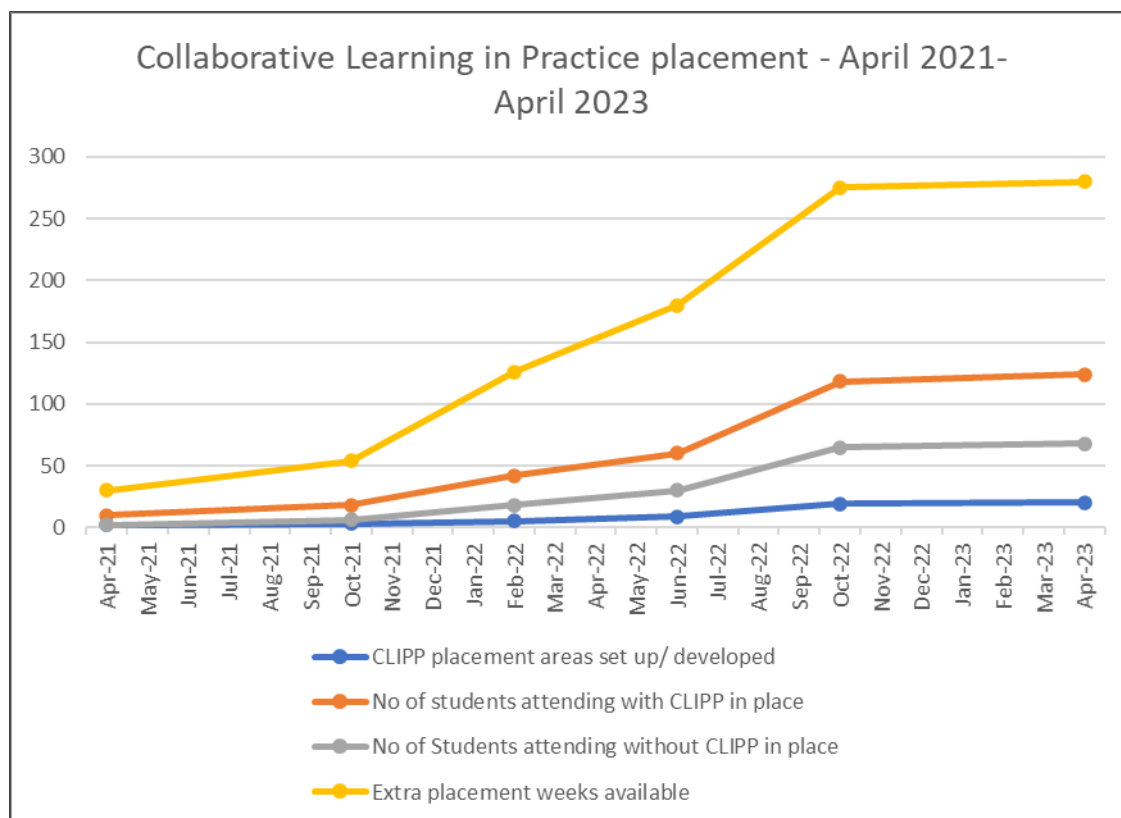
Student training Activity



Training capacity is a constant challenge and we are continually working to create innovative nursing placement developments. New placements for 2022/23 include;

- Cardiology rotational placements
- Research and Development
- Corporate placements.

Following successful pilot results the Collaborative Learning in Practice (CliPP) model is now embedded in a number of areas. Whilst feedback has overall been positive it is not without its challenges, CliPP aligns 1st years to 2nd and 3rd year student mentors and is currently limited by placement timings being aligned. CliPP is still developing in further clinical areas, so capacity and numbers for next year should increase again. Moving forward we will be trialling other alignment combinations to see if it is still as effective, which would maximise utilisation of CliPP in practice.



Fitness to Practice (FtP)/Cause for concerns

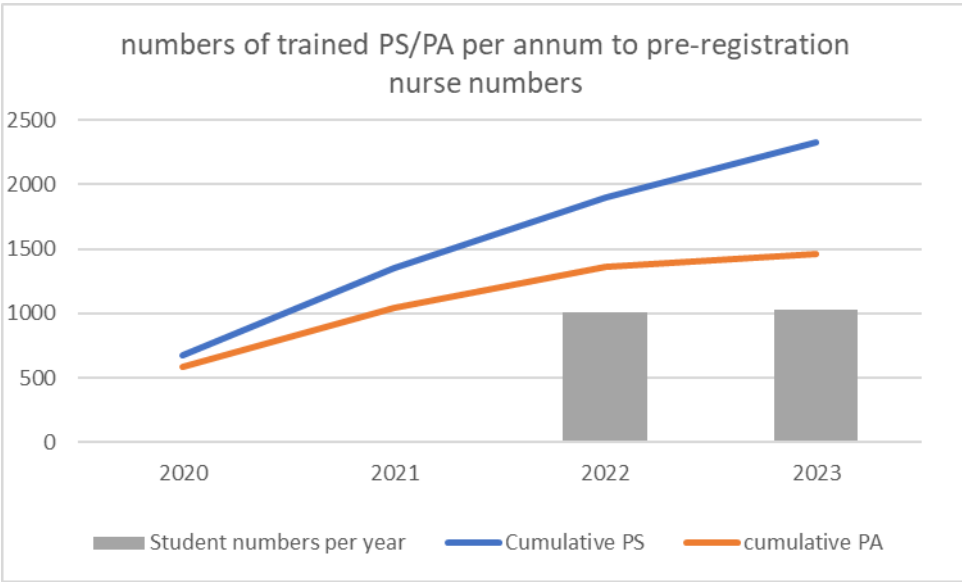
The increase in student numbers has also been accompanied by an increase in student issues. These can include pastoral and clinical concerns. The PEF team and Senior Nurse work across university and health board processes, including referral of clinical cause for concern issues to universities, attending FtP panels and participating in FtP hearings as 'expert witness'. They also ensure students are supported in practice through the development of bespoke action plans to achieve required proficiencies and ensure safe and knowledgeable practitioners upon registration.

Since Covid we have seen an overall rise in the number of Action Plans being required for students allocated in CTM UHB and this rise is mirrored across Wales. There are many reasons for this, including rise in student numbers, earlier identification of issues, changes in student's expectations and impact of Covid on student experience. Action plans may only be required for a short period of time to support the student to achieve or they move in and out of needing one as the course progresses. We are working closely with university partners to monitor this situation.

In 2022/23 there were 13 Official Cause for Concern referrals following clinical issues with two resulting in discontinuation from the programme. Due to the rise in student concerns and the potential movement across the sites the PEF team piloted a 'student pathway' to help document the placements students were attending and also to log any student concerns, so all the PEF team have the ability to access the student 'pathway' and easily link any prior issues. This was successful on the RGH and is now being implemented across all of the PEF teams.

Collaborative working between HEI's and the PEF teams are essential in managing the issues effectively and efficiently. As there is a demand to grow nursing numbers even further then there is a continuing need to widen access to the recruitment pool. This means that the increased need for student support is likely to continue and further investment in Practice Education Facilitator roles will be a key enabler in achieving successful registration for more people into the nursing profession.

All nursing students on clinical placements require Practice Assessors (PA) and Supervisors (PS). The PEF team continue to deliver an annual schedule of Practice Supervisor (PS) and Practice Assessor (PA) training to eligible registrants to ensure they have the appropriate skills and knowledge to support our students in clinical practice. There are currently 2233 trained PA/PS on the database (NMC requirement) for CTMUHB (see graph below). The ratio of supervisors & assessors to students within each care group will be monitored over the coming academic years to ensure we understand where training may need to be targeted.



To ensure all of our students have had the opportunity to achieve all of their Annex B skills, the teams have developed 'skills' days which can be attended by pre-registration students from all of our partner HEI's.

Our HEI partners continue to face challenges in filling the commissioned number of places for the re-registration courses, in particular for the adult nursing field. In order to fill these spaces from Autumn 2023 University of South Wales will be recruiting international students to fill places. Our learning from recent years of recruitment of internationally qualified nurses, is how important it is that these individuals feel supported and settled. We are working collaboratively with USW colleagues to share our learning. The health board induction itself will be more focused to meet their specific needs and will include meet and greet with our existing internationally educated nurses, joint induction and social events.

Internationally Educated Nurses (IEN's) 2022/23

Between June 2022 and March 2023, the International Nurse Education team have successfully trained an additional 97 Internationally Educated Nurses to work across the health board. This education included OSCE preparation training and a post OSCE programme, which was developed to address gaps identified in practice and for the IEN's to be familiarised with CTM's policies and procedures, to enable them to settle sooner into the health board. This programme ended March 23 as no further funding was confirmed by CTM at that time. Knowledge surrounding the specialist IEN educational needs was retained as the lead PDN is a permanent member of the PDN team, however two of the three WTE IEN Practice Development Nurses had to return to their substantive roles at the end of their secondment in March 2023. The project was then recommenced in force from July 2023 with a CTM plan to recruit a further 30 IEN's internationally. To support this funding has been re-established for 2wte IEN PDN's until end of March 2024. These posts will have to be recruited and trained to support this work.

Also, in conjunction with People & Culture and Corporate teams it was highlighted that a number of our HCSW employees were spouses of our existing IEN registered workforce. To support retention and also to capitalise on the fact that they were settled in CTM, up to date with mandatory training, familiar with CTM values and behaviours and embedded within our local communities, a scoping exercise was undertaken to establish how many would be interested in an International Nurse adaptation programme and how many would be 'OSCE ready'. It has been established that we have 5 individuals who are eligible for this and they will commence the OSCE preparation programme in August 2023. Due to the changes in the NMC English language requirements it is envisaged that these will become NMC registrants by March 2024.

Focus on Medical Education

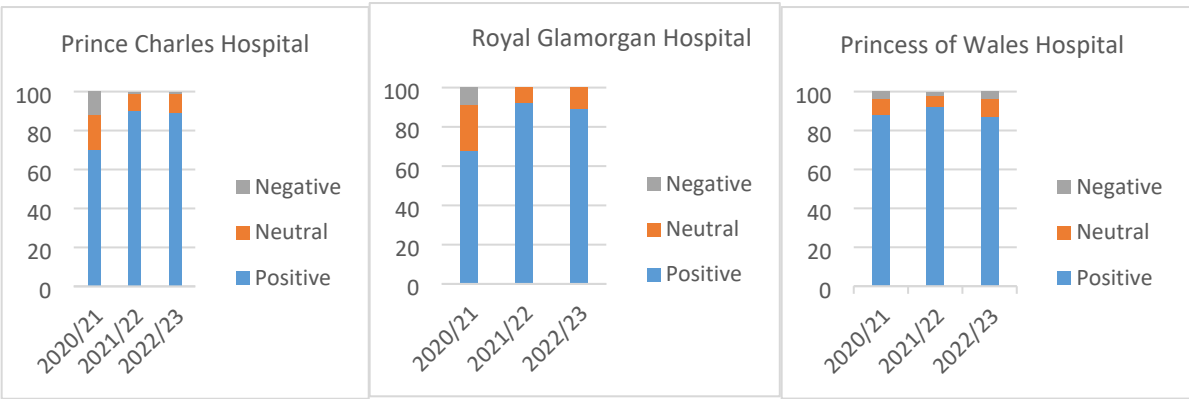
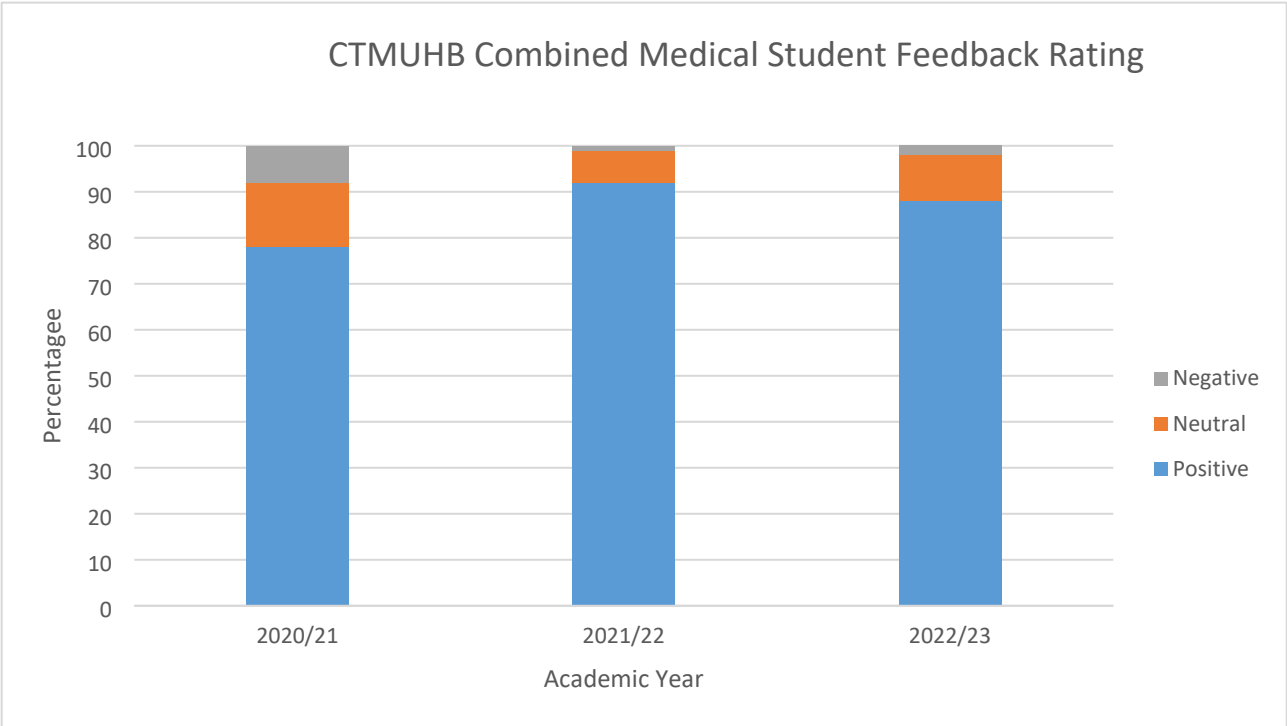
UNDERGRADUATE

Teaching/placement delivery

During the Academic Year 22/23 we delivered teaching/placements across the 5 year medical undergraduate (UG) programme –

Medical Student Numbers				
Year of Study	No. of Students		No. Student Weeks	
	2021/22	2022/23	2021/22	2022/23
1	113	108	180	238
2	222	227	266	250
3	289	371	2312	2968
4	262	320	1952	2284
5	140	154	1120	1164

The have been significant success in the performance of the UG Faculty during the last academic year and at the Annual Teaching Review, Cardiff University presented the feedback from students, showing that CTMUHB had risen in the overall satisfaction of students by 14 percentage points to 92%, second only to Cardiff and Vale UHB. This is an outstanding achievement and recognition of the hard work and commitment of our medical education teams across the health board. Early indication from the 2022/23 results illustrate that we are maintaining a relatively stable position.



Clinical Fellows

Continuing the success of previous appointments, during the 2022/23 Academic year there were 6 new Clinical Fellows in Medication Education across CTMUHB, as one year tenures with an expectation to engage in a level 7 medical education qualification.

The Clinical Fellows continue to provide a solid and robust teaching resource, which again the feedback shows has been a significant success. In addition, the Clinical Fellows have produced significant quality improvement projects, including a tiered mentoring scheme, advanced bleep simulation and investigation into the use of real patients in teaching. Some of this has been nationally recognised and continues to be presented on national forums.

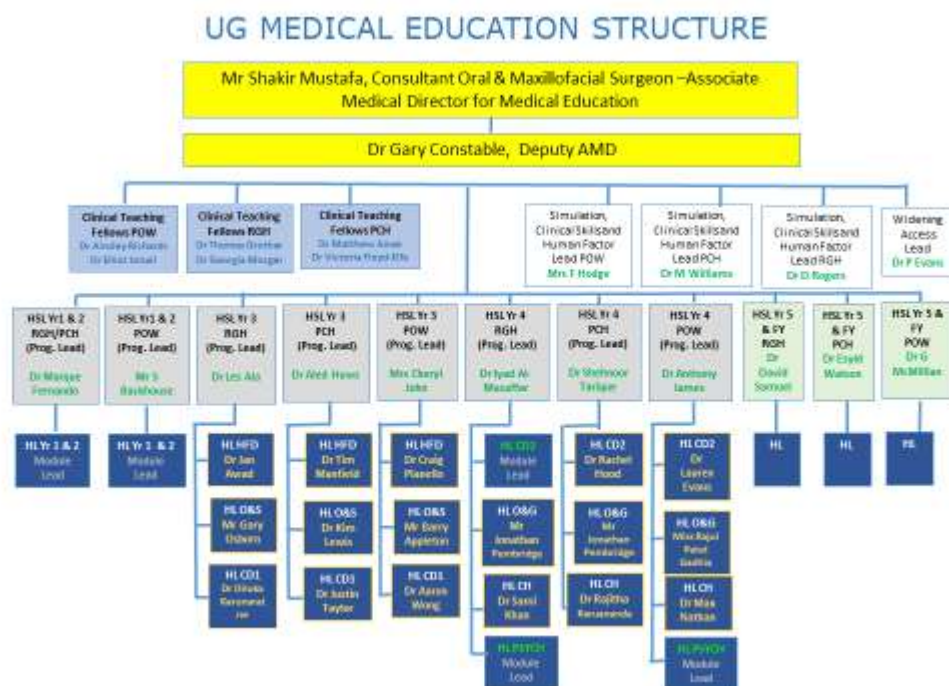
SIFT Reallocation

The reallocation of Service Increment For Teaching (SIFT) continues. Financial year 2022-23 was the first full year of transition of funds and additional SIFT monies were made available to complete appointment to the Faculty structure and support additional administration resource. We have also been able to support education within care groups with new simulation equipment and digital teaching aids.

As indicated in previous annual reports, the SIFT transition's purpose is to better identify the flow of SIFT funds to services, care group and directorate budgets, enabling the robust resource support of UG medical education activity, alongside enabling the organisation to have more clarity and assurance on utilisation of medical undergraduate SIFT funding (approx.£3.2m per annum).

The Clinical Education function continue to engage with Finance colleagues to further progress this work to establish an agreement to the allocation of funds on a more permanent basis, and will be a key player in the working group that Finance are to create.

The following diagram illustrates the current UG Faculty structure.



Health Care Support Worker (HCSW) Education

Clinical Education supports the skills and career development education pathways for health care support workers across CTMUHB as defined in the HCSW Framework, including clinical and non-clinical roles in primary and secondary care settings.

HEIW continues to allocate funding to CTMUHB for HCSW Education and Development, in financial years rather than academic years, in line with compliance with the All Wales HCSW Framework, with £276k being allocated 2022-2023. This was significantly increased for 23-24 to £410k. This was to support expansion of the educational offer to our social care colleagues and also to recognise the support required for the AHP's HCSW workforce. Unfortunately delays in confirmation of this funding coincided with the freeze on recruitment to admin and management staff in summer 23/24 and so we have been unable to recruit the staff needed to make significant progress with the offer to our social care colleagues. This remains an ambition for 24-25 and will be included in our annual bid.

Attendance to the All Wales Induction Framework was less in 2022-23 than in previous years whilst the places were booked attendance was poor. The team have worked hard to improve engagement and attendance and are working closely with Staff Bank to ensure HCSW's are booked onto the programme in a timely manner to enable them to support the clinical areas. Challenges remain with Manual handling training capacity.

The CPD days commenced in 22-23. The Pilot NEWS Study day has proved to be very successful and work is ongoing to ensure availability on a regular basis.

30 HCSW's have been accepted onto year one of the Level 4 Certificate Higher Education, which provides a route into the nursing degree, for September 2023 which is the biggest cohort the team have recruited. 25 HCSW will be progressing into year two. In addition to this a further 8 HCSW's commenced the Open University Part time route to nursing in 22/23 which continues to allow us to 'grow our own' staff and to invest and develop our workforce.

Part-time pathways into health care professional careers are increasingly being commissioned and now include physiotherapy and occupational therapy routes in addition to nursing. The health board needs to focus on further supporting these routes as a way to grow our workforce in the coming years.

A HCSW conference was held in May 2023. This was an excellent event that showcased the fantastic work undertaken by our HCSW workforce. We are hoping to hold another in 2024. The following feedback was shared by one of the HCSW's who presented at the event.

'I never thought I'd be applying to talk again but I must say even though I was nervous the feeling of adrenaline afterwards was great and learnt a lot by doing it and watching others, I even said yes to RCN when I was asked to talk in their HCSW conference at North Wales, so just want to say thank you for the education department for giving us opportunities like this, even when we don't take part just being there and able to see others and learn from them is great, so just want to say thank you all.'



Post Graduate/ Post registration Education and Training, Continuing Professional Development and Advanced Practice.

The Clinical Education Service manages the education, training and development of registered clinical healthcare professionals including:

- Design and delivery of bespoke in-house education programmes to meet training needs e.g. New Nurse Graduate development programme, education packages in response to Clinical Incidents e.g. Nasogastric training.
- Delivery, Management and co-ordination of Education pathways for Foundation Medical Trainees.
- Management of Health Education Improvement Wales Advanced Practice & Non-Medical Prescribing funding streams.
- Management of HEIW (HEIW) Nursing CPD allocation via University of South Wales.
- Recognition of Acute Deterioration & Resuscitation and Clinical Skills including advanced programmes accredited by the Resuscitation Council and Royal College of Surgeons.

Focus on Nursing post registration

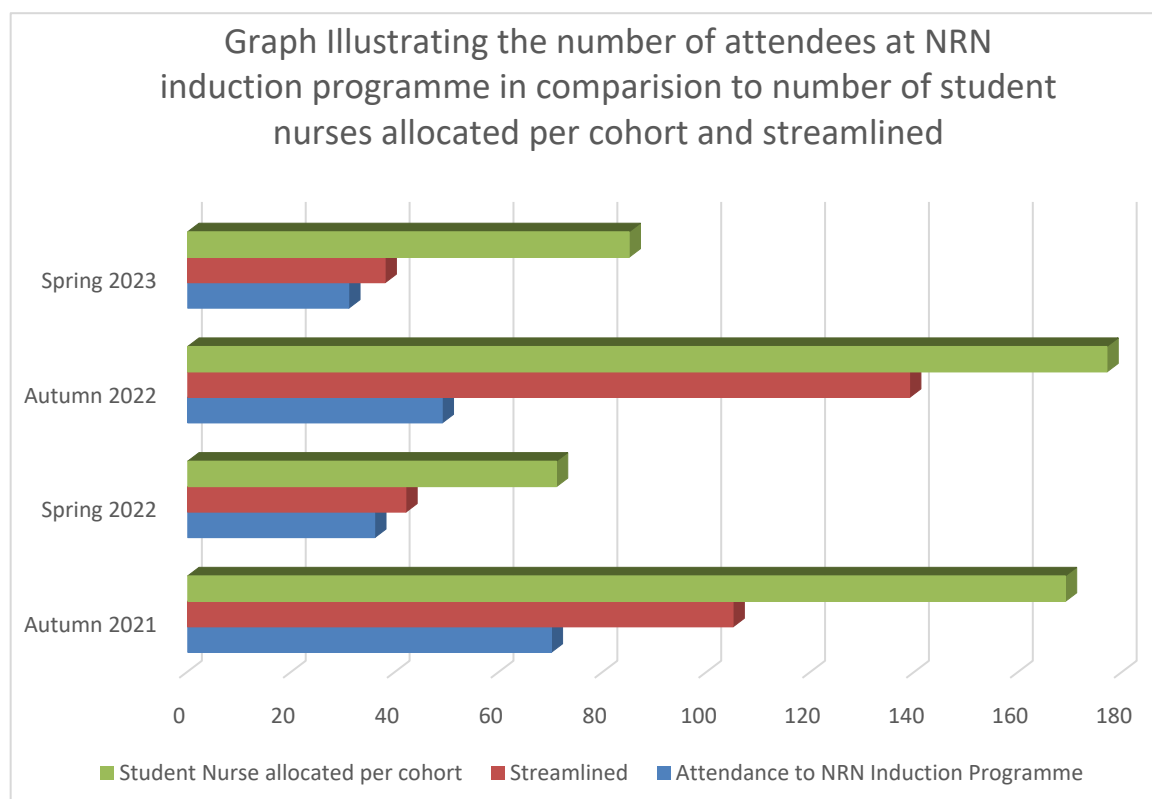
The new Nursing and Midwifery Council's (NMC) Standards of Proficiency and Education for Registered Nurses were launched in May 2018. The new standards made significant changes to proficiencies for registered nurses, standards for preregistration programmes, and student supervision and assessment. The first cohort of the students who undertook the new programme will be registering as new registrants in September 2023 and will be working here in CTM UHB.

We understand the link between experience on placement and early years post registration development and retention into our registered nursing workforce. We offer a robust New Registered Nurse Programme (NRNP) for all graduate nurses employed within the organisation across all fields of nursing, which aligns with the Preceptorship that each new registrant should have in place. The impact of this programme is continually evaluated and amended to ensure clinical need is met and key issues addressed.

The format of the programme has changed to maximise attendance and is now over a period 6 days and in 2022/23 eighty newly registered nurses attended the programme. The plan is to formalise the Preceptorship offer alongside this and education sessions have been developed for experienced staff to enable this.

The PEF team and the Practice Development Nurses facilitate Student Streamlining (recruitment) events in the HEI's and also hold in-house events. Staff from the clinical areas are invited to these events as it provides them with an opportunity to showcase their area, talk about their own induction programmes and share development opportunities that would be available, as well as the day to day information needed about ward life. Attendance at these is good however recent figures illustrated in the graph below would indicate that some students are not staying in the HB to work as registrants and those who do are not all joining the NRN programme. Reasons for this may include,

- Student attrition from the programme. This may have been impacted by the Covid 19 Pandemic
- Delays in students completing the programme and were delayed in taking up NRN post so either missed the programme or joined later.



Further work needs to be done across CTMUHB to understand reasons impacting on retention rates.

The Professional Development and Innovation Programme, targeted for nurses in band 6 roles, focusses on developing their experience of management, leadership and innovation roles to consolidate preparation for the next phase of their careers. The programme is a valuable resource in supporting our Band 6 Nursing workforce. Registrants have attended the programme with more dates planned for 2023-24.

To build on its success the team have planned a similar two day programme for Band 7 registrants which they plan to deliver in the autumn 2023

What is clear from the impact of this programme is the agency and self-authorisation shown by the participants to in offering their leadership through their roles and really making a difference, for colleagues, patients and their care. Attendees are also asked to complete a small improvement project as part of the course and these have been excellent. Here are two examples;

Health: Ward7 YCC- Highlighted a Wellbeing initiative that she and one of the HCSW had started; "Wellbeing Wednesday". The Band 6 programme provided an opportunity to reflect on its success and to see how they can best develop the initiative. Also by promoting it, it could potentially inspire others to do something similar.

Community Health Team- *The staff developed a new student information pack with supporting power point information. There had been changes within the team and services, therefore it was recognised that an information pack would help students feel more welcome and provide valuable information about the service and the roles of the individuals in the team.*

The Practice Development Team are developing a number of nurse education days. These include for 2023;

- Falls training- a one day course for registrants and HCSW, delivery will include a session delivered by the Patient Concerns team to enable attendees to fully understand the impact of falls on complaints.
- 'New to Health Board' day- a one day programme for experienced staff who are new to the health board to ensure they are up to date with Cwm Taf Morgannwg values and behaviours, key policies and issues.
- Clinical Supervision- sessions have been delivered to Interprofessional groups and also registrants. And feedback has been excellent. We are awaiting further guidance from the Chief Nursing Officer (CNO) for Wales before completing plan for roll out.
- Preceptorship -. Awaiting further guidance from the CNO for Wales before completing plan for roll out.
- Mental Health Day- a one day course for all registered staff to raise awareness of mental health in all areas and how to manage them.

A Prospectus is being finalised to showcase all the courses Nurse Education offer. Once finalised it will be updated annually.

Focus on Medical Post Graduate

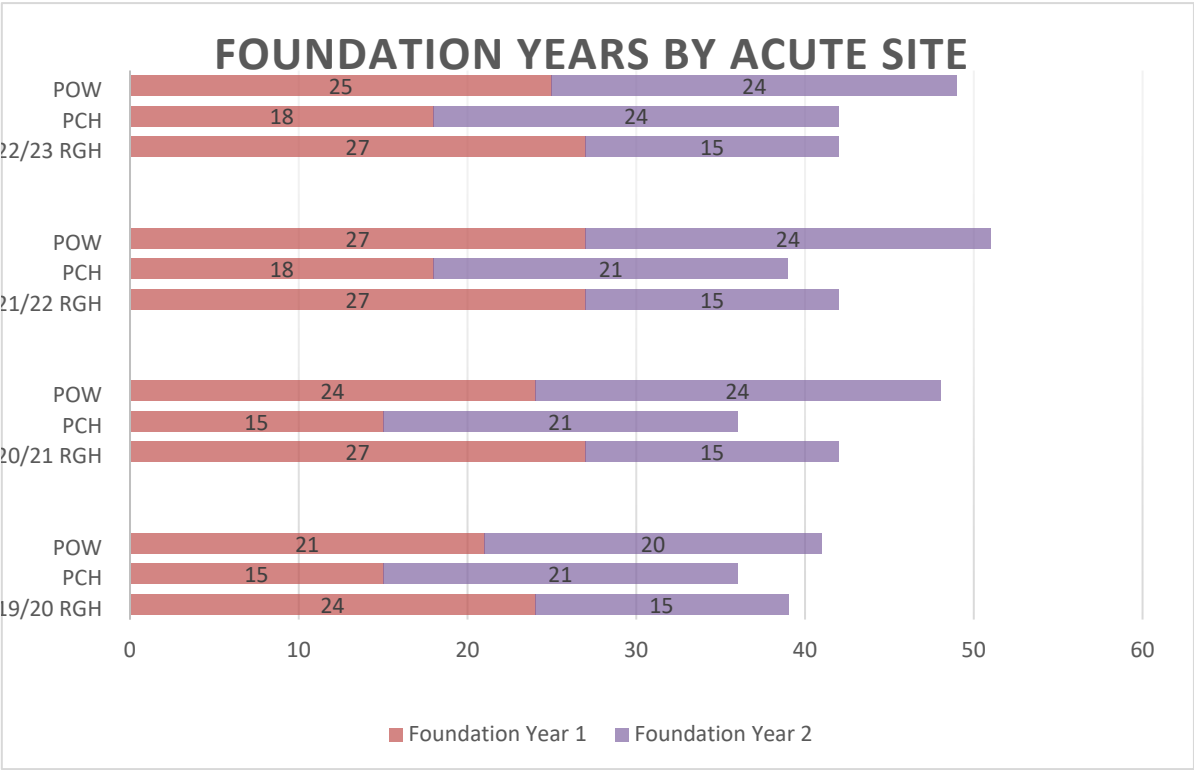
In Academic Year 2022/23 CTM UHB had a total of 70 Foundation Year 1 (FY1) doctors and 63 Foundation Year 2 (FY2) doctors starting their rotations across the three acute hospital sites. In addition, throughout the academic year, we held induction for 281 junior doctors as they started with the UHB. This induction covers corporate/legal requirements and site specific information.

Foundation training for FY1 and FY2 took place weekly on specific, regular times on each acute site. In addition we held frequent, speciality-related teaching and journal clubs through the year. We also trialled four simulation afternoons for the FYs which proved to be very beneficial for the new curriculum.

For junior doctors there is facilitated weekly teaching as well as ad hoc events and "Grand Rounds" for all trainees and consultants.

In Spring 2023, we held two Foundation Away Days, which were held in Bronylls Hospital Basil Webb Building in Powys. As well as Foundation Doctors we included some Year 5 students to help building the shadowing relationships. The mornings concentrated on Human Factor training and exercises and the afternoons were team building adventure sport experiences. The feedback was overwhelmingly positive and we intend this to become an annual event.



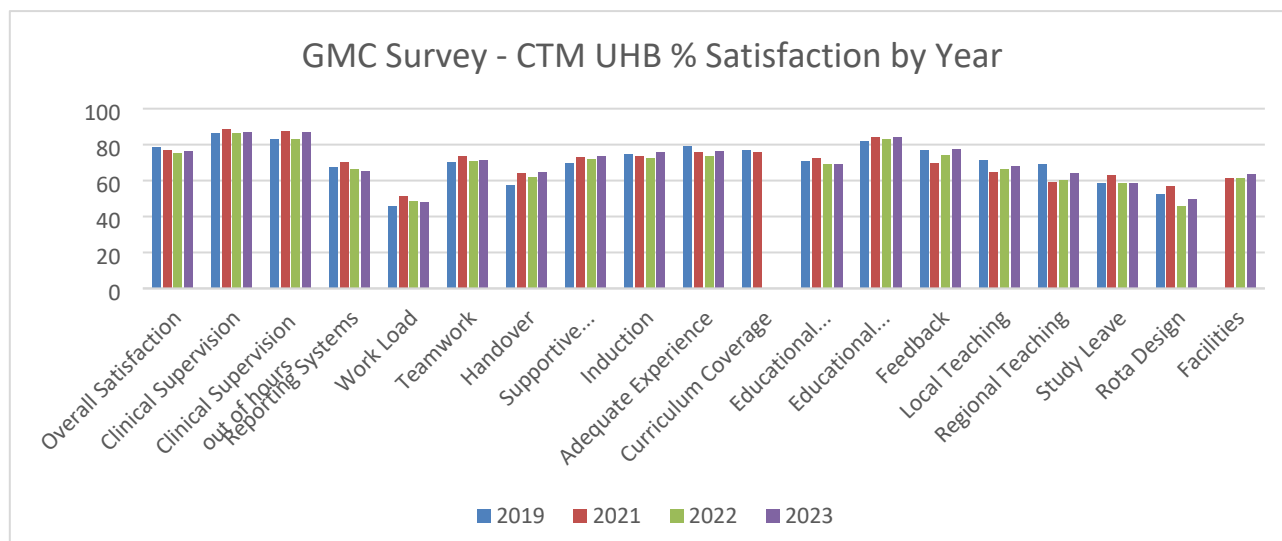


Performance

Performance is monitored via the HEIW Quality Unit. The HEIW CTM UHB “Risk register”, maintained by the Quality Unit, records areas of concern through a number of different data sources, most notably the General Medical Council (GMC) National Trainee Survey.

The sources of concern can range from anecdotal evidence, to formally recorded results on GMC surveys, and the scope of the “risk” from a single point of contact, to covering the whole health board.

The following table provides the GMC Survey overall satisfaction rates by element over the last four years. It indicates relative stability over the period, with some small movement in each direction.



HEIW formally review risk position with the health board 3 times a year, operating on a traditional traffic light system. The current version of the risk register (July 23) has 20 risks (24 in August 2022) with 5 being removed since August 22 and 1 being added. The Associate Medical Director (Education) and the Clinical Education Manager continue to tackle each individual risk, liaising with trainees and trainers as required, collecting and collating feedback and assisting with the development of action plans. The matrices below show the risks from August 2022 to July 23.

Hospital Matrix

		Aug 22	July 23
RED RISK High Risk	RGH	0	0
	PCH	3	3
	POWH	0	0
	ALL	0	0
ORANGE RISK Medium Risk	RGH	6	3
	PCH	5	1
	POWH	4	5
	ALL	2	2
YELLOW RISK Low Risk	RGH	2	4
	PCH	1	2
	POWH	1	0
	ALL	0	0
	TOTAL	24	20

Specialty Matrix – Movement since August 2022

	August 2022	July 2023	Score rating movement
HIGH RISK	TP256 Emergency Medicine- PCH	TP256 Emergency Medicine- PCH	↔
	TP487 Surgery – PCH	TP487 Surgery – PCH	↔
	TP544 General Internal Medicine - PCH	TP544 General Internal Medicine - PCH	↔

MEDIUM RISK	TP361 Psychiatry – All	TP361 Psychiatry – All	↔
	TP431 Medicine – POWH	TP431 Medicine – POWH	↔
	TP483 Paediatrics - POWH	TP483 Paediatrics - POWH	↔
	TP531 Diabetes and Endo - POWH	TP531 Diabetes and Endo - POWH	↔
	TP078 Ophthalmology –RGH	TP078 Ophthalmology –RGH	↔
	TP488 Anaesthetics -PCH		REMOVED
	TP160 General Surgery – RGH	TP160 General Surgery – RGH	↔
	TP484 General Internal Medicine - POW	TP484 General Internal Medicine – POWH	↔
	TP319 Multiple Specialties – All	TP319 Multiple Specialties - All	↔
	TP523 Otolaryngology – RGH		↓
	TP543 Acute Internal Medicine - RGH		REMOVED
	TP545 GP – PCH		↓
	TP546 Geriatric Medicine – RGH		↓
	TP547 Paediatrics - PCH		REMOVED
	TP548 Acute Medicine – PCH	TP548 Acute Medicine – PCH	↔
	TP549 Cardiology – RGH	TP549 Cardiology – RGH	↔
	TP552 General Surgery – PCH		REMOVED
		TP575 Intensive Care Medicine - POWH	NEW
LOW RISK		TP523 Otolaryngolog – RGH	↓
	TP245 Obs & Gynae – RGH	TP245 Obs & Gynae – RGH	↔
	TP316 T & O - PCH	TP316 T & O - PCH	↔
	TP318 T & O – RGH	TP318 T & O – RGH	↔
	TP428 Geriatric Medicine – POWH		REMOVED
		TP545 GP – PCH	↓
		TP546 – Geriatric Medicine - RGH	↓

Annual Report – Dental Education

In April 2023, Clinical Education, with HEIW's agreement, took on the responsibility for Dental PG within the Health Board. This involved assuming responsibility for managing Unit 3 Dental PG in PCH and the associated staff.

We are integrating the staff into the wider department to ensure that they have formal frameworks and policies within which to operate, and to secure adequate support for the activity.

Bespoke Education and Training activities

The Teaching skills for Doctors Course is an in-house development which has been so successful that an additional course was commissioned by HEIW. We expect this course to run at least twice a year.

The annual Teaching and Educators Development Conference (TED) was held in POW on the 7th of July and was themed "Interprofessional Education." In line with the theme, the conference was opened out to all health-care professions and enjoyed a multi-professional audience providing rich and diverse learning opportunities. Over 70 delegates attended and

talks and workshops were given with members of CTM UHB clinical staff, as well as guest speakers including Dr Neil Spenceley from the Royal Children's Hospital in Glasgow and Dr Athanasios Hassoulas the Director of the HIVE (Hybrid & Interactive Virtual Environments) Innovation Hub in the School of Medicine at Cardiff University.

Continuing Professional Development Education

It is absolutely essential that continuing education for all staff is aligned to and centred on patient care and service developments.

Focus on Nursing

CTMUHB and the University of South Wales (USW) continue to have an excellent partnership and team approach ensuring that the educational requirements of practice are met with the academic infrastructure of the University.

Clinical Education manages utilisation of the contract with USW for continuing post-registration education for nursing and midwifery. The equivalent of approx. 352 module places per annum have been available via an internal application and allocation process. Clinical Education continue to work with the USW to develop modules and educational courses which are tailored to support specific service change across the organisation.

We reviewed our application process in early 2023 for MSc Advanced Clinical Practice to ensure the right individuals were undertaking the appropriate course for their development and clinical need. This has also ensured that the individual receives the support to complete the programme and fulfil the course requirements as a trainee Advanced Nurse Practitioner and as a qualified Advanced Nurse Practitioner by having the correct Job Description in place.

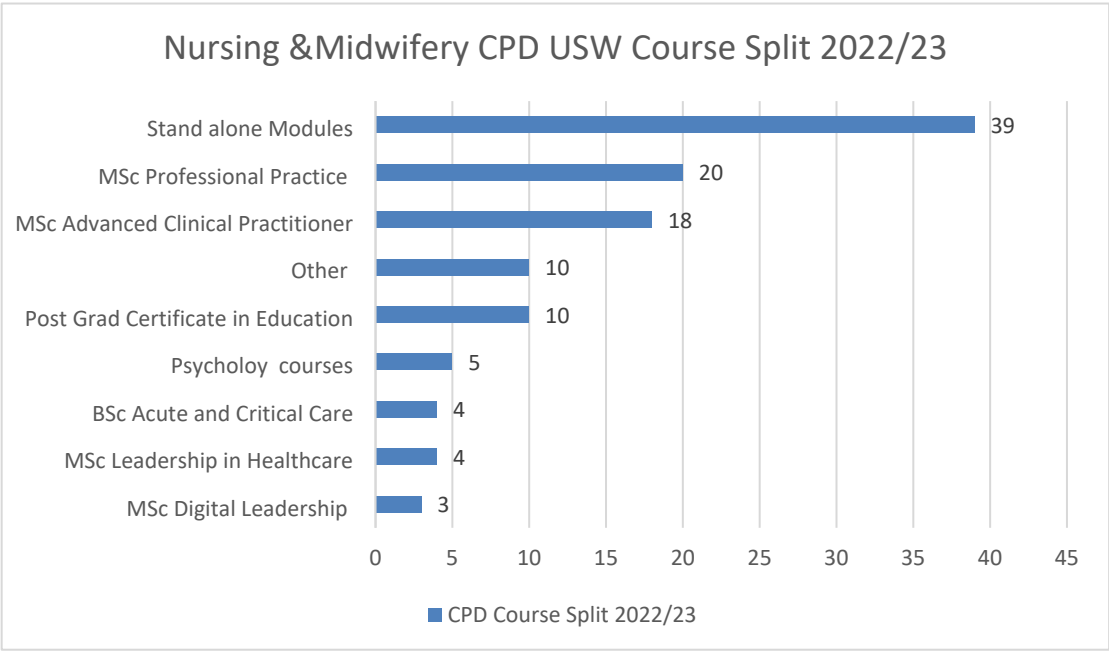


Fig 11 CPD USW Course Split 22/23

Focus on Multi-Professional Advanced Practice

Welsh Government via HEIW continue to invest in health professional education by providing annual funding for *Advanced Practice & Extended Clinical Skills*.

The funding provided by HEIW is to supplement our local investment to ensure that the appropriate staff can access the educational requirements as identified in our Integrated Medium Term Plan (IMTP), in terms of advanced practice/extended skills education requirements and Non-Medical Prescribing programmes. This funding is utilised across our organisation and is inclusive of nursing, therapies & healthcare sciences. There is a separate funding stream for Pharmacy advanced practice and prescribing.

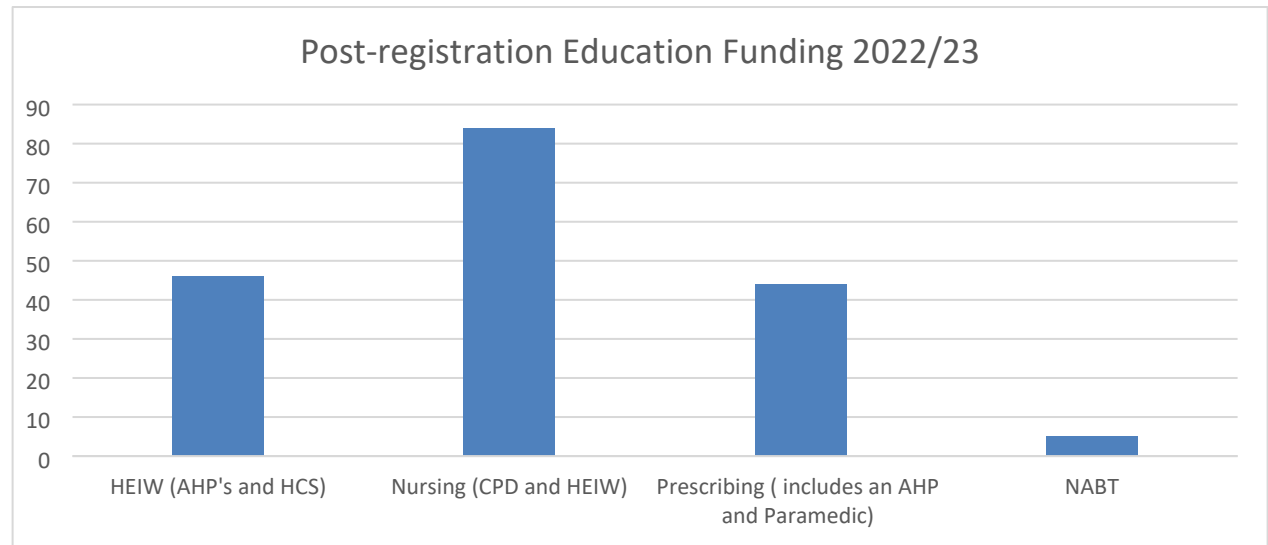
The allocation is informed by an annual CTMUHB Education Commissioning return including undergraduate and advanced practice education requests. HEIW notifies the UHB of its Advanced Practice and Non-Medical Prescribing allocation between April and May each year the allocation is split across primary and priority areas in acute care settings.

Advanced Practice allocation is agreed via a multi-professional Allocation Group and managed via Clinical Education. All applications must describe the intended service impact to be achieved as a result of the educational request. We meet requests flexibly across both Advanced Practice and Nursing CPD funding streams where appropriate to maximise access to funding for all health care professions and to enable optimal use of resources. In 2022/23 the HB was allocated £192k split equally between primary and acute care.

HEIW also funded 48 places for Independent Prescribing Programmes in 22-23 (42UoSW and 6 Swansea) and also new for 22-23 were 6 NABT places in Swansea which were utilised. All funded places are available to nurses, midwives and AHP's.

Pharmacy Independent prescribing places are allocated directly to the pharmacy department

New for 2022-23 are Practice Specific Funded training places, these include Child and Adolescent Mental Health, Critical Care, Medical Ultrasound and Reporting Radiology. These weren't fully utilised but interest for 2023/24 has grown and uptake has improved.



To reflect the organisational restructure work is being undertaken to record advanced education uptake by Care Group for future reports.

Acute Deterioration, Resuscitation and Clinical Skills

Organisational governance around resuscitation and acute deterioration has been further developed and aligned. The overarching CTMUHB RADAR Committee (Recognition of Acute Deterioration and Resuscitation) is responsible for the strategic management of all Resuscitation related issues within the Organisation, supporting the provision of appropriate and effective patient care through implementing operational policies governing the prevention of cardiac arrest and those governing cardiopulmonary resuscitation, practice and training. This approach brought together a number of work streams in order to reduce avoidable mortality and morbidity by improving the function of health board systems that enable early recognition and treatment of deteriorating patients, and cardiopulmonary resuscitation.

It chaired by the AMD for Quality and Effectiveness on behalf of the Medical Director with a Consultant appointed as the Clinical Lead. There is a Lead post for Acute Deterioration which commenced in January 2021 (currently based within Clinical Education) which has enabled a structured and unified approach across Cwm Taf Morgannwg University Health Board (CTMUHB) in the identification, escalation and response to the acutely unwell patient.

This group reports directly to the Executive Leadership Group, via the Medical Director with links to the Quality & Safety Committee

The work of this governance structure is directly supported by the Head of Clinical Education, the Lead Nurse for Education and the Resuscitation & Clinical Skills team.

Further information and activity and impact data can be found in RADAR annual report

Resuscitation and Clinical Skills

Over the past year, the Resuscitation Team worked collaboratively with the Practice Development Nurses and Midwives (PDN & PDM) and the Senior Nurse, Nurse Staffing Act Professional Lead to deliver 'Train The Trainer' (TTT) programmes e.g. cannulation, which has increased flexibility and opportunity to offer further training places by competent trainers such as PDNs and PDMs, with the aim of increasing compliance. As a consequence, this will release time for the Resuscitation Practitioners and Training Officers to focus on the delivery of other resuscitation training across CTM.

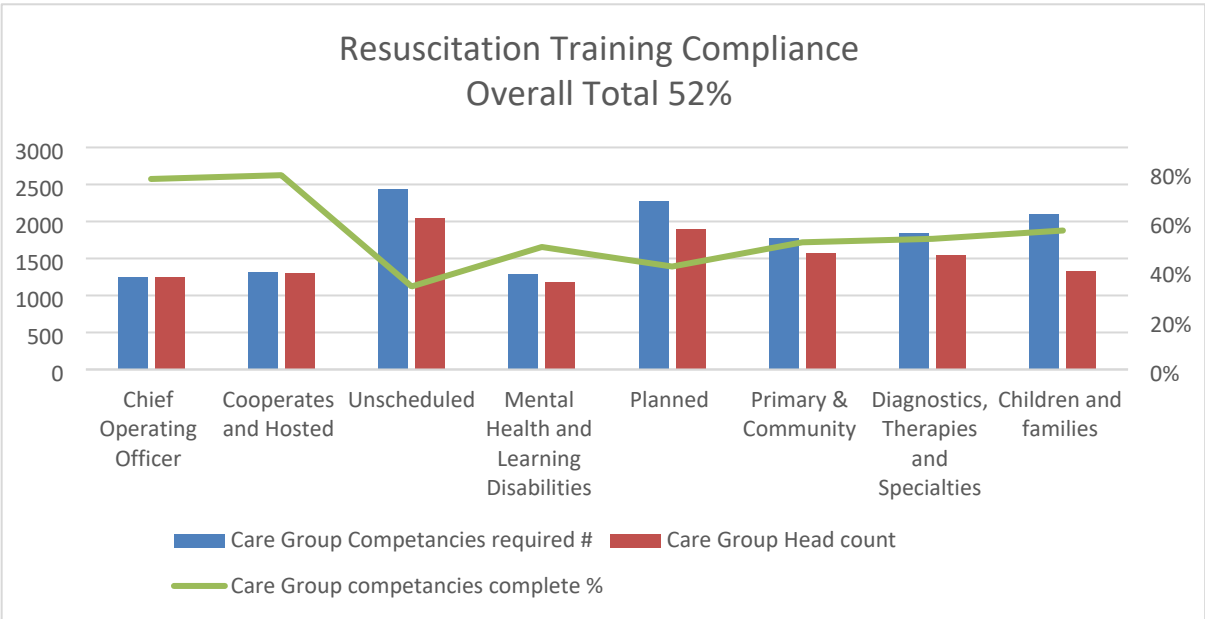
Another focus has been the continued effective partnership working with the medical teams across the organisation, in organising and facilitating cardiac arrest 'Team Huddles' along with debriefing sessions following arrest calls. The Resuscitation department and the Outreach and Acute Deterioration Lead have set up Cardiac Arrest Review Meetings (CARM) which allows the teams to analyse cardiac arrest forms along with patient's notes for any areas of missed opportunities which require further escalation. In turn, investigating and preparing any evidence required for Rapid Reviews and scrutiny panels.

The team have continued to provide cover to cardiac arrest calls, to support and encourage best practice when responding to cardiac arrests. Attending calls, auditing cardiac arrests and investigating Datix queries allows the team to proactively identify areas for improvement and any training needs that need to be incorporated into future training programmes e.g. revision of the cardiac arrest audit form. The revised audit form enables identification of areas needing improvement in training and provides a trail of decision making.

During 2022-23, the Resuscitation Team have worked in partnership with the Pharmacy Department to standardise and remove or update green drug boxes from our community-based hospitals and clinics to ensure safe and effect administration is provided to patients, this is expected to be completed end of 2023. Also identified there will need to have further changes to defibrillator replenishments before 2024 as the current community defibrillators are out of commission and no longer supported by manufactural guidance.

The Resuscitation Service continues to deliver mandatory life support training from Level 1-3 for CTMUHB (Graph 1: UHB Compliance in Care Groups), Powys HB and all local GP's and Dentists. The department is also a leading National provider in the delivery of Level 4 Advanced Resuscitation Courses, for Adults, Paediatrics, Newborn's and Trauma. These courses are delivered on an income generation basis, with internal and external faculty engagement required to deliver.

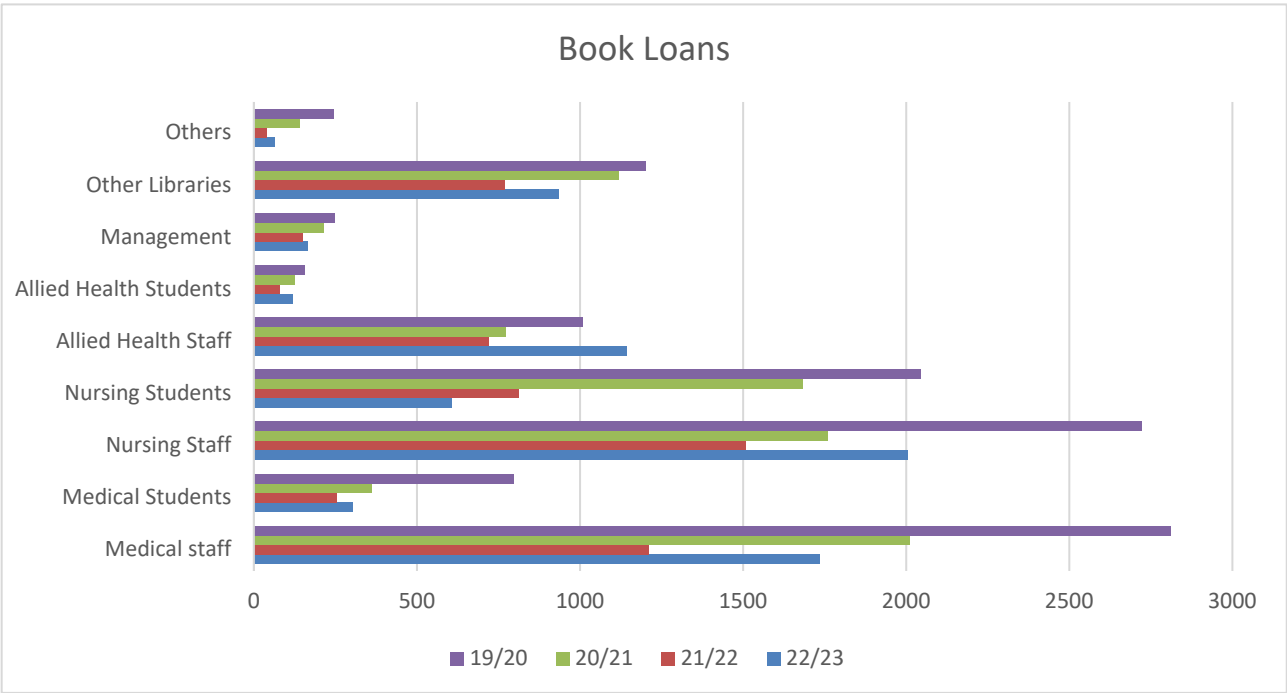
Graph 1 Resuscitation Training Compliance

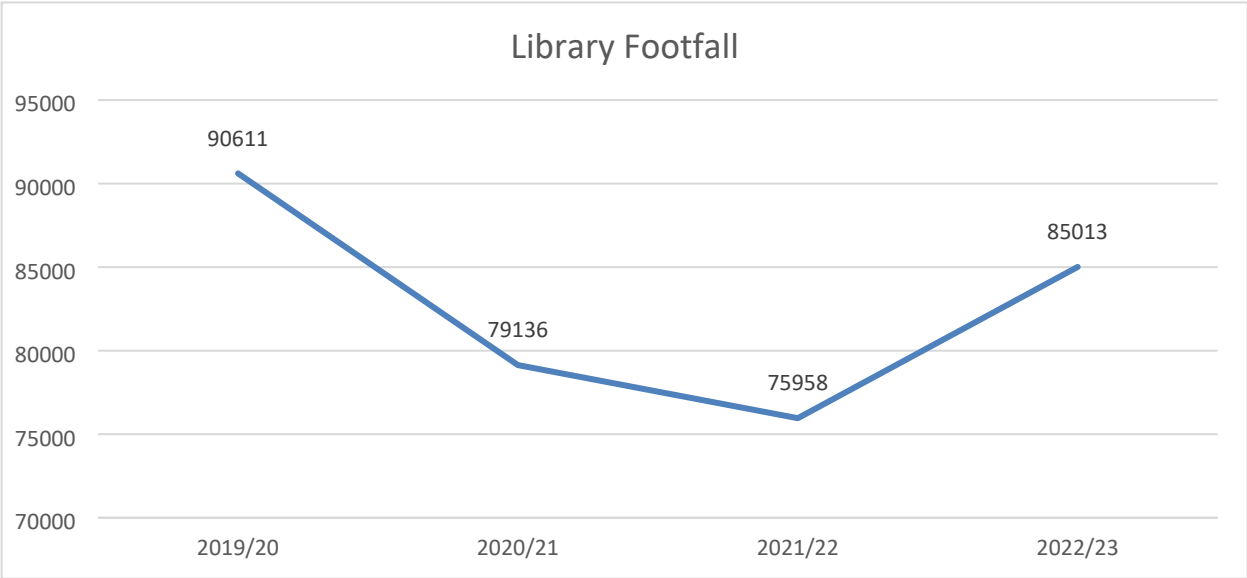
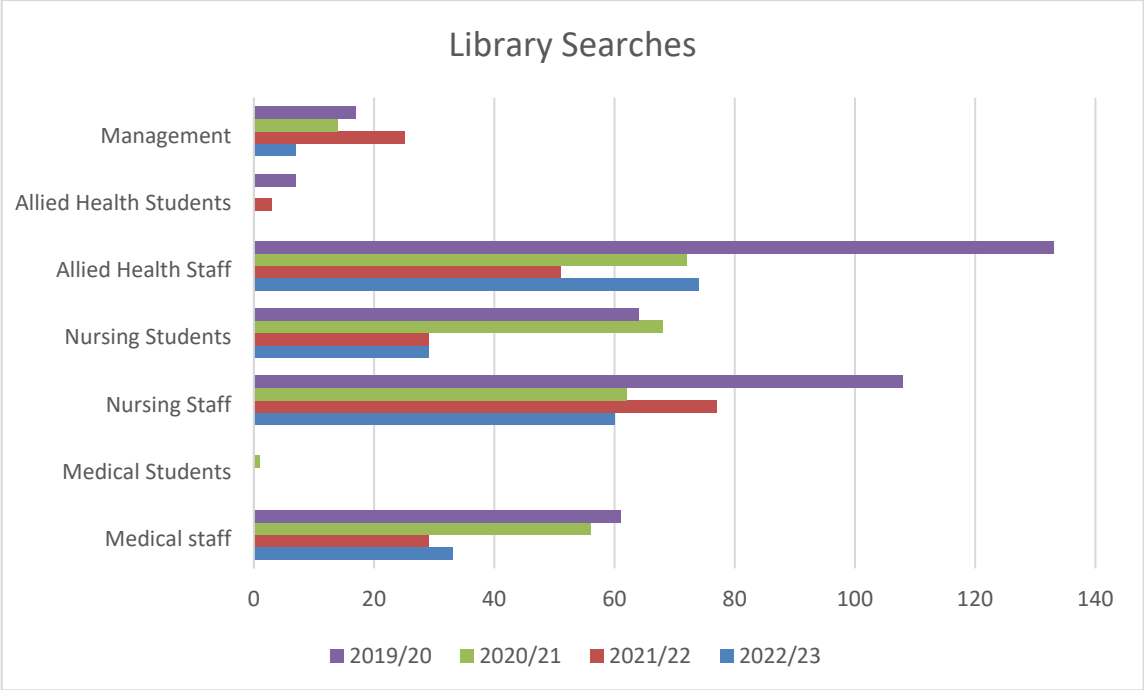


Libraries and Knowledge Management.

Library Usage

There are dedicated Libraries on each of the acute sites operating 24/7 access for our staff and students, to our literature collections; journals and books both electronic and physical and quiet study space with IT access & printing. Our specialist librarians are also available for help and support including literature searching, reference sourcing and critical analysis skills. Our libraries are an important part of our health board activity. The following data visualisations provide the detail of the usage of the library resources over the last 4 academic years and indicate that although there an increased use of online support, footfall within the library spaces is on the upward trajectory, and is increasing towards the levels experienced prior the pandemic.





CTM Libraries & Knowledge Services (LKS) – Annual Report 2022-23

CLA Submissions

The Library teams across CTM have been busy collecting data for the Copyright Licensing Agency via the Library Management System ALMA. This is part of a Wales-wide data collection project to ensure that authors and publishers are properly compensated for the use of their work.

Staff Development

A number of online training courses have been made available to Library staff by the NHS Wales Library network. These have ensured that as a service we remain up-to-date with changes and new technologies. Some of the topics covered include:

Artificial Intelligence

Critical appraisal

e-Books platforms

Embase

iRefer

Literature searching skills and networking

Research process and publishing

Unravelling Copyright

User Training

More online webinars have been provided nationally on how to search databases etc. effectively with support from CTM LKS staff. These are being promoted across CTM Libraries and have proved very popular. In person inductions, teaching and training have continued to increase.

Wellbeing

The LKS continues to support the HB wellbeing agenda with an ever-expanding range of books including the Reading Well for Teens collections. Each Library has also purchased a range of books to assist with making money go further with financial planning and cooking advice. To mark LGBTQ+ History Month in Cwm Taf Morgannwg each of the libraries had a display of resources. Recommendations for items to add to our collections were requested and a number of titles were purchased. The pictures were also published on the CTM Staff Facebook page. This is a great example of working together to promote allyship across the Health Board and to present the libraries as welcoming, supportive spaces for all staff.



Induction films

Following a request from Clinical Education to provide weekly library inductions for Pharmacy students, it was decided that an induction video would be the most suitable solution. Working closely with Dafydd Snelling, the Digital Lead, scripts were written and the videos recorded. Video introductions for staff were also created and hosted on our intranet site to provide a quick overview of the services and facilities on offer.

Literature/Evidence Searching Service

This is one of the most important services the Library & Knowledge Service provides. Feedback is collected at regular intervals following a request and consistently scores 5/5 for quality of service. Time saving is the comment most often received plus improvements to quality of patient care. Selected comments include:

"The literature search service in our library is invaluable to myself. I have limited non clinical time and this means that I can use the service and the results to undertake more work that I need to do for undergraduate medical education instead of this time being on literature searches. This enables me to develop evidence based materials for training to ensure up to date practice" (Allied Health Care Manager).

"Enabled completion of a project on the evidence behind use of structure and routine which impacted on service delivery. This helped us make a decision on how to proceed with service development in the unit."(Occupational Therapy Manager).

"Enabled patient treatment, improved my confidence with prescribing this rarely used antiarrhythmic medication." (Cardiology Consultant).

"Absolutely saving me so much time, which meant that I was able to continue seeing patients instead. I can't stress that point enough" (Allied Health Practitioner).

Strategic Direction Progress

This report reflects the significant progress made over academic year 22/23 by the Clinical Education Service to deliver the strategic ambition for a Multi-professional Learning Academy, meeting the individual education needs of each profession whilst also taking a multi-disciplinary education and inter-professional learning approach, encompassing and enabling benefits from diversity of thought and skill set, contributing to improving patient care and population health and wellbeing.

Creating, sustaining and growing a Learning Culture in Clinical Education

Our Clinical Education Strategy follows a hierarchy of needs model to build and ensure motivation of the individual and therefore supporting and nurturing the development of a Learning Culture in CTMUHB.

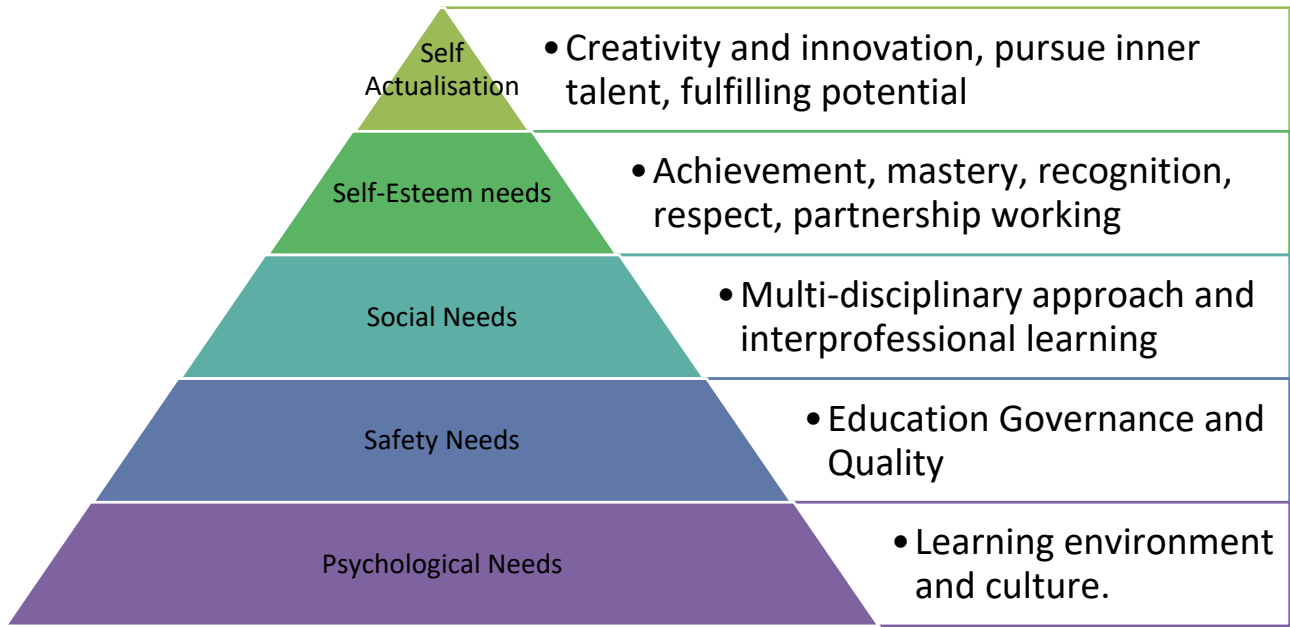


Fig 21 Hierarchy of Needs

Learning Environment and Culture: Resource investment and utilisation

Direction:

- *Quality and excellence in Education and Training is an established and valued part of organisational culture.*
- *CTMUHB is a Centre of Excellence for multi-professional learning.*
- *There are clearly defined, recognisable, flexible, accessible, up-to-date Clinical Education facilities that meet the learning needs of learners from all professional groups.*

Progress over 22/23

Updated Facilities

PCH

The past year has seen the library in PCH bedding in to the new space and adding some welcome new features. In addition to some more stylish and comfortable furniture, inspired by the new look in RGH, an acoustic pod was purchased. The pod is perfect for users who need space to hold Teams meetings or just study in a quiet space and can be booked in advance. One member of staff even used it for an exam. It's a welcome addition to the library and has proved very popular with users.



POW

At POW the print journals were streamlined and shelving removed last year creating more space. This allowed a re-design of the main central seating area. The update includes 24 new study chairs, 4 new study/relaxation chairs with laptop tables, a new coffee table and a new 4 seat study table with extra laptop/mobile charge points. The Library paintwork has also been updated.



RGH

The new group seating area of the library in RGH were further enhanced by the development of a wellbeing corner. This has provided an opportunity to highlight the wellbeing resources the Library holds and the support that is available to staff and students. During the #NHS75 celebrations members of the Wellbeing team came to the corner to demonstrate the VR headsets that are available for loan assist with stress and anxiety management.



Fig 22 RGH Refresh

Permanent training accommodation continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services.

It is recommended that the creation of a dedicated multi-professional Education and Learning facility should be included as part of the strategic site development plan.

Strong workplace infrastructure - Education Governance and quality infrastructure.

Direction:

CTMUHB has established effective systems of educational governance and leadership

- 1. A robust and established Clinical Education Governance infrastructure providing confidence and assurance for individuals and the organisation of excellence in Clinical Education and Learning activity.*
- 2. A clear and well developed understanding of Clinical Education, Training and Learning activity and risk management across the organisation.*
- 3. Maturing organisational processes around clinical education commissioning, informed and aligned with service delivery priorities and training needs analysis, supporting the development of new models of care, innovative service redesign and workforce modernisation.*

Progress in 22/23

Progress has continued in 22/23 to develop and establish robust organisational wide education governance infrastructure to assure high quality education and training meeting the requirements and standards determined for the NHS in Wales, with oversight of undergraduate and postgraduate education and continuing professional development for all registered health care professions and clinical healthcare support workers.

The purpose of the Clinical Education Forum is to provide effective systems of educational governance and leadership that ensure optimal investment and resource utilisation in education activity to support and underpin the capability, capacity and confidence of our clinical workforce. This forum has been streamlined in response to the organisational restructure

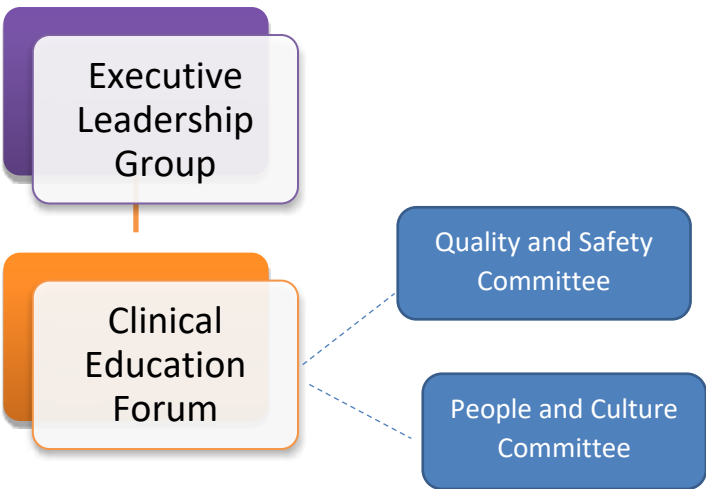


Fig 25 Clinical Education Governance Structure

Multi-disciplinary Learning and Inter-professional Development.

Direction:

*There is a high quality multi-professional education model that delivers equitably for **ALL** healthcare professionals and their support staff. Meaningful inter-professional learning and development is evident throughout the education model.*

Inter-professional learning has been an area of focus and significant progress over 22/23.

The Multi-professional practice education facilitator (MPEF) role continues to lead the way in Wales and has been positively received from universities, students, and CTMUHB health board, along with other health boards, who have linked in to see what growth there is in the role and how IPE opportunities have developed within CTMUHB. Work has included a scoping exercise to gauge what interprofessional education (IPE) opportunities are available in practice for students across different professions. Many key stake holders have been engaged with; clinicians, professional leads within the health board, and affiliated universities, students, clinical education team, educators across professions, HEIW programme leads, and practice education facilitator teams. A student placement planner has been developed, which holds all HCP student's placements in one place, allowing more efficient planning, and giving people the opportunity to see which students are out on placement across the professions.

Further progress has been made establishing an Inter-professional Learning (IPL) Faculty. The MPEF role has been pivotal in collaborative working across professional groups, and has been an anchor for advice, guidance, resource, and IPE development within the health board and for affiliated higher education institutions.

Further detail on progress made through these working relationships is shown in Appendix 1.

Pharmacy Student Undergraduate Clinical Placements.

As a result of regulatory changes by the General Pharmaceutical Council for the initial education and training standards for pharmacists, clinical placements for pharmacy students have been introduced. Numbers will increase over the next few years reaching steady state by 2026. This has produced a significant challenge to traditional pharmacy training within managed sector.

Clinical education have worked in partnership with CTM Pharmacy department to pilot a new model to support delivery at scale. This pilot was successful and the new model has been introduced for 23/24, with central support for placement administration coming from a post based within Clinical Education, building on and sharing the existing knowledge and

skills developed by clinical education colleagues. Further multi-professional relationships have been developed as a result of this collaborative working. CTMUHB is the first health board in Wales to offer pharmacy clinical undergraduate placements at scale with both Cardiff and Swansea universities.

Partnership, Achievement, Recognition and Mastery

Direction:

Our workforce are our most significant asset. There will be clear educational frameworks to support career development pathways in CTMUHB.

Learning and development frameworks establishing levels of practice from foundation through to consultant are being taken forward nationally with profession / speciality and multi-professional scope. Career development pathways continue to be supported through multi-professional development frameworks to define our CTM educational offer for:

- Early / foundation years
- Extended/ Specialist/Advanced Practice – including Clinical fellowships; practice, education, research, leadership, clinical informatics
- Consultant.

Clinical Education staff have supported the development of the Advanced Clinical Practice Board, which is developing organisational assurance practices for governance of advanced clinical practice.

In Summer of 2023 HEIW published its Professional Framework for Enhanced, Advanced and Consultant level practice, further work will be required across CTM to establish the required supportive activities including; job-planning and clinical supervision and will be a priority for the coming academic year. (heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/).

Opportunity, Vision and Innovation.

Direction:

Cwm Taf Morgannwg Learning Academy.

A space where people could feel inspired to think, create and dream, build relationships and collaborate and learn together to improve practice and health.

A living manifestation of University Health Board Status, networked with multiple HEI partners, and HEIW creating a virtuous cycle of learning, innovation and improvement.

- *Widening Access*
- *Innovation ideas supported e.g. Bevan fellowship/ exemplars, Environmental Impact.*
- *Challenge exchange*
- *Systems Design Thinking*
- *Collaborative work e.g. Product Designers 3D personalised healthcare innovation*

Progress and plans.

We have continued to deepen relationships with our partner universities and research and innovation colleagues.

With a focus on advances in simulation Clinical Education was successful in obtaining Levelling Up Funding from WIDI (Wales Institute for Digital Informatics) and enabled the release of staff time to develop a Digital Simulation Education Strategy (Multi-professional) and a pilot education package. This work commenced in April 2022 and completed in December 2022. Supported by colleagues in Cardiff Metropolitan University a prototype digital learning package was developed around acute deterioration which will be further developed through continuing collaboration.

In partnership with University of South Wales we will be progressing the development of educational packages utilising their Hydra facility.

Widening access

Medical Work Based Observation Scheme

Building on progress from previous years, we ran a Medical Work Observation Scheme for pupils of Year 12+ from 3 July to 21 July 2023. The content included a mix of virtual and on-site opportunities, to use work experience as a crucial tool in helping pupils decide whether to pursue a career in Medicine or Dentistry.

Eighty nine school pupils were enrolled on this scheme in 2023 and the feedback was overwhelmingly positive.

Widening Access Developments

Since May 2022 we have had a Widening Access lead in place as part of Medical Education's Undergraduate Faculty, as we understand that doctors who are representative of their local population are often well placed to address the local needs. As a health board, we represent communities with significant areas of deprivation and are committed to provide support for students from these under-represented areas.

With this in mind, the new 'Widening Access Programme' was launched by Dr Philip Evans and the Widening Access Team in September 2022. The programme aims to:

- raise awareness of opportunities within the local and wider healthcare service

- encourage talented students to believe in their ability
- remove barriers, perceived or real, to enable students, to gain fairer access to higher education, particularly from backgrounds where pupils do not generally go to university
- prioritise pupils from state schools in deprived areas or from a 'widening access targeted background' within CTMUHB

Where the CTMUHB Widening Access Programme is oversubscribed, eligibility to participate will be based on the following criteria:

Pupil attends school in a widening access area:

- defined by social and economic data

Comes from a widening access targeted background:

- in receipt free school meals
- first in family to attend university
- comes from a community that has a low number of pupils that go on to university
- are care experienced

The CTMUHB Medical Education Faculty now hold widening participation events for young people, their parents, and teachers throughout the year. Once fully established, the programme will begin in Year 5 in primary schools and extend through to the application and admission process in Year 13.

We have discussed the project with senior Education officers from Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, and it was well received. They, in turn, have given us their support to approach the schools in their area.

Widening Access Timetable example can be found in Appendix 2

Collaborative Working

Recognising that our partner HEI's are challenged to recruit into the Pre-registration programme and an eagerness from our local colleges for their Level 3 Health and Social Care Students to have clinical placements, we have been working in partnership to promote nursing and midwifery as potential career choices by providing 60 hours of clinical placements to Merthyr College students. This was a pilot held in early 2023 and we will be repeating in the autumn

We also held a 2 day 'Nursing Academy' for Bridgend College students which was successful. The 2 days included presentations and interactive sessions by clinical colleagues and also a session from University of South Wales on Personal Statement Writing.

Following evaluation of the above we plan to hold the Nursing Academy in Year one of the course and clinical placements in Year 2 of the course, this will ensure the students are better prepared for the placements.

Evaluations were excellent, from a cohort of 13, all doing level 3 health and social care (17/18yrs);

- One learner wanted Midwifery but was unsuccessful on initial application so is doing a foundation degree with the intention of re-applying next year
- 2 learners are starting their Adult Nursing degrees shortly
- 2 learners are doing a foundation degree with the intention of one doing adult nursing and one doing child nursing next year.
- One learner has been offered a job as a HCSW in POW
- One learner is starting his ODP course in Swansea.

Below are some photographs of the Nursing Academy held in Princess of Wales Hospital in June.





Nurse Education have also been working with Careers Wales and attended a number of Careers fayres in our local schools to promote nursing and midwifery as career choices and also showcase Cwm Taf Morgannwg as a potential employer. Our involvement has been well received by pupils and staff. The team enjoy attending these events and it aligns with the Health board values to inspire others and to sustain our future.

'Just to say a massive THANK YOU for your offering time at Cynffig Comprehensive's carousel event on Monday. I think you will agree that the pupils thoroughly enjoyed the experience and feedback from school has been very positive.

Your support is very much appreciated and I look forward to meeting with you again in the near future. '

We also recommenced our involvement with the Royal College of Nursing Cadet scheme this year which has been on hold since the Covid 19 Pandemic and we look forward to it growing in the next year.

Refs:

1. *A Healthier Wales*: <https://gov.wales/sites/default/files/publications/2019-04/in-brief-a-healthier-wales-our-plan-for-health-and-social-care.pdf>. Accessed 10.10.2019
2. *Workforce Strategy for Health and Social Care*. <https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/>

Appendix 1: Interprofessional Faculty Progress.

Objectives	Outcome Measures	Progress
1 Develop a shared understanding of the standards for education / learning outcomes and clinical proficiencies / competencies that students must achieve across professions. Identify appropriate clinical environments within CTMUHB that offer learning opportunities for students to meet these, and develop processes to review.	Agreed outcomes regarding opportunities in placement, based on IPE principles in practice. Full IPE structured placement layout agreed between each HEI and CTMUHB. Joint review process between HEI and CTMUHB for IPE in practice agreed. Evaluations, feedback, meetings, audits.	CTM IPE AHP group formed and outcome discussed and agreed. - IPE student learning sessions. - IPE structured placements. Structured placements planned and implemented for specific professions. Evaluations are positive. Work ongoing to expand further.
2 Interprofessional placements/ experiences: - Developing structured IPE opportunities/ placement models/ simulation / student learning sessions in practice for students. - Scoping out opportunities across the HB. Consulting with professional leads from HB and AEI's regarding common themes, learning outcomes, and barriers to IPE placements and possible solutions.	Student pathway database. Gap analysis to drive initiative forward. Audits and evaluations of placements. Placement handbooks. Updated database populated with placement opportunities. Review of performance to create continuous improvement with the strategy.	Student placement planner developed for all professions attending CTM. Evaluations reviewed regularly, and support in practice available. Communication to all professions and clinicians in place to drive initiative forward. MPPEF structured IPE placement list in situ for academic year.
3 Student placements: - Bringing placements in house through one central allocations team to maximise audited placement capacity. - Develop database, containing all available placements across the HB for all professions. - Develop new student centred HB wide placements with appropriate induction, supervision; sign off against learning outcomes, and appropriate orientation of supervisor/ educators to students clinical practice documentation.	Placement database and allocation system. Compare historic placement capacity against new models / placement opportunities. Functioning database, and student placement information. Management of KPI's. Database of supervisors / educators. Induction attendance / content review. Audits and evaluations of placements. Placement handbooks detailing the format and structure of placements.	Unable to bring placements in through central system at present, and each HEI/ profession works differently. Student centred IPE placements developed and in place. Training developed for practice educators in certain professions, IPE promoted as part of this.
4 Assess stakeholder satisfaction with new ip faculty model	Survey stakeholder satisfaction	MPPEF role has been positively received. Great feedback, and HEI's wish for parity across the health boards.
5 Monitor placement capacity	Compare historic placement capacity against new model (no of students per HB)	0 HEIW IPE hours were in place prior to MPPEF role being implemented. 136 student weeks planned so far for HEIW commissioned courses 2023-2024. Work ongoing across various professions to expand this. Onoing work with non HEIW commissioned course – approx. 270 student weeks planned this academic year.
6 Identify placement model and resource requirements	See measures for objectives 1 & 2 and establish delivery model	MPPEF role at maximum capacity now. To develop further would need further MPPEF role in place / profession specific PEF's.

Appendix 2

Widening Access Timetable

Month	School year	WAM topic <i>(Facilitators)</i>	School year	Medical school Application Timetable
September		Contact Head teachers / schools <i>(Widening access team)</i>	13	Sit UCAT Exam
October	13	The medical Interview & Mock interviews including MMI <i>(Clinical fellows / medical staff)</i>	13	Sit UCAT Exam
	13		13	UCAS application closes
November	12	Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements <i>(Ideally F2F; TEAMS vis schools also possible)</i> Application for Medical Work Observation sent to Schools in CTM Catchment <i>(Widening access team)</i>	13	Sit BMAT Exam
	12		13	Attend Interviews
December	12 12	Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements <i>(Ideally F2F; TEAMS vis schools also possible)</i>	13	Attend Interviews
January	12	Parents evening: Why go to University; Medical school information; Careers advice; Selecting a medical school; Application process; Admissions process; Key dates; Preparing for University <i>(Face to Face; Widening access team)</i>	13	Attend Interviews
February	11	A career in medicine: Career options Include info on subject choices and grades UG v PG courses <i>(Ideally F2F; TEAMS vis schools also possible)</i>	13	Attend Interviews
March	5&6	Primary school sessions <i>(Year 3 SSC)</i>	13	Attend Interviews
April	5&6	Primary school sessions <i>(Year 3 SSC)</i>	13	Attend Interviews
	12	Application for Medical Work Observation closes and shortlisting done. <i>(Widening access team)</i>		
May	5&6	Primary school sessions <i>(Year 4 SSC)</i>	13	Confirm University choices
	12	UCAT training & UCAT mock (Bank questions / online material) <i>(Clinical fellows)</i>		
June	5&6	Primary school sessions <i>(Year 4 SSC)</i>		
	12	MWOBS induction <i>(Widening access team)</i>		
July	12	MWOBS virtual sessions <i>(Widening access team)</i>	12	Sit UCAT exam
	12	MWOBS in hospital week <i>(Widening access team)</i>		
August			12	Sit UCAT exam
			12	Start writing statement



Agenda Item

8.2.5

CTM Health Board

INTEGRATED MEDIUM TERM PLAN (ANNUAL PLAN) 2023-2026 – QUARTER TWO UPDATE

Dyddiad y Cyfarfod / Date of Meeting	30/11/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Board Briefing	16/02/2023	NOTED
Planning Performance and Finance Committee	28/02/2023	NOTED
Planning Performance and Finance Committee	22/3/2023	NOTED
Board	30/03/2023	CONFIRMED FOR SUBMISSION

Acronyms / Glossary of Terms	
IMTP	Intermediate Medium Term Plan
MDS	Minimum Data Set

1. Situation /Background

- 1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Since 1st April 2023, the Health Board now has a duty to meet the requirements of the Quality and Engagement Act (2020), which includes a duty of quality and a duty of candour.
- 1.3 In seeking to meet its statutory requirements, the Health Board's plan was developed with a focus on aligning the delivery of healthcare services to improve health and wellbeing and to tackle ill health of people living in the Health Board area alongside the duty to deliver value and to deliver a balanced financial position.
- 1.4 During the planning cycle for 2023-2026, the Health Board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2022 focused on an annual plan. An accountable officer letter was issued to Welsh Government on 28th February 2023 to confirm that the Health Board would be unable to submit a balanced plan.
- 1.5 The annual plan was submitted to Welsh Government on 31st March 2023. Further discussion was undertaken with Welsh Government on 3rd May and it was requested that the Health Board provide further assurance on the delivery of the ministerial requirements set out in the ministerial templates and to increase assurance of the deliverability of the financial savings plan.
- 1.6 Updated ministerial requirement plans (the appendices to the IMTP) were submitted in accordance with the requirements of Welsh Government, on 31st May 2023. Following this further submission correspondence was received from Welsh Government acknowledging the plans submitted.
- 1.7 The board approved the use of in-year surplus of £8.5m to invest in in high priority areas. These were:
 - Planned care recovery
 - Stroke services
 - Overseas nurse recruitment
 - IM&T infrastructure
 - Continued digitisation of medical records

2. Specific Matters for Consideration

2.1 Quarter two delivery

- 2.1.1 During quarter two, further work has been undertaken by health board teams to progress delivery of key actions in the plan. This is set out in further detail for each of the ministerial priority areas in the attached appendices (Appendices 1-11). A brief summary of progress against each ministerial requirement is set out below.

2.2 Primary Care

- 2.2.1 General Medical Service sustainability work is ongoing and there is a specific project focused on health inequalities work being progressed in the North Bridgend Cluster.
- 2.2.2 The dental services work programme has progressed further with tenders taking place to replace contracts handed back. A new contractor will commence in the Bridgend area in December.
- 2.2.3 The Urgent & Emergency Dental Service continues to manage calls and demand is increasing.
- 2.2.4 Optometry: further work has been undertaken in preparation for the implementation of the new optometry contract. Practices have been contacted in respect of preparation and accreditations for wGOS1 & wGOS2.

2.3 Pathways of care

- 2.3.1 Health board teams have aligned the new way of reporting pathway of care delays (POCD) with the delivery of discharge to recover then assess pathways (D2RA). Details of progress with delivery of D2RA are set out in appendix 2, with a sample of the actions set out below.
- Integrated Discharge Board (IDB) with health and social care partner representatives taking place every month.
 - Improvement plan drafted and monitored by the IDB prior to submission to NHS Executive.
 - Regular reporting is now taking place using the Dashboard for the D2RA and PODC.

2.4 Implementation of a 24/7 urgent care service accessible via NHS 111 Wales

- 2.4.1 The Navigation Hub continues to embed a range of services 24/7 to support urgent care accessible via 111 but also from health board professionals working in the community.
- 2.4.2 A range of pathways continue to be delivered to support emergency and urgent demand and to avoid hospital conveyance where appropriate. The full list is in appendix
- 111Press2 for Mental Health is now embedded into the Hub and progressing well.

- Nursing Home Pathway has been introduced into the hub and the activity is beginning to increase as confidence grows – next steps will be introduced into residential homes.
- Cases are being pulled directly from the ambulance stack and avoiding unnecessary hospital conveyance is beginning to grow and numbers increasing. Additional resource is having to be sought and the desire is to extend over the weekends from the current Monday to Friday service).

2.5 Same day emergency care (SDEC)

2.5.1 The SDEC clinical pathways work stream is working through the referral pathways into SDEC for the Navigation Hub.

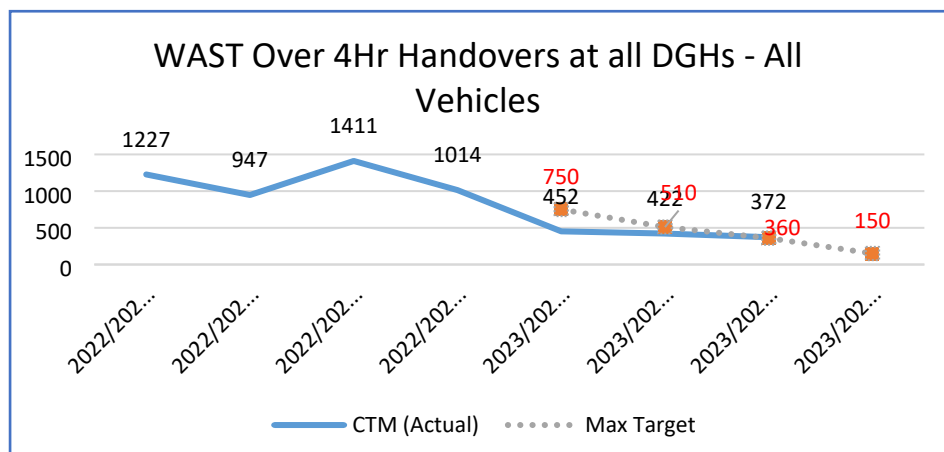
2.5.2 Initial data exercises showed no significant benefit to running SDEC seven days a week, therefore this will not be progressed currently.

2.5.3 An e-whiteboard specification has been signed off by the Six Goals board and will now be passed to developers. The SDEC dashboard element is due to commence development in December.

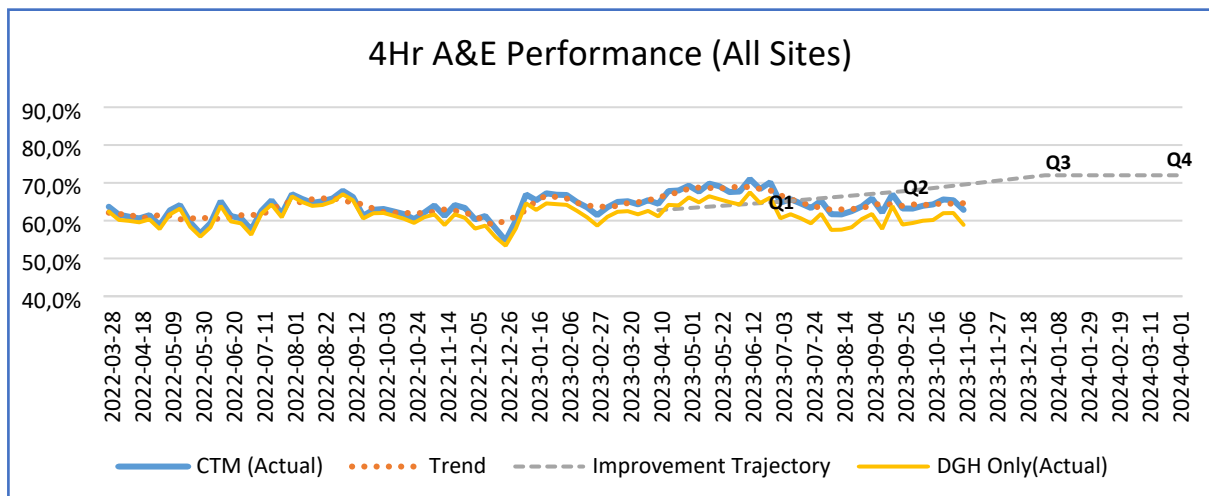
2.5.4 Capital development is underway. Supporting work stream for PCH implementation has been set up as part of the SDEC Project Board

2.6 Emergency pressures escalation framework/ Ambulance handover

2.6.1 During quarter two the planned trajectory for ambulance handover was achieved. The chart below provides year to date data.



2.6.2 Unfortunately the 4 hour emergency department improvement trajectory was not achieved during this period. However work remains ongoing to deliver improvements.



2.7 Outpatients

2.7.1 The Outpatients programme update notes a number of challenges that have been received. However, the outpatients programme has been reconfigured based on a focused delivery methodology of whole pathway change, which is intended to provide intensive support to service teams to improve outcomes. The programme is due to officially relaunch and there is a programme plan in place.

2.7.2 Risks to delivery resulting from end of fixed term posts are being considered and managed within the newly reconfigured Outpatient Programme.

2.8 Planned Care

2.8.1 Transformation work continues across the planned care portfolio. All services are expected to deliver efficiency and effectiveness and to seek to manage demand. Key points to note for quarter two are:

- Implementation of our Trauma and Orthopaedic sustainability plan is currently on hold due to interdependencies with other service reconfiguration programmes. This will be profiled in our refreshed IMTP.
- Work to consolidate Ophthalmology services on a refined footprint at Princess of Wales Hospital (PoWH) is progressing. The GiRFT (Getting it Right First Time) reviews are complete and a steering group has now been established to drive this work stream forward.
- The regional cataract service work is ongoing. Commissioning arrangements have been confirmed, and work is ongoing utilising additional regional capacity. Long waits for cataracts have significantly reduced for Cwm Taf Morgannwg University Health Board patients.
- Complete the implementation of our breast surgery pathway transformation with repatriation of services - work is progressing on the repatriation with a revised target date for completion of March 2024 to allow for completion of key processes including recruitment.

- Urology diagnostics – LAPB will move - The pathway for the LAPB continues to progress. A draft Business case is complete and is undergoing review.

2.9 Planned Care – Cancer

2.9.1 The full details of the cancer development work are in appendix 8. A snapshot of activity is provided below.

2.9.2 Work continues to progress on the delivery of National Optimum Clinical Pathways (NOCP) for cancer. A baseline assessment has been completed and pathways are being amended in numerous specialities to assist in compliance with NOCP. Actions from cancer improvement plan are also ongoing.

2.9.3 Regional developments in place include:

- The acute oncology service is running across all three acute sites.
- The lung health check pilot has commenced.
- Collaborative working is being undertaken with Bowel Screening Wales and the network to align recording, tracking and visibility of data.

2.10 Planned Care – Regional Diagnostics Programme

2.10.1 During quarter two further progress has been made in the regional diagnostics programme. For community diagnostic hubs, a market testing process (invitation to participate in dialogue - ITPD) was undertaken and this has informed further development of service model options to inform a second market discussion (ITPD2) in quarter three, which will inform the business case.

2.10.2 The endoscopy operational group has completed a review of the clinical specification and pathways documents which were developed by the National Endoscopy Programme to reaffirm the clinical model for a regional centre. Demand and capacity gap and parameters for a market test for endoscopy were approved by the project board to enable the endoscopy requirements to be included in ITPD 2.

2.10.3 The Pathology programme has made progress in completing a shortlist of options for regional cellular pathology services and completed a service specification.

2.11 Mental Health – 111 #2

2.11.1 Post implementation activities have been completed, including regular pathway feedback meetings taking place to aid continuous improvement of agreed pathways to ensure the quality and appropriateness of triages.

2.12 Mental Health Services - Performance

2.12.1 Child and adolescent mental health performance during quarter two was 99% for Part 1a (exceeding the target of 46%) and 37% for Part 1b, which was slightly below the target of 42%.

2.12.2 Recruitment has progressed with an additional assessor starting in the Part 1 service and recruitment into Healthcare Support Worker Roles (HCSW) roles and Band 5 role to support the Part 1b work and additional capacity has been delivered through waiting list initiatives during the summer to reduce the waiting list volume and improved access times.

3.0 Key Risks/Matters for Escalation

3.1 Notwithstanding challenges in some areas there has been progress across all action plans. Delivery of action plans will continue to be monitored along with impact on delivery and performance.

3.2 Risks to delivery due to short-term posts associated with the Outpatients Programme whose funding is due to cease at 31st March 2024 are being assessed and managed within the Programme and its governance processes.

4.0 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	Covers all Strategic areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:



Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below: All quality domains are related to the plan. The plan necessitates decisions regarding further improvement of the performance position of the Health Board's services. These decisions have been considered with a view to balancing quality, performance and financial risk.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Any service changes described within the IMTP would be subject to QIA at the relevant point in the service development and change process.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Any service changes described within the IMTP would be subject to EIA at the relevant point in the service development and change process.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	Provision of a board-approved, financially balanced three-year plan is a requirement under section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	This plan sets out the Health Board's financial plan for 2023-24 in the context of the wider three year period	

5.0 Recommendation

5.1 The Board is requested to **NOTE** the contents of this report including:

5.1.1 The progress made during quarter two against the delivery plans within the annual plan and associated performance improvements in a number of areas.

5.1.2 The risk associated with funding for the Outpatients Programme, which is being managed within the programme.

6 Next Steps

6.1 Health Board care group and corporate teams will continue to deliver the IMTP actions and are working to develop the IMTP for the forthcoming 2024 to 2027 planning period.

6.2 Risks to delivery of the plan will continue to be monitored and will be escalated, as required.

6.3 Updates will continue to be provided to the Board on a quarterly basis.

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- | |
|--|
| <ul style="list-style-type: none">• Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2• Is accessible at key times evidenced by the emergency care demand profile in of each hospital site• Is direct access and bypasses Emergency Departments• Delivers a service for at least medical and surgical same day care• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.• Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme |
|--|

Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE BLANK

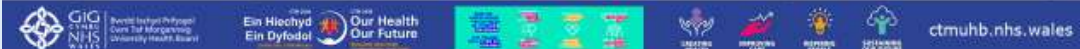
This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)		
Key focus should be on delivering	Improved access to GP and Community Services		
	Increased access to dental services		
	Improved use of community pharmacy		
	Improved use of optometry services		
Baseline	Existing service map:		
	Community Hospitals	Palliative Care	Primary Care
	Inpatient – 10 wards	Inpatient – 3 wards	
	Ward A1, Ysbyty Cwm Rhondda	Ward 6, Ysbyty Cwm Cynon	Urgent Primary Care (GP OOH)/Navigation Hub
	Ward B2, Ysbyty Cwm Rhondda	Y Bwthyn, Royal Glamorgan Hospital	Primary Care Support Unit (Salaried GPs and Nurses)
	Ward C3, Ysbyty Cwm Rhondda	Y Bwthyn Newydd, Prince of Wales Hospital	WISE & Education Programme for Patients (including Education Programme for Patients)
	Ward D4, Ysbyty Cwm Rhondda		Inverse Care Health Check Programme (Cardiovascular Risk Disease, AF & Serious Mental Illness)
	Ward 1, Ysbyty Cwm Cynon		Immunisation Team, including the COVID immunisation programme and National Immunisation Programme (to transfer 01.04.23)
	Ward 2, Ysbyty Cwm Cynon		COVID Testing and Tracing (to transfer 01.04.23)
	Ward 3, Ysbyty Cwm Cynon		Health Provision at the HMS Parc Prison
	Ward 4, Ysbyty Cwm Cynon		GMS Contracting and Monitoring (46 GP Practices which will reduce to 45 practices with effect from 1 st April and further to 44 by October 2023)

	Priority area(s)		
	Ward 21 Princess of Wales Hospital		1 Directly Managed GMS Practice
	Ward 16 Princess of Wales Hospital (surge ward)		Dental Contracting and Monitoring
			Dental Teaching Unit (Post Graduate Placements)
			Community Dental Services (including Design to Smile and Gwen am Blyth programmes)
			Optometry Contracting and Monitoring
	Community Services	Inpatient and Community Services	Specialist Eye Care Services (commissioned through planned care, e.g., glaucoma, diabetic retinopathy, WetAMD)
	27 x District Nursing teams across CTM	Specialist Palliative Care CNS team	Accelerated Cluster Development programme and clusters administration
	Wound clinics	Continuing Health Care (CHC) & Funded Nursing Care (FNC) commissioning	Primary Care Estates (strategic planning, development and monitoring)
	@ Home services (MDT team providing assessments for patients requiring care of the elderly assessments)	Tissue Viability Service	
	Acute Care Team (Bridgend Only)	Parkinson Service	Healthcare at HMPS Parc Prison
	Home Oxygen	Lymphoedema Service	
	Nurse assessing team	Bowel and Bladder Services	
	Respiratory Clinical Nurse Specialists		
	Diabetes Clinical Nurse Specialists		
	Aural Care Service (wax management and ear care assessment and treatment)		
May 2023 update	Further services have been transferred into the portfolio includes 1. Population Health Prevention programmes (including test and trace, vaccination and immunisation programme for Covid as well as responsibility for the implementation of National Framework for the Vaccination and Immunisation Framework. • 1st Q of 2023/24 sees the further development of the Navigation Hub and includes the delivery of nMAB (Antiviral service). All referrals, including self-referrals are received and triaged and where appropriate medication / transfusion organised and delivered. Also PTAS (Physician Telephone and Streaming Service) – The 999-dispatch system, known as C3 is reviewed and queried virtually by GPs in the navigation hub. Where appropriate patients are taken off and handled by the navigation hub or signposted to alternative services. In addition to this we have established a Professional Advice Line for those working in the community (District Nurses, WAST, LA falls teams, Care Homes) they can call to see if an admission to hospital can be prevented. This takes valuable pressure off GPs and other teams when faced with an ill patient where it is uncertain that admission is necessary.		

	Priority area(s)
	- Rescoping of community resources has progressed and a proposal has been submitted to WG in respect of the additional AHP funding. The proposal includes additional AHPs to form a falls prevention and rapid response team which will complement the service development of the Professional Advice Line in the Navigation Hub. This is the beginnings of the development of the community redesign in line with the Community Infrastructure Model and ambition of the 6 goals. Accelerated Cluster Development (ACD) – During December to March series of 3 consecutive workshops held for each of the PCPG or newly named 'Locality Planning Groups'. The events were facilitated by the National Association for Primary Care. Purpose was to gain shared understanding and agreement around purpose and role of the LPGs. Excellent multi-professional and multi-agency representation and enthusiasm for the priorities and action which needed to take place. Focus now on next steps to take priorities forward.
Q2 status summary (Key progress and any emerging risks or issues)	Progress for the last quarter has focused - On embedding the services developed as part of the Navigation Hub in order to prepare for the increase in demand for winter pressures. Positive results being seen and evidenced of the impact of the navigation hub in diverting and preventing unnecessary conveyance to hospital and keeping patients at home. - On developing the ACD programme and the establishment of the collaboratives and the pan cluster planning groups which will take the form of Joint Partnership Boards in each locality. Membership has been reviewed and dates set in diaries. - Progressing the primary care contract reform across the 3 professions which are significant. This includes the finalising end year for dental and mid-year reviews and associated mitigations. Preparations for the implementation of the new Welsh Optometry Contract in October for wGOS1 & wGOS2. - Maximising access across the contractor professions whilst balancing sustainability from increasing demand.
Plan narrative	The Primary and Community Services Care Group has developed a transformation portfolio to develop primary and community care services. This comprises the following programmes. Programme 4 – cross cutting work streams: - Pathways with acute services (including a focus on care homes; - Women and children's services - Mental health services - Development dermatology intermediate care services - Delivery of eye care priorities

Priority area(s)							
Programme 5: Primary Care Contracting Reform and Access GMS Contract Reform Aim: Implementation of the new unified contract and to maximise access to quality GMS services Access Standards – to ensure all practices are compliant with standards and are providing equitable service delivery across the CTM footprint. Support practices to monitor and improve patient experience To ensure robust monitoring processes are put in place To review all current enhanced services to ensure that they are value based, links with the cross-cutting pathways programme 3 Sustainability – develop robust sustainability plans Redesign of Primary Care Support Unit Aim: Return current managed practice to independent status to release workforce to support sustainability plan Review skillset of current salaried GP workforce and identify opportunities for service development with clusters and communities. Utilise primary care team to support sustainability within independent Practices. Dental Services Contract Reform: Aim: implement the new dental services contract reform for 2023/24 and to maximise access to quality dental services. - Ensure related monitoring processes in place in line with amended WG measures for OCR 23/24 - Continued engagement with WGs/practices on activity & monitoring processes for 23/24 and implementation of new contract from 01/04/24 - Continue to realign contracts where necessary/re-conversion activity to improve access - Development of new practice (bridged)/ dev. of intermediate services - Establish collaboration groups/cluster lead as part of ACO Salaried Service Redesign: - Review clinical & C staffing structure across DTU/COB/EDS (undertake OCP to reassign services & roles) - Develop plans to review COB estate across CTM with view to closing clinics/pooling workforces to improve access - Streamline IT software to enhance clinic utilisation and data collection across all services Optometry Services Contract Reform Aim: implement the new general optometry service (GOS) contract reform and to maximise access to quality optometry services. Engage with Occupational Health Dept on WIS expectations under new contract Engagement with SEM/OC/contractors around the new optometry contract Establish levels of WSOs services to be delivered and equity across the CTM footprint Establish contract monitoring team Establish contract monitoring processes Communicate with Secondary Care on revised/new clinical optometry pathways Establish collaboration groups/cluster lead as part of ACO Ensure maximum take up of Maximise access to optometry services  There are supporting enabler programmes for: - Workforce - Estates - Digital infrastructure (details in section below).							
Delivery plan	Priority	Key actions	Metrics (performance indicator/ outcome/ output)	Timescale Qtr./ Year	Update – May 2023	Q2 update	
	General Medical Services and Access	1. Continuing to support practices to find ways to improve access to GMS services	1. Ensure 100% compliance of phase 1 & 2 GMS Access Standards	Q1-Q4 2023	Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified.	- Work taking place with national leads to identify the contract monitoring framework for the unified contract. - Teams actively monitoring and	

Priority area(s)							
		2. Ensure that each practice establishes a PPG 3. Undertake the sustainability desktop exercise on quarterly basis to identify practices at risk 4. Salaried GP Service re-design	2. Monitor Concerns and complaint for trends, issues and hotspots		Access forum due to meet on the 24 th May. - Sustainability desktop exercise repeated. 4 practices identified at risk have been de-escalated to green following intervention by the PC Team. Continue to support those in need with action plan. Review undertaken to ensure changes are embedded. - GMS Practice Development Visit completed and action plan is in the process of being produced for areas of improvement and trends and themes.	supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 4 practices receiving direct support. 3. PDV programme and monitoring drafted. 4. Health Inequalities work is being progress in the North Bridgend Cluster.	
	Dental Services Contract	1. Robust commissioning of dental	1. Monitor the urgent and	Q1-Q4 2023	Activity is being reported into the Heath	Tenders have been completed for	

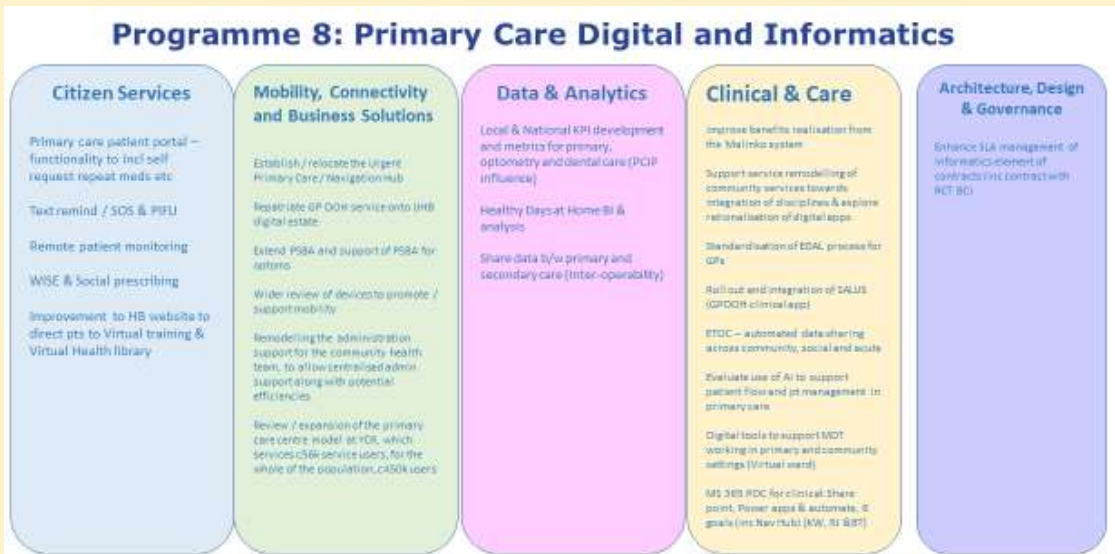
Priority area(s)							
	Reform and Access	services in areas of need during the re-tender of dental contracts 2. Review of CDS / DTU services 3. Development of model and workforce plan 4. Engagement with teams and stakeholders 5. Encourage participation in the ACD programme	emergency activity 2. Monitor the follow up activity 3. Monitor will be determined by the national dental contract measures 4. MOS activity 5. CDS activity 6. D2S & Gwen a Blyth activity		Boards Performance and Improvement Board. 3 handed contracts handed back. 1 tender completed and another tender for large contract in Bridgend due to take place. 3rd was taken on by neighbouring practice. Provides opportunity to redistribute dental contract to meet needs of population. - Practices have agreed to work with the HB to offer additional urgent access appointments. - Urgent and Emergency appointments now handled	the contracts handed back. - New contractor in Bridgend due to commence at the end of December but patients waiting on urgent appointments waiting list will be allocated first. - Urgent & Emergency Dental Service continues to manage calls and waiting list – demand is increasing. - Still exploring dental collaboratives and the funding arrangements in absence of this not being included in contract reform. - Regular reporting of Dental activity	

Priority area(s)							
					through Navigation Hub • Review of salaried Dental Services taking place to ensure in line with WHC and to maximise efficiencies and activity. Part of wider OCP process • HEIW workforce planning event due to take place 24th May • Regular meetings with LDS to ensure smooth transition for contract reform • Engagement with dentists regarding ACD regularly taking place.	reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board. • Final end year and mitigations for 22/23 in the process of being finalised. • Mid-year reviews currently taking place but delayed.	
	Optometry Services Contract	1. Preparation for the phasing of the new	1. Monitoring will be determined by the national	Q1-Q4	• Preparing for the implementation	• Additional post been added to OCP structure in order to support	

Priority area(s)							
	Reform and Access	optometry contract 2. Engagement with contractors, WG and other contractors on an ongoing basis. 3. Development of team so it is in place to and ready to take on the additional workload 4. Once contract details finalised prepare a plan for the engagement and commissioning of the services from each contractor 5. Further support the shift of activity done traditionally in eye care services from	measures as agreed by the contract 2. Continue to monitor uptake of the specialist services such as glaucoma, cataract, diabetic retinopathy, IPOS and EHEW and low vision services		of the new contract. • A part of wider HB OCP ensuring the resources are in the team to enable them to manage this additional work. • Regular dialogue with SEWROC. • Optometry collaboratives established. • Delivery of specialist eye care services undertaken in conjunction with secondary are and activity/progress reported through to Care Group and Board governance process. • Joint meetings taking place to discuss the implementation of other	the additional work resulting from the new Welsh NHS Contract • Practices have been contacted in respect of preparations / accreditations for wGOS1 & wGOS2. Contractors chased where this has not been completed. • Uptake of IPOS and EHEW has historically been good in CTM therefore good position going into implementation. • Same position with specialist eye care services, e.g. glaucoma. Additional funding secured from WG.	

Priority area(s)							
		hospital to community optometry, e.g. wet AMD, HCQ, glaucoma and cataract.			specialist services, such as wet AMD and HCQ.	Joint working with planned care colleagues to progress the schemes.	
Risks	Key risks for primary and community care have been identified at the outset of the planning process, in support of developing the programme of work for 2023-2026 and the particular action areas for 2023-24. Identified concerns included: - OCP has prevented some key posts being recruited into and delays but these are being worked through. - Unprecedented levels of demand across all elements of primary care. - Impact of commissioning arrangements on delivery of primary care out-of-hours service. - Ability to recruit key staff across all staff groups and to compete with other Health Board areas where deprivation and workload is less and therefore jobs are more attractive. Mitigating actions are in place and the risks have been highlighted within the planning process.						
Outcomes	Through increased collaboration and integration, we will work with partners to deliver improved population health and wellbeing through tackling health inequalities, improving health outcomes and ensuring that our population experience seamless health and care. We will ensure that delivery is achieved and underpinned by common performance data and governance structure. Population Health Where ever possible we want to move towards self-managed care encouraging people who have a health condition potentially taking an increasing role in looking after their own health. Services such as care navigators in general practice and the WISE service will support patients to do this and will be guided by coaches and encouraged to make behavioural change and prevention approach. Tackling Health Inequalities The impact of health inequalities across CTM remains significant and all stakeholders need to work together, utilising the ACD programme and Locality Planning Groups to identify priorities and apply proportionate universalism. Alongside this will be focused programmes such as that which is taking place in North Bridgend Cluster. Improving Access Improving and enabling equitable access to all the Primary Care Contractor Services will facilitate:						

	Priority area(s)
	• improved access to advice and guidance to support wellbeing and manage health • access to preventive services • access to diagnostic and treatment services when required. Clusters The cluster will be the platform for • Supporting population health management to reduce inequalities • Enabling personalised care to ensure care needs of our patients are met • Reconfiguration of our community services • Focus on continuous improvement and reducing variation.
Alignment with workforce plans	Key challenges for our primary care and community workforce are: • Increasing sustainability, driven by increasing demand for care, workforce supply and recruitment and retention challenges • Ageing profile of key primary care and community professional groups, such as GPs, practice nurses and district nurses and community hospitals staff. • Changing expectations of the new workforce, for example desire for portfolio careers, part-time working and flexibility which can be obtained via locum or bank working. • Technological advances shaping care • Changes to education training and standards • Contract reform of independent contractor models We aim to focus on key areas which include • Becoming a Care Group that attracts, retains people into our teams • Ensuring everyone has quality health and wellbeing support and we develop a workforce environment which people wish to work in • Developing a positive culture which everyone can contribute to • We will ensure that as part of the plans for transformation we use the full range of people's skills and experience creating opportunities within roles and across services • We will celebrate diversity in every aspect of our workforce • Continue to support and progress the diversity of roles in Primary Care to further develop the primary care model for Wales Key workforce plans included in support of the Primary and Community Care service development plans are: • Continued development of the Primary Care Training Academy and expansion to incorporate wider community disciplines so there is shared learning by multi-professionals

	Priority area(s)
	• Development of the detailed workforce plan to map out current and required skill mix/roles necessary for the key transformation programmes (Integrated community teams, community hospital redesign, palliative care service redesign etc.) • Detailed workforce plan to address difficult to recruit vacancies/succession planning/skill- mix • Identify the gaps in the current team and where non-recurrent funding of essential posts is creating a gap • Promote the role of physicians associates in primary care.
Alignment with financial plans	All service developments are within the existing financial envelope of the Primary and Community Services Care Group or supported by programme funding.
OPTIONAL	
Digital / Technology Opportunities	The transformation change must be underpinned and supported by technology. In order to support primary care and community transformation we will need to deploy digital tools to promote and support self-care, active sign posting, and new types of consultations. This was started during the pandemic with GPs, but now needs to be further embedded and the concept to be further rolled out to the community services. Patients should be able to use online tools to access all primary care services, such as receiving advice, booking appointments etc. The Primary and Community Care Group transformation portfolio incorporates a digital and informatics programme, as set out below.  Programme 8: Primary Care Digital and Informatics Citizen Services - Primary care patient portal – functionality to incl self request repeat medic etc - Text remind / SOS & PIFU - Remote patient monitoring - WISE & Social prescribing - Improvement to HB website to direct pts to Virtual training & Virtual Health library Mobility, Connectivity and Business Solutions - Establish / relocate the Urgent Primary Care / Navigation Hub - Replatform GP OOH service onto IHB digital estate - Extend PSBA and support of PSBA for future - Wider review of devices to promote / support mobility - Remodelling the administration support for the community health team, to allow centralised admin support along with potential efficiencies - Review / expansion of the primary care centre model at YOL which services c50k service users, for the whole of the population c450k users Data & Analytics - Local & National KPI development and metrics for primary, optometry and dental care (PCIP influence) - Healthy Days at Home BI & analysis - Share data b/w primary and secondary care (inter-operability) Clinical & Care - Improve benefits realisation from the Malinko system - Support service remodelling of community services towards integration of disciplines & explore rationalisation of digital apps - Standardisation of EDAL process for GPs - Rollout and integration of CALUS (GPDOH clinical app) - ETOC – automated data sharing across community, social and acute - Evaluate use of AI to support patient flow and pt management in primary care - Digital tools to support WOT working in primary and community settings (Virtual ward) - MS 365 PDC for clinical Share point, Power apps & automate, & goals (ms.Navrulu) (WV, RI & BT) Architecture, Design & Governance - Enhance SLA management of informatics element of contracts in contract with BCT BC

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- | |
|--|
| <ul style="list-style-type: none">• Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2• Is accessible at key times evidenced by the emergency care demand profile in of each hospital site• Is direct access and bypasses Emergency depts• Delivers a service for at least medical and surgical same day care• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. |
|--|

- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025
(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

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The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)
Key focus should be on delivering	Regular monthly reporting of 'Pathways of Care' (DTC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination
Baseline	There has been work in CTM to align the new way of reporting transfer of care delays with the delivery of D2RA. During COVID formal DTC reporting was suspended and we were asked to report informally on delays both in and out of D2RA pathways. This was a challenge as the data for CTM was collated manually by discharge liaison nurses and reported mostly non D2RA or 'bypass' pathways. In response to the Delivery Unit recommendations a new process has been introduced to replace DTC called Pathway of Care Delays. Progress on implementation in CTM includes • Introduction of electronic whiteboards (EWB) that categorise all patients' discharge pathways as simple or complex. • Complex discharges placed on a recommended D2RA pathway within 24hrs of admission to ward with 'bypass' exceptions only being those as stipulated by D2RA guidance (homelessness, complex LD placement, Safeguarding/ Court of Protection and End of Life) • EWB is used to monitor delays to improve flow overall and are categorised as internal or external delays. • Once the patient is optimised for discharge EWB records information on delays to discharge which are aligned to Pathway of Care Delay codes as defined by WG • The delay code records the length of time the patient has been waiting of the action and is reviewed daily. • Delay data is 'live' and can be viewed on the discharge dashboard • Data is validated with LA prior to being submitted to WG.

	Priority area(s)
	This revised process will continue to be embedded through the next year as a priority but it is already providing more qualitative information for teams and the executive to use to monitor continual improvement. Resilient community services We wish to wrap a supportive infrastructure around clusters and localities, therefore minimising duplication and removing pressure where we can. We need to make our services more responsive to the needs of our population we service. At the same time, we wish to achieve the 4 pillars of intermediate care which are - Crisis response - Appropriate bed-based services - Home based care - Reablement Our plan sets our ambitious priorities to innovate and redesign community and primary care services, urgent care, including access to the services offered by our independent contractors. At the same time, we want to provide more opportunities for contractors to utilise their specialist skills and to take more planned care out into the community. There is a single vision for the health board footprint and the aim is to develop place based integrated teams as illustrated below. Place-based Integrated Teams The integrated model be built on consistent standards, outcomes, performance monitoring through the Regional Partnership Board and integrated structure. There will also be strong resilient and co-terminus partnership relationships through our Locality Planning Groups (Pan Cluster Planning Groups). The cluster will be the platform for - Supporting population health management to reduce inequalities - Enabling personalised care to meet patients' care needs - Reconfiguration of our community services - Focus on continuous improvement and reducing variation

Priority area(s)					
Q2 2023 update		Good progress has been made with the implementation and combining of the D2RA and Pathways of Delayed Care processes. Focus has been on improving data quality across all sites for acute and community for the electronic reporting. Learning has been undertaken from the initial launch of D2RA and investment into teams for training has been recognised and further training delivered.			
Plan	Priority	Key actions	Metrics (performance indicator/ outcome/ output)	Timescale (Qtr./ Year)	Q2 update
	To transform the community services into a single CTM wide model of cluster based integrated teams	1. Establish the work streams 2. Map the current workforce and the funding streams associated 3. Map the current gaps in workforce teams 4. Undertaken engagement sessions with other stakeholders 5. Undertake engagement sessions with teams to share and discuss the vision 6. To align the work programme with the Navigation Hub 7. Implement community nursing principles 8. Implement community nursing specification 9. Implementation of Civica District Nursing scheduling system	1. Implement a whole system approach to integrated care 2. More people to be cared for in their own homes or home of choice 3. Reduction in duplication 4. Reduction in silo working 5. Reduction in various 'hand offs' and referrals 6. Implementation of Seamless Care 7. Reduction in unnecessary admissions 8. Reduction in unnecessary bed days 9. Increase in the response offered to patients in urgent need 10. Supporting D2RA process 11. Improve flow across the whole system 12. Build resilience across the whole system through robust intermediate care services	Q1 Q1 Q1 Q1 Q1 Q1 ongoing Q3-4 Q3-4	1. Integrated Discharge Board (IDB) with health and social care partner representatives taking place every month. 2. Improvement plan drafted and monitored by the IDB prior to submission to DU 3. Regularly reporting using the Dashboard for the D2RA and PODC. 4. Further training for D2RA and e-reporting continues on all sites and work started to go live in POW as planned.

Priority area(s)					
			13. Improvement in maturity of locality cluster teams	By Q4	5 Standardised process for reviewing stranded patients (LoS>7) consistent across all acute and community sites to be implemented in full by October census date.
					6 Introduction of a trusted assessment document called an Electronic the Transfer of Care rolled out across PCH, RGH and in pilot phase in PoW.
					7 Roll out of D2RA across all sites is taking place – full achievement planned for October '23.
					8 Commissioning Group meeting. October is focused on redistributing resources for the 'optimum' community model for CTM. 2

Priority area(s)					
					9 Joint Partnership Boards established in each Locality to form the pan cluster planning groups. Membership reviewed and dates in the diary.
Risks	Risk and Performance Measures The Care Group is a new entity and consequently, over the forthcoming year we will further embed our Risk and Performance Management Frameworks to provide robust mechanism for the identification and mitigation of risk and management of our care group performance. This will facilitate the delivery of safe, high performing, high quality services that meet the needs of our patients, independent contractor practices, stakeholders and staff. Identified risks include:				
	Risk		Mitigation		
	High absence / vacancy rates for RCN nurses in community wards at the same time as a need for increased supervision. If this is not resolved there will continue to be high dependency on bank on the community ward leading to cost pressures but also low morale amongst remaining staffing. It will also prevent the realisation of winter plans to create surge capacity.		Workforce model will be reviewed, ongoing recruitment campaign. Work with People and Wellbeing Team to create a culture and environment where people choose to work within the community.		
	Increase in demand for District Nursing Services, especially palliative care patients who require longer visits, and if this continues to increase the demand for services will outstrip the capacity within district nursing teams.		A review of District Nursing caseloads, including activity/acuity and administrative support will be undertaken to look for economies of scale and to understand the scale of the problem.		
	Limited capacity in the provision of care packages and domiciliary care across CTM resulting in long delays in		Processes being implemented and embedded within the community as part of the 6 goals		

	Priority area(s)	
	transfers of care. This will lead to a negative impact on flow across the system and patients remaining in hospital or in appropriate place which could lead to delayed recovery or deterioration in condition. Additional capacity in the community is required however.	programme of care, include: One list, safe to start meetings, D2RA hub and training. Collaboration with LA and other stakeholder colleagues to create capacity Review of community hospitals, including bed, medical and workforce model to ensure patients are supported appropriately.
Outcomes	Please refer to the plan section above.	
Alignment with workforce plans	All plans are supported by workforce planning. Please note further detail in appendix 1.	
Alignment with Financial plans	All plans are supported by service budgets or programme funding.	
OPTIONAL		
Digital / Technology Opportunities	There are opportunities for remote management and monitoring utilising digital opportunities, (telehealth and digital apps).	

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

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Improved use of community pharmacy
Improved use of optometry services

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	Priority area(s)
Key focus should be on delivering	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
Baseline	Urgent Primary Care We will transform the urgent care system to new integrated care model that will join up urgent, community and primary care services and will utilise the development of the Navigation Hub to do this. We wish to further integrate urgent and emergency care with other contractors such as dental and eye care. Aware that some patients are struggling to access our dental services we aim to integrate General Dental Services, Community Dental Services and other salaried services to improve the range and to development new and exciting roles. Our proposals for integrated community care, incorporating urgent care are set out below.

Priority area(s)					
Plan	Priority	Key actions	Metrics (performance indicator/ outcome/ output)	Timescale Qtr./ Year	Q2 update
	Develop the Navigation Hub in PC&C to support USC across the whole system and develop capacity and capability	1. Implement and embed pathways with ED to reduce unnecessary conveyance to hospital 2. Implement and embed pathway with Care Homes to ensure that the navigation hub is first point of access not WAST or GP 3. Implement and develop advice line for professionals working in the community 4. Continue to refine the GP OOH dashboard to incorporate the wider navigation hub activity	1. Reduction in unnecessary conveyance by WAST to ED 2. Reduction in admissions into hospital 3. Increased number of patients who have fallen being supported to get up and stay in own home (safely)	Q1 Q1 Q1 Q2	Q2 updates The following pathways continue to be delivered to support emergency and urgent demand and to avoid hospital conveyance where appropriate. 1. 111Press2 for Mental Health now embedded into the Hub and progressing well. 2. Nursing Home Pathway has been introduced into the hub and the activity is beginning to increase as confidence grows – next steps will be to introduced into residential homes. 3. C3 Radius PTAS - Pulling cases directly from ambulance stack and avoiding unnecessary hospital conveyance is beginning to grow and numbers increasing. Additional resource is having to be sought and desire is to extend over the weekends (currently on Mon to Fri service). 4. Recognition of Life Extinct for Unexpected Death - ROLE Pathway 5. Emergency Department Redirection Pathways 6. Professional Advice Line The National antiviral scheme for those at highest risk of hospitalisation which was started has been embedded over the last two months. No concerns reported in Q1 but since this time the numbers have increased significantly putting pressure on the resource. Having to ring fence the PTAS role in order not impact this important role.
	To transform the community services into a single CTM wide	1. Establish the work streams 2. Map the current workforce and the funding streams associated	1. Implement a whole system approach to integrated care	Q1	A commissioning group between Health (PC&C and AHP) and LA colleagues is established and meet on a regular basis. 1. Integrated service model has been agreed at LLG and RPB.

Priority area(s)					
	model of cluster based integrated teams	3. Map the current gaps in workforce teams	2. More people to be cared for in their own homes or home of choice	Q1	2. Outline model for the integrated teams has been agreed at ILG and RPB.
		4. Undertaken engagement sessions with other stakeholders	3. Reduction in duplication	Q1	3. Pathways for urgent and population health defined and agreed
		5. Undertake engagement sessions with teams to share and discuss the vision	4. Reduction in silo working	Q1	4. Focus agreed for care homes, ACP, and falls
		6. To align the work programme with the Navigation Hub	5. Reduction in various 'hand offs' and referrals		5. Mapping of workforce and associated work-streams completed across LA and Health have been mapped.
		7. Implement community nursing principles	6. Implementation of Seamless Care		6. Workforce and financial plans will finalised for end Q3.
		8. Implement community nursing specification	7. Reduction in unnecessary admissions		7. Workstream established and meeting regularly to align integrated services redesign with Navigation Hub as being first point of contact
		9. Implementation of Civica District Nursing scheduling system	8. Reduction in unnecessary bed days		8. Gap analysis for community nursing specification and principles has been completed. Details of funding gap have been shared with WG.
			9. Increase in the response offered to patients in urgent need		9. Regular meetings for nursing specification and principles taking place
			10. Supporting D2RA process		10. Civica has been rolled out to District Nursing day services but not as yet to District Nurse. Navigators are not in place for the night service but exploring options for the Navigation Hub.
			11. Improve flow across the whole system		
			12. Build resilience across the whole system through robust intermediate care services		
			13. Improvement in maturity of locality cluster teams		

	Priority area(s)
Risks	Gaps in the current workforce as part of OCP has slowed down the process, however the OCP is due to finalise by early December and momentum can be picked up again
Outcomes	Implement a whole system approach to integrated care More people to be cared for in their own homes or home of choice Reduction in duplication Reduction in silo working Reduction in various 'hand offs' and referrals Implementation of Seamless Care Reduction in unnecessary admissions Reduction in unnecessary bed days Increase in the response offered to patients in urgent need Supporting D2RA process Improve flow across the whole system Build resilience across the whole system through robust intermediate care services Improvement in maturity of locality cluster teams
Alignment with workforce plans	The redesign of integrated community services will be aligned with wider workforce plans across all Care Groups involved and LA partners. The focus is on building resilient and motivated teams who put the patient at the centre and to ensure that all roles at the top of their registration in a collaborative integrated way.
Alignment with Financial plans	The redesign of the integrated community services will not incur additional costs but instead will focus on better utilisation and use of resources (includes teams and pathways).
OPTIONAL	
Digital / Technology Oppor	There will be digital implications to ensure that pathways are supported and are clear but these are still be worked through. Essential to this will be the sharing of care plans and interventions.

	Priority area(s)
tunities	
	The priority area for Q3 will be to finalise the workforce and financial plans Explore the digital enablers and dependants Work with unscheduled care colleagues to further explore the opportunities for pathways to keep patients at home Finance the engagement plan

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

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The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

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Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

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- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

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	Priority area(s)
Key focus should be on delivering	Implementation of Same Day Emergency Care services that complies with the following: • Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 • Is accessible at key times evidenced by the emergency care demand profile in of each hospital site • Is direct access and bypasses Emergency depts • Delivers a service for at least medical and surgical same day care • Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme The provision of Medical Same Day Emergency Care in Prince Charles Hospital, Royal Glamorgan Hospital and the Princess of Wales Hospital
Baseline	<i>As of April 2023, Cwm Taf Morgannwg University Health Board will have established Medical Same Day Emergency Care Provision. We will be building on this during the 2023-24 year by delivering the plan set out below.</i>
May 2023 update	<i>Plans progressing with a significant achievement via the identification of capital funding to progress the re-modelling required to create an SDEC area at PCH. Implementation plans are to be developed and timescales to be scoped.</i> <i>Plans are monitored via the Six Goals Programme Board.</i> <i>The full detail of the SDEC optimal model plan is attached below along with the Six Goals plan.</i>
Quarter 1:	Establishment of a 24 hour Navigation Hub Expanding and Defining Existing Services

	Priority area(s)	
	Creation of a Directory of Services	
- Milestones	- CTM Navigation Hub deployed fully and accessible by GP's, WAST and Nursing Homes to refer patients in to secondary care - Current Existing Services Mapped - Referral routes identified for Existing Services - Gap Analysis completed with opportunity to centralise if possible - Directory of Services to support patients on a pathway approach	Q2 updates The following pathways continue to be delivered to support emergency and urgent demand and to avoid hospital conveyance where appropriate. 1. 111Press2 for Mental Health now embedded into the Hub and progressing well. 2. Nursing Home Pathway has been introduced into the hub and the activity is beginning to increase as confidence grows – next steps will be to introduced into residential homes. 3. C3 Radius PTAS - Pulling cases directly from ambulance stack and avoiding unnecessary hospital conveyance is beginning to grow and numbers increasing. Additional resource is having to be sought and desire is to extend over the weekends (currently on Mon to Fri service). 4. Recognition of Life Extinct for Unexpected Death - ROLE Pathway 5. Emergency Department Redirection Pathways 6. Professional Advice Line The National antiviral scheme for those at highest risk of hospitalisation which was started has been embedded over the last two months. No concerns reported in Q1 but since this time the numbers have increased significantly putting pressure on the resource. Having to ring fence the PTAS role in order not impact this important role.
- Actions	- Submission of Capital Estates request to improve environments prioritised by Care Group, agreement to progress to design phase of developing SDEC environment at PCH, first meet reconfiguration meeting – 31 May 2023 - Continue against current recruitment plans	Q1 updates - Lead design consultant appointment early July 2023 - Initial scoping meetings with stakeholders and sign off of final brief – early July 2023 - Room data sheets completed and signed off/any equipment orders outside the scope of Construction Contract to be agreed for orders to

	Priority area(s)	
	- Process Map current pathways against data points with support from Performance and Information -	be placed with NWSSP Procurement by CTM by end of July 2023
Quarter 2:	Exploring options for a suitable model for a 7 day appointment system for Medical SDEC Begin E-Whiteboard SDEC Development of a data specification (development reliant upon confirmation of funding.)	
- Milestones	- Navigation Hub to have ability to book pre-arranged slots for Medical SDEC on acute sites on a Saturday and Sunday - Data to be captured to understand value of running seven day services against cost on all three acute sites - Second Phase E Whiteboard development to begin, incorporating an SDEC viewer to support patients and data collection - Development of capital plans for the SDEC area at PCH.	Quarter 2 update: • The SDEC clinical pathways work stream are working through referral pathways into SDEC for the Navigation Hub. • Initial data exercises showed no significant benefit to running a 7 day service. • An E Whiteboard specification has been signed off by the 6 goals board and will now be passed to developers. The SDEC Dashboard element is due to commence development in December. • Capital development is underway with an estimated completion date of Feb 22. Supporting work stream for PCH implementation has been set up as part of the SDEC Project Board.
- Actions	- Booking system to be confirmed through work between Navigation Hub and Secondary Care - Data collection to be cleansed to support validity and accuracy of information - Process mapping to support the design of the second phase E Whiteboard development - Assumption that the Medical SDEC viewer for the E Whiteboard will be in a standalone unit - Build in a marker to support identification of patients who may be on an SDEC pathway but “overnight” – these may remain in Assessment Units - Review current demand data to understand any additional workforce requirements - Capital design to be progressed for the SDEC at PCH.	
Quarter 3:	Implement WAST direct access Separation of SDEC and Admission/Assessment Streams	
- Milestones	- The Navigation Hub will be able to direct WAST to offload in a defined SDEC area - Medical SDEC environments will be identified - Staffing models will exist against defined environments	

	Priority area(s)
	- Medical SDEC will have defined opening hours, and organisational policy will be to not bed down in SDEC - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening
- Actions	- Medical Same Day Emergency Care will be added as a disposition for the Navigation Hub for WAST - WAST will not be allowed to bypass the Navigation Hub, as the Hub will maintain system oversight - Discussion and formalisation around communication strategy for colleagues in WAST/NCCU - Areas defined specifically for Medical Same Day Emergency Care will exist on three acute sites - Direct WAST pathway to be established for existing SDEC services. - A CTM Standard Operating Procedure for Medical SDEC will be defined to demonstrate how the areas will function to support flow
Quarter4:	Explore Virtual Wards utilising data Direct to SDEC ED referrals
- Milestones	- Consistent data reports in relation to Medical SDEC numbers - Clinically led review of data to understand if setting up of virtual wards would add value - Discussion to consider value from an individual site basis against having an organisational stance (a virtual ward for CTM) - Pilot of direct referrals in to Medical SDEC from ED Nurse Triage
- Actions	- ICT colleagues to collaborate in design of virtual ward - Business case to be designed and submitted to support virtual ward set up and working - Data to inform strategy against delivery of virtual ward - Acute Medical leads asked to design pilot of direct referrals from ED Nurse triage in to Medical SDEC - Data capture and reporting to be set up to monitor outcomes of patients to demonstrate value
Risks	- Current constraints within the medical workforce in order to deliver on all three sites. - Current data demonstrates poor value where seven day services have been trialled within Cwm Taf Morgannwg, with increased cost for very little patient benefit - There is a risk to the traditional 7 day working model as there would be no access to diagnostics over the weekend. - Capital works required in order to provide fit for purpose estates to allow the complete segregation of SDEC services on Prince Charles and Princess of Wales Hospital sites

	Priority area(s)
Outcomes	- Getting the right patient to the right place on time leading to a reduced admission rate - Decreased congestion in Emergency Departments - Decreased bed waits within the Emergency Department by offering an agreed, safe alternative stream
Alignment with workforce plans	- As part of a standardised offering across Cwm Taf Morgannwg, we aim for a 7.4WTE consultant workforce aligned with Medical SDEC on each acute site - A therapy recruitment plan is in place to improve access within Medical SDEC to support early intervention with patients. This equates to the following across the organisation: ○ 2 x Band 6 OT ○ 1 x Band 6 Physio ○ 1 x Band 7 Physio ○ 1 x Band 7 Falls AHP Lead ○ 1 x Band 6 Speech and Language Therapist ○ 1 x Band 6 Dietician ○ 4 x Band 4 Health Care Support Workers
Alignment with Financial plans	- There is a capital requirement of £130,000 to support the development of an identified appropriate environment within Prince Charles Hospital footprint. - There is a capital requirement of £30,000 to support the development of an identified appropriate environment within Princess of Wales footprint. - Revenue requirements for staff recruitment are costed and within scope for therapies as described above - Revenue in place to recruit an additional 2 x WTE consultant posts, but would still leave a shortfall against aim of 7.4WTE on each acute site

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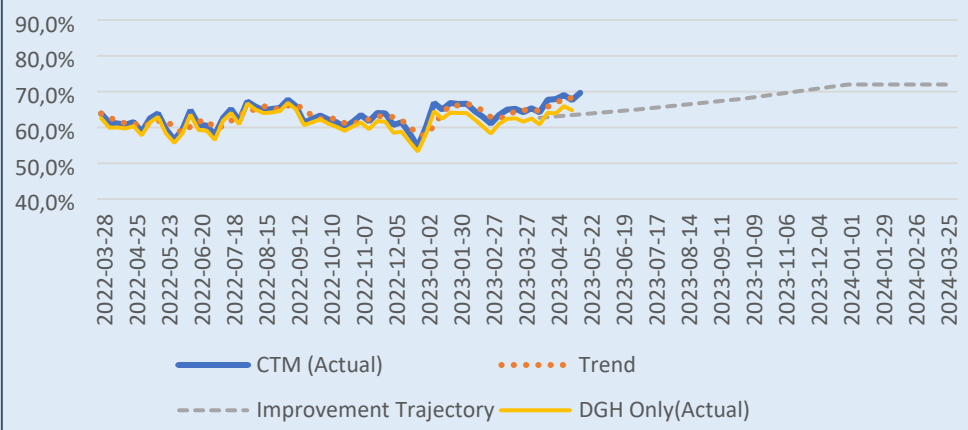
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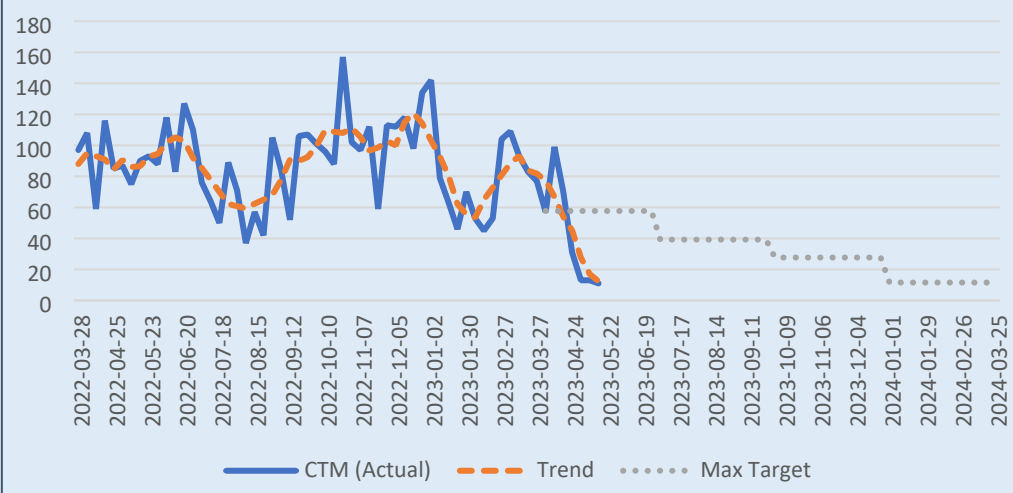
	Priority area(s)
Key focus should be on delivering	Health boards must honour commitments that have been made to reduce handover waits. This will be supported by:
	The provision of equitable Emergency Pressure Escalation procedures across the Unscheduled Care Services of Prince Charles Hospital, Royal Glamorgan Hospital and the Princess of Wales Hospital.
Baseline	<i>As of April 2023, Cwm Taf Morgannwg University Health Board will have established Emergency Pressure Escalation procedures. We will be building on the year by delivering the plan set out below.</i>
May 2023 update	Our agreed improvement trajectories are set out below. 1) 4 Hour ED Performance by CTM (including MIU) and Acute Site • Agreed Targets • Q1 65% • Q2 68% • Q3 72% • Q4 72% 2) 4 Hour Ambulance Handovers by CTM and Acute Site • Agreed Targets • Q1 No more than 750 ambulances over 4 hours • Q2 No more than 510 ambulances over 4 hours • Q3 No more than 360 ambulances over 4 hours • Q4 No more than 150 ambulances over 4 hours

Priority area(s)

4Hr A&E Performance (All Sites)



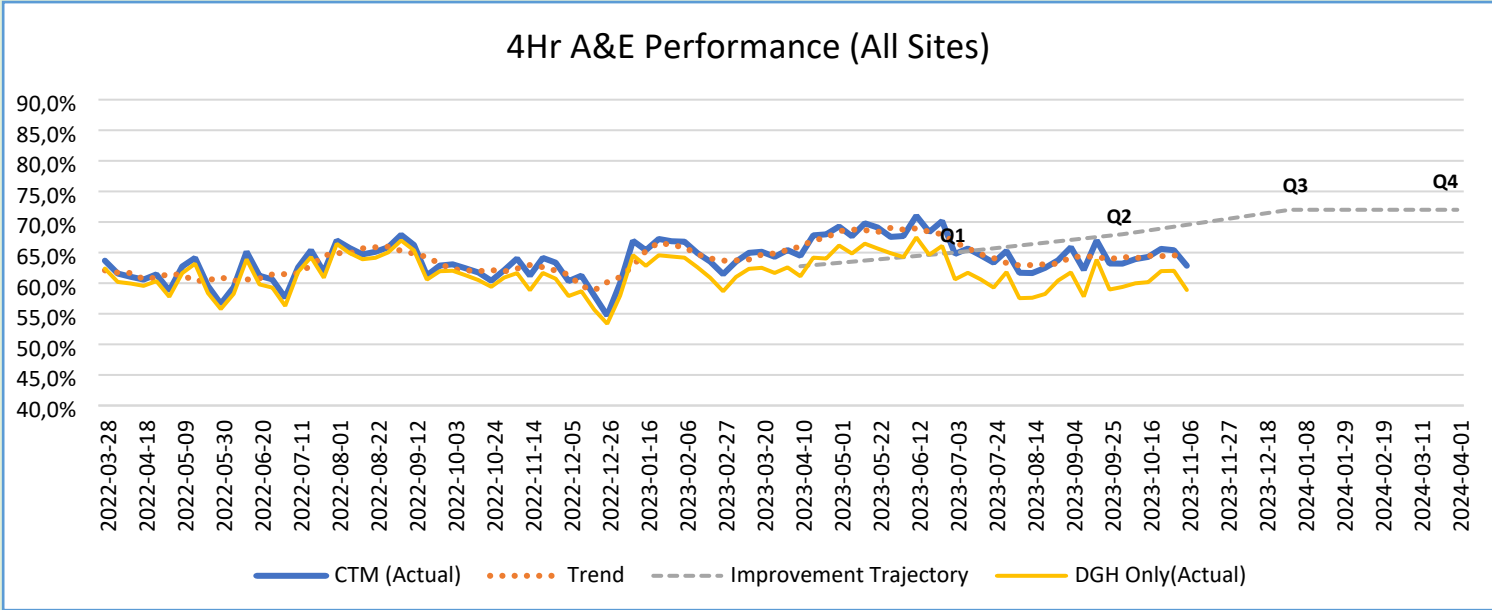
WAST Ov4Hr Handovers at all DGHs



	Priority area(s)	
Quarter 1:	Implementation of CTM Emergency Pressures Escalation Procedure. Building existing plans to provide a pan CTM approach to the effective management of capacity and escalation across all areas within the Cwm Taff Morgannwg University Health Board.	
- Milestones	- Workshop with key stakeholders to review current escalation procedures - Review and recommend on the new Cwm Taf Morgannwg Emergency Pressures Escalation Policy. - Embed a set of standardised triggers alongside associated standardised actions - Risk will be viewed at an organisational level, and the sharing of risk across the system will be done in an agreed way to maintain the safety of patients across the health system - Reduction in lost ambulance hours - Improvement in 4 hour performance	Q1 update • Emergency Pressures Escalation Procedure review complete. • Pre-emptive transfer Plan reviewed and incorporated on overarching plan. • Planned launch for the Emergency Pressures Escalation Procedure planned launch date 24 July 2023. • Weekly assurance meetings in place with USC CG and COO/DCOO
- Actions	- Trajectories agreed	Q1 update • 4 hour ambulance handover > 4 hours Q1 agreed trajectory– 750 • Q1 actual ambulance handover > 4 hours – 452 • ED 4 hour Q1 agreed trajectory target - 65%

Priority area(s)																												
- Weekly data v improvement “deep dive” against trajectories - Weekly performance/assurance meetings in place - Navigation Hub increased utilisation - Pan CTM - Immediate response and Pre-emptive transfer procedures reviewed - Robust out of hours and weekend planning process in place - Update Safe to Start process pan CTM - Pan CTM Emergency Pressure Escalation Procedure review complete – out for consultation - 26 May 2023 - Focused improvement programme to reduce Ambulance Handover delays “go live” at Royal Glamorgan hospital – 28 April 2023 - Roll out to Princess of Wales Hospital and Prince Charles Hospital planned 31 July 2023 - Ambulance Handover Escalation Card in place - Unscheduled Care Senior leadership team	• Q1 actual ED 4 hour performance Q1 - 70% WAST Qy4Hr Handovers at all DGHs <table><thead><tr><th>Period</th><th>CTM (Actual)</th><th>Max Target</th></tr></thead><tbody><tr><td>2022/2023 - Q1</td><td>1227</td><td>-</td></tr><tr><td>2022/2023 - Q2</td><td>947</td><td>-</td></tr><tr><td>2022/2023 - Q3</td><td>1411</td><td>-</td></tr><tr><td>2022/2023 - Q4</td><td>1014</td><td>-</td></tr><tr><td>2023/2024 - Q1</td><td>452</td><td>750</td></tr><tr><td>2023/2024 - Q2</td><td>-</td><td>510</td></tr><tr><td>2023/2024 - Q3</td><td>-</td><td>360</td></tr><tr><td>2023/2024 - Q4</td><td>-</td><td>150</td></tr></tbody></table> 4Hr A&E Performance (All Sites) Legend: CTM (Actual) (Blue), Trend (Orange), Improvement Trajectory (Grey), DGH Only (Actual) (Yellow)	Period	CTM (Actual)	Max Target	2022/2023 - Q1	1227	-	2022/2023 - Q2	947	-	2022/2023 - Q3	1411	-	2022/2023 - Q4	1014	-	2023/2024 - Q1	452	750	2023/2024 - Q2	-	510	2023/2024 - Q3	-	360	2023/2024 - Q4	-	150
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	proactively engaged and leading programme for improvement - Site Based Leadership support – Clinical/Nursing/Ops - Increase activity at YCR MIU -																												
Quarter 2:	Reduction in Ambulance lost hours																												
- Milestones	- Reduce lost hours to < 4 hours pan CTM Q2 - Achieved WAST Ov4Hr Handovers at all DGHs - All Vehicles <table><thead><tr><th>Period</th><th>CTM (Actual)</th><th>Max Target</th></tr></thead><tbody><tr><td>2022/2023 - Q1</td><td>1227</td><td></td></tr><tr><td>2022/2023 - Q2</td><td>947</td><td></td></tr><tr><td>2022/2023 - Q3</td><td>1411</td><td></td></tr><tr><td>2022/2023 - Q4</td><td>1014</td><td></td></tr><tr><td>2023/2024 - Q1</td><td>452</td><td>750</td></tr><tr><td>2023/2024 - Q2</td><td>510</td><td>510</td></tr><tr><td>2023/2024 - Q3</td><td>372</td><td>360</td></tr><tr><td>2023/2024 - Q4</td><td>150</td><td>150</td></tr></tbody></table>		Period	CTM (Actual)	Max Target	2022/2023 - Q1	1227		2022/2023 - Q2	947		2022/2023 - Q3	1411		2022/2023 - Q4	1014		2023/2024 - Q1	452	750	2023/2024 - Q2	510	510	2023/2024 - Q3	372	360	2023/2024 - Q4	150	150
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Priority area(s)	
	- 4 Hour ED Performance Q2 – not achieved 4Hr A&E Performance (All Sites)  — CTM (Actual) ••••• Trend --- Improvement Trajectory — DGH Only (Actual)
- Actions	- Review adherence to escalation procedure/action and outcomes - 3 month review of Emergency Pressures Escalation Plan planned Q3 - Refine plans on outcomes of review - Review of pre-emptive boarding - Review Senior Manager and Executive on call rota - Ensure equitable response in hours as out of hours - RCA/Harm review for any delay >4 hours - Monthly USC dashboard review through Clinical Service Group performance reviews - Monthly USC dashboard review through Executive performance reviews - Monthly USC Performance meetings supported by NHS Executive Team - Progress patient flow work streams through Six Goals Programme – ewhiteboard/R2G/SAFER/Board - preparatory pre-launch work complete. - System testing of electronic solution v2 whiteboard - Launch Q3

	Priority area(s)
	- Completion of internal audit of reporting arrangements Pan CTM - Winter plans complete – schemes prioritised and submitted - SDEC Project Board Established - Delivery of dedicated SDEC for PCH Q4 - Workforce model being developed - Clinical model being developed
	Emergency Pressures Escalation Plans ability to respond to seasonal variation
- Milestones	- Prompt response to emergency pressures and timely de-escalation
- Actions	- Review escalation level reporting across CTM by day - Review ability/timeliness in de-escalation - Review action cards and supporting documents - Ensure plans resilient to respond to seasonal variation
Quarter4:	Emergency Pressures Escalation Levels shared pan CTM
- Milestones	- Escalation levels reported “live” on CTM intranet
- Actions	- ICT colleagues to collaborate in reporting escalation levels on the intranet
Risks	- In hour v out of hours response - Inpatient hospital flow - Intelligent diverts - Right patient, right place, right time - Identified funding for winter schemes
Outcomes	- Getting the right patient to the right place on time leading to a reduced admission rate - Decreased congestion in Emergency Departments - Decreased bed waits within the Emergency Department - Shared risk across the organisation - Timely de-escalation and return to “Steady State”
Alignment with workforce plans	- Medical workforce review/productivity review in place -
Alignment with Financial plans	Funding is from core budgets or the Six Goals for Urgent and Emergency Care funding.

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- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE BLANK

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)												
Key focus should be on delivering	Outpatient Transformation Programme												
	The aim of the programme is to provide the strategic direct for outpatient transformation across CTM in line with the national recommendations of the recovery plan. The key projects that form this programme are: - See On Symptom/ Patient Initiated Follow Up Project - Attend Anywhere/ VGC Project - WPRS Project - Validation Project - Advice & Guidance Project - Outpatient Utilisation Project The transformation programme together with the overall planned care recovery programme seeks to address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 And to transform outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)												
	The specific projects listed will be complemented by a number of improvement and efficiency programme across CTMUHB including nursing productivity, medical productivity, estates rationalisation, administrative efficiencies and continued adoption of digital solutions to improve patient experience.												
Baseline	To enable the undertaking of this programme and projects a year on year funding allocation is available from Welsh Government for health boards to bid against to enable the transformation of outpatients. This has enabled the programme to be hosted by the Change Hub within iCTM. The funding allocation for 22/24 can be seen below: <table> <tr> <th>HB/Organisation</th><th></th></tr> <tr> <td></td><td>CTMUHB</td></tr> <tr> <td>Central support</td><td>£195,000</td></tr> <tr> <td>Outpatient transformation Projects</td><td>£220,000</td></tr> <tr> <td>Eye-care transformation projects</td><td>£225,000</td></tr> <tr> <td>TOTAL</td><td>£640,000</td></tr> </table>	HB/Organisation			CTMUHB	Central support	£195,000	Outpatient transformation Projects	£220,000	Eye-care transformation projects	£225,000	TOTAL	£640,000
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TOTAL	£640,000												

	Priority area(s)
	The Central Support element of the funding consist of; - 1 WTE 8a Programme Manager that will oversee the programme and direct project management of several projects, - 1 WTE Band 5 Assistant Project Manager to support the WPRS project, - 1 WTE Band 4 Project Support Officer to provide administrative support to the Outpatient Programme as well as the Planned Care Recovery Programme. The Outpatient Transformation element of the funding consist of: - 1 WTE Band 7 Senior Project Manager for the SOS/ PIFU Project (continued from 21/22 and funding secured for 23/24) - 2 WTE Band 6 Project Managers for the Attend Anywhere/Virtual Consultation Project The Eye-Care Transformation element of the funding consists of 4 funded schemes which are directly managed by the operational teams. - Diabetic Retinopathy - Wet AMD - Optometrist Referral Refinement - HCQ Screening Constraints and dependencies The programme team have been constrained by the ability to engage with colleagues due to a lack of capacity to appropriately engage. The programme will with the realisation of the revised operational structure access the subject matter expertise of planning, finance and engagement colleagues form the appropriate care group structures.
May 2023 update	SOS/PIFU First two objective milestones listed as amber due to a lack of service group manager engagement and we are unable to identify clinical leads. Objective three: Gastro now red as a result of organisational change but we have identified the correct people to engage and reached out to them. Some areas of concern relating to a lack of clinical engagement raised in the monthly board meetings and subject to separate discussions with the SRO (and others). Attend Anywhere Generally on track and delivering well against the milestone objectives set. Delays in some areas (Gynaecology) due to limited capacity within the service to engage. Objective No.3 delayed due to a major refurbishment project underway at Maesteg Hospital. Objective No.9 -Patient survey is on track but limited responses received to date. Some areas of concern relating to a lack of clinical engagement raised in the monthly board meetings and subject to separate discussions with the SRO (and others).

	Priority area(s)
	Validation On track. Delivering against the milestone objectives set. Two more milestones (currently amber) will progress (to green) following the Outpatient Transformation Board meeting this Thursday 18th May. WPRS Some delays recently due to sickness leave and operational pressures. Working with colleagues in Medical Records for a coordinated approach to develop process maps. Clear plan in place for the next 4-6 months. Outpatient Capacity and Utilisation Initial report produced and approved by board members. Project board members have met, the PID is awaiting approval and workstream teams to be set. Project temporarily paused in order to focus on restarting WPRS (shared Project Manager resource across both projects). Consultant Connect On track and delivering well. Review underway to maximise engagement with secondary care, optimise synergy with other programmes and coordinate project resources efficiently.
July 23 Update	SOS/PIFU Clinical and care group engagement has improved slightly over the past three weeks and some progress has been made in all identified specialties. The eight stage process identified for the implementation of SOS/PIFU, which should take 4 weeks is taking much longer. Q2 targets focus on engaging services which are using a form of SOS/PIFU and auditing their procedures to ensure they are compliant with the project and consistent with other services within CTM. Some areas of concern raised in the monthly board meetings and subject to separate discussions with the SRO (and others). Usage objective milestones set for operations are still awaiting approval. Attend Anywhere Q1 targets have been achieved with exception of the Attend Anywhere Hub in Maesteg Hospital which is delayed due to a Hospital Refurbishment Project. Some of the objectives have been achieved slightly later than anticipated. Some progress has been made since the last update with Gynaecology which had been ragged red due to a lack of clinical engagement, which is very positive. Q2 targets focus on a combination of expanding the Attend Anywhere Hub network availability to new Hospital sites, improved ICT reporting and enabling three new services to have access and use Attend Anywhere. Some areas of concern raised in the monthly board meetings and subject to separate discussions with the SRO (and others). Usage objective milestones set for operations are still awaiting approval. Validation On track. Delivering against the milestone objectives set. The team is working autonomously with robust processes in place. Attempted to contact over 1,000 patients already and this is showing a high return rate with around 10% being removed off the lists. This is

	Priority area(s)
	mainly due to duplicate referrals or patients that have been attended to privately and no long require further appointments. The team are also supporting other programmes by signposting patients to Health Management Programmes such as WISE while they wait for their first appointment and this is linked with 3P's policy. WPRS Some delays recently due operational pressures. Plan involves receiving comprehensive map of medical records processes, delays in receiving this has resulted in slow progress. BAU work also impacting on ICT Project Manager capacity. Outpatient Capacity and Utilisation This project was put on hold in May 23 due to operational pressures on key members of the project team and this was approved by Outpatient Transformation Board on 18th May 2023. Consultant Connect Primary care set up complete with 100% of GP Surgeries having access to Consultant Connect. Focus on offering comprehensive local services with secondary care engagement inline with NHS Executive directives for use of Consultant Connect. Meeting scheduled for the 4th July at the request of Sarah James (Deputy COO) for all Care Group Directors to support effective engagement with secondary care. Usage objective milestones set for operations are still awaiting approval.
October 23 Update	SOS/PIFU We continue to experience the same issues with SOS/PIFU, largely due to a lack of engagement. Q2 targets put on hold due to the planned changes to the OPT Programme which realigns objectives. The Project Manager has focused attention on delivering Q1 targets that were delayed due to minimal engagement. The outpatient transformation programme is currently being redesigned with a new structure, new objectives and new scope. SOS/PIFU will be included. The Project Manager for SOS/PIFU has recently resigned and will leave the project at the beginning of December 23. This is a major risk to the project as we only have funding in place until 31st March 24 so we are unable to recruit a replacement and anticipate that work in this area will stop until this is resolved. An update on the current position: • 9 Live specialties – 5 have decreased usage over the past 12 months. 3 have increased. 1 remained the same with 0%. • 52 live SOS/PIFU Pathways – 33 SOS and 19 PIFU. • 6 Specialities in progress. • 9 SOS/PIFU pathways in development • 7 Specialities engaged with – but no progress. • 1 Speciality engaged with but deemed unsuitable (Clinical decision).

	Priority area(s)
	Attend Anywhere We continue to experience the same issues and risks with Attend Anywhere due to a lack of clinical engagement. The outpatient transformation programme is currently being redesigned with a new structure, new objectives and new scope. Attend Anywhere will be included. Recent discussions with Tec Cymru on funding for 2023/24 and 24/25 is a major risk to the ongoing viability of the project. We also understand that there maybe a move away from the current Attend Anywhere platform. This is an update on the current position: • 34,000 consultations held since May 2020 • 924 consultants/clinicians set up. • MDT Nursing home project expanded from Bridgend into Merthyr & RCT • AA hubs set up across six sites • Attend Anywhere group activity increasing each month Jan 23 – 8 group consultation – Sept 23 48 – 188 consultations – 632 patients seen Validation The Validation project continues to deliver well. We currently have funding until 31st March 23 but new funding for 24/25 is being progressed and likely to be in place soon. Here is a summary of the current performance stats: • Total calls 6519 • Total discharges 422 • Total validation 2717 • Removal rate 14% • Total texts 867 • Total replies 112 WPRS Some delays recently due operational pressures. Plan involves receiving comprehensive map of medical records processes, delays in receiving this has resulted in slow progress. BAU work also impacting on ICT Project Manager capacity. The outpatient transformation programme is currently being redesigned with a new structure, new objectives and new scope. WPRS will be included. Outpatient Capacity and Utilisation This project was put on hold in May 23 due to operational pressures on key members of the project team and this was approved by Outpatient Transformation Board on 18th May 2023.

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	Consultant Connect Primary care set up complete with 100% of GP Surgeries having access to Consultant Connect. Focus on offering comprehensive local services with secondary care engagement in line with NHS Executive directives for use of Consultant Connect. Meeting scheduled for the 4th July at the request of Sarah James (Deputy COO) for all Care Group Directors to support effective engagement with secondary care. Usage objective milestones set for operations are still awaiting approval. Critical meeting organised for the 4th July 23 following escalation of the issues hindering progress was cancelled at last minute after being organised 6 weeks previous – this allowed these issues to continue to delay the project and hinder progress further, compromising the Q2 targets set in this document. More recent secondary care meetings have been cancelled at the last minute and this is hindering progress. The outpatient transformation programme is currently being redesigned with a new structure, new objectives and new scope. Consultant Connect will be included.																																													
Quarter 1:																																														
- Milestones	SOS/PIFU Start 23/24 roll out plan Identify priority specialty roll out plan based on All Wales priorities identified by WG Based on highest waiting lists the following have been identified as CTM priorities: <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>General Medicine</td><td>12.05.23</td></tr><tr><td>2</td><td>Community Medicine</td><td>12.05.23</td></tr><tr><td>3</td><td>Gastroenterology</td><td>26.05.23</td></tr><tr><td>4</td><td>Oral Surgery</td><td>26.05.23</td></tr><tr><td>5</td><td>Rehabilitation</td><td>09.06.23</td></tr><tr><td>6</td><td>Physiotherapy</td><td>09.06.23</td></tr><tr><td>7</td><td>Podiatry</td><td>23.06.23</td></tr><tr><td>8</td><td>Speech and Language Therapy</td><td>23.06.23</td></tr><tr><td>9</td><td>Mental Health (revisit)</td><td>30.06.23</td></tr></table> Attend Anywhere <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>RGH – Attend Anywhere Hub</td><td>14.04.23</td></tr><tr><td>2</td><td>YCC – Attend Anywhere Hub</td><td>14.04.23</td></tr><tr><td>3</td><td>Maesteg Hosp – Attend Anywhere Hub</td><td>14.04.23 (Delayed due to Hospital Refurb)</td></tr><tr><td>4</td><td>Joint Event with Tec Cymru</td><td>29.04.23 – (Change of</td></tr></table>	Milestone	Description	Date	1	General Medicine	12.05.23	2	Community Medicine	12.05.23	3	Gastroenterology	26.05.23	4	Oral Surgery	26.05.23	5	Rehabilitation	09.06.23	6	Physiotherapy	09.06.23	7	Podiatry	23.06.23	8	Speech and Language Therapy	23.06.23	9	Mental Health (revisit)	30.06.23	Milestone	Description	Date	1	RGH – Attend Anywhere Hub	14.04.23	2	YCC – Attend Anywhere Hub	14.04.23	3	Maesteg Hosp – Attend Anywhere Hub	14.04.23 (Delayed due to Hospital Refurb)	4	Joint Event with Tec Cymru	29.04.23 – (Change of
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Priority area(s)		
		date to 05.07.23)
5	Gynaecology	12.05.23
6	Paediatrics	12.05.23
7	Therapies (Revisit)	30.06.23
8	Pain Therapies	30.06.23
9	Patient Survey	30.06.23
Validation The external validation project vis HBS will end on the 31 st March 2023.		
Milestone	Description	Date
1	End contract with HBS	03.04.23
2	Handover Meeting	05.04.23
3	Recruitment to band 7 lead x 1wte	07.04.23
4	Recruitment to band 3 x3wte	07.04.23
5	Senior post to undertake development of project management documentation and start monthly reporting.	07.04.23
6	Senior post to develop high level validation processes with key stakeholders and agree sign off at OTP Board.	14.04.23
7	Team to undertake training with 1 st appointments teams who currently manage the waiting lists for stage 1 specialities.	21.04.23
8	Agreement for speciality run order of validation for New and FU lists at OTP.	28.04.23
9	Commence validation of waiting lists of specified lists in line with organisation direction.	12.05.23
10	Develop robust benefits tracking for all validation undertaken by the team.	26.05.23
WPRS		
Milestone	Description	Date
1	Respiratory	01.05.23
2	Dermatology	01.05.23
3	ENT and Audiology	01.06.23
4	Urology	01.06.23
5	Paediatrics	30.06.23
6	Commence General Surgery	01.06.23

Priority area(s)			
	Outpatient Utilisation and Capacity		
	Milestone	Description	Date
	1	Engage stakeholders	01.04.23
	2	Commence: review outpatient spaces and rooms work stream.	01.04.23
	3	Commence: identification of staff who manage outpatient spaces and rooms.	01.04.23
	4	Commence: exploring electronic tools to manage space.	15.06.23
	Consultant Connect		
	Milestone	Description	Date
	1	Cwmaman Health Centre	28.04.23
	2	Nantymoel Surgery	28.04.23
3	HMP Parc Prison	28.04.23	
4	Communication on 100% of CTM GP Practices having access to Consultant Connect.	19.05.23 (Put on hold until resolution with secondary care agreed)	
5	Existing CTM Consultants to expand their area of responsibility to cover the whole of CTM area (rather than just a region e.g. Bridgend).	31.05.23 (On hold – due to limited engagement from secondary care. Meeting arranged 4 th July 23).	
6	Communication update on the number of services covered internally by CTM consultants.	16.06.23 (On hold – due to limited engagement from secondary care. Meeting arranged 4 th July 23).	
7	Working with Outpatient Recovery Board Members. Increase monthly practice usage from 50% in Jan 23 to 60%.	30.06.23 (Month on month usage just above 50%. Low GP confidence in local service. Engagement with secondary care crucial to improving).	
- Actions	Programme manage the above milestones including: • Maintain monthly board meetings, • Monitor, review and reporting functions, • Benchmarking progress against other Health Boards.		

	Priority area(s)																																																			
	• Reporting on service utilisation (BAU), • Coordination with other services and departments, • Risk management, • Governance structure – effective decision and escalation, • Communications using new Outpatient Transformation Programme Share-point site.																																																			
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- Milestones	SOS/PIFU implementation in Q2 specialties Due diligence compliance check on the following services which have been identified as using SOS / PIFU for 10% or more of their Patients not suitable for discharge. <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td> • Anaesthetics. • Midwifery led care. </td><td>11.08.23</td></tr><tr><td>2</td><td> • Obstetrics inc ante natal • Oncology </td><td>25.08.23</td></tr><tr><td>3</td><td> • Orthoptics • Paediatric neurology </td><td>08.09.23</td></tr><tr><td>4</td><td> • Palliative medicine • Sports and exercise medicine </td><td>22.09.23</td></tr><tr><td>5</td><td> • Clinical Psychology • Therapies community hub </td><td>29.09.23</td></tr></table> Attend Anywhere <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>PCH – Attend Anywhere Hub</td><td>28.07.23</td></tr><tr><td>2</td><td>YCR – Attend Anywhere Hub</td><td>28.07.23</td></tr><tr><td>3</td><td>ICT – Attend Anywhere Query Reporting</td><td>11.08.23</td></tr><tr><td>4</td><td>ENT</td><td>25.08.23</td></tr><tr><td>5</td><td>Oral and Max Fax</td><td>15.09.23</td></tr><tr><td>6</td><td>Urology</td><td>29.09.23</td></tr></table> Validation <table><tr><th>Milestones</th><th>Description</th><th>Dates</th></tr><tr><td>1</td><td>Explore automated processes for validation through digital methods.</td><td>18.08.23</td></tr><tr><td>2</td><td>Deal with validation queries/ complaints, internally from stakeholders and externally from patients where applicable.</td><td>18.08.23</td></tr><tr><td>3</td><td>Midway project review, in-depth review of benefits tracking/ realisation to inform business case development in Q3 & Q4.</td><td>29.09.23</td></tr></table>	Milestone	Description	Date	1	• Anaesthetics. • Midwifery led care.	11.08.23	2	• Obstetrics inc ante natal • Oncology	25.08.23	3	• Orthoptics • Paediatric neurology	08.09.23	4	• Palliative medicine • Sports and exercise medicine	22.09.23	5	• Clinical Psychology • Therapies community hub	29.09.23	Milestone	Description	Date	1	PCH – Attend Anywhere Hub	28.07.23	2	YCR – Attend Anywhere Hub	28.07.23	3	ICT – Attend Anywhere Query Reporting	11.08.23	4	ENT	25.08.23	5	Oral and Max Fax	15.09.23	6	Urology	29.09.23	Milestones	Description	Dates	1	Explore automated processes for validation through digital methods.	18.08.23	2	Deal with validation queries/ complaints, internally from stakeholders and externally from patients where applicable.	18.08.23	3	Midway project review, in-depth review of benefits tracking/ realisation to inform business case development in Q3 & Q4.	29.09.23
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Priority area(s)			
	WPRS		
	Milestone	Description	Date
	1	Gynaecology	01.08.23
	2	Pathology and Haematology	31.08.23
	3	Commence PMHSS	01.07.23
	4	General Surgery	30.09.23
	Outpatient Utilisation and Capacity		
	Milestone	Description	Date
	1	Commence: workforce model review	01.07.23
	2	Complete: outpatient rooms and spaces work stream	30.09.23
	3	Complete: identify staff who manage rooms and space.	30.09.23
	4	Progress with: investigating electronic tools for booking space.	30.09.23
5	Complete workforce model	30.09.23	
Consultant Connect			
Milestone	Description	Date	
1	SDEC – new local line	31.07.23	
2	General Surgery – new local line	31.07.23	
3	Diabetes & Endocrinology – new local line	31.08.23	
4	Renal Medicine – new local line	31.08.23	
5	Mental Health – Expand current local MH services outside of CAMHS	30.09.23	
6	Working with Outpatient Recovery Board Members. Increase monthly practice usage from 60% in Jan 23 to 70%.	31.08.23	
- Actions	Agree Q3 and Q4 Priorities Programme manage the above milestones including: • Maintain monthly board meetings, • Monitor, review and reporting functions, • Benchmarking progress against other Health Boards, • Reporting on service utilisation (BAU), • Coordination with other services and departments.		

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	• Risk management, • Governance structure – effective decision and escalation, Communications using new Outpatient Transformation Programme Share-point site.																																																	
Quarter 3:																																																		
- Milestones	Programme funding beyond 31st March 2024. Extend fixed term contracts for next 12 months (1st April 2024 – 31st March 2025) SOS/PIFU implementation progress in Q3 specialties • SOS/PIFU Project Manager has resigned (formal notice to be received) anticipated leaving date is December 23. No funding to resource beyond March 24. Attend Anywhere <table><tr><th>Milestone</th><th>Description</th><th>Date</th><th>Comments</th></tr><tr><td>1.</td><td>Gynae (endometriosis)</td><td>31.10.23</td><td></td></tr><tr><td>2.</td><td>Comms on all hubs</td><td>31.10.23</td><td></td></tr><tr><td>3.</td><td>Endoscopy</td><td>14.11.23</td><td></td></tr><tr><td>4</td><td>Occupational Therapy</td><td>28.11.23</td><td></td></tr><tr><td>5</td><td>Groups – increase usage</td><td>15.12.23</td><td></td></tr><tr><td>6</td><td>Process mapping Med records.</td><td>31.12.23</td><td></td></tr></table> Consultant Connect <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>Re-launch CC within CTM with more robust local offering</td><td>31.10.23</td></tr><tr><td>2</td><td>Work with Outpatient Transformation team and Senior CTM strategic leads to co-ordinate new offering of services within CTM</td><td>31.12.23</td></tr><tr><td>3</td><td>Urgent Care provision for GPs and WAST through CC</td><td>30.09.23</td></tr><tr><td>4</td><td>Update Urology Provision available in CTM</td><td>31.10.23</td></tr><tr><td>5</td><td>Dermatology provision in CTM to be reviewed – possible to use CC</td><td>30.09.23</td></tr><tr><td>6</td><td>Mental Health – Expand current local MH services outside of CAMHS</td><td>31.09.23</td></tr></table>	Milestone	Description	Date	Comments	1.	Gynae (endometriosis)	31.10.23		2.	Comms on all hubs	31.10.23		3.	Endoscopy	14.11.23		4	Occupational Therapy	28.11.23		5	Groups – increase usage	15.12.23		6	Process mapping Med records.	31.12.23		Milestone	Description	Date	1	Re-launch CC within CTM with more robust local offering	31.10.23	2	Work with Outpatient Transformation team and Senior CTM strategic leads to co-ordinate new offering of services within CTM	31.12.23	3	Urgent Care provision for GPs and WAST through CC	30.09.23	4	Update Urology Provision available in CTM	31.10.23	5	Dermatology provision in CTM to be reviewed – possible to use CC	30.09.23	6	Mental Health – Expand current local MH services outside of CAMHS	31.09.23
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	Validation	
	Milestone	Description
	Date	
	1	Complete first stage of validation across all core outpatient specialties
	2	Validation/KIT team to receive MECC training
	3	Begin validation of longest waiters since validation began across all specialties. (not specialty specific)
	4	Senior post to develop business case for continued funding.
	WPRS	
	Milestone	Description
	Date	
	1	Geriatric medicine (COTE)
	2	Colorectal surgery
	3	Dermatology and lesion photography
	4	ENT & audiology
	5	Rapid diagnostic Clinic
	6	Paediatrics
	7	Respiratory medicine
	8	Breast Services
	9	Urology
	Outpatient Utilisation and Capacity	
	Milestone	Description
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	5	Complete workforce model

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- Actions	Completion of BAU transition plan. Consultant Connect - Engage with Secondary Care - Re-launch CC to both Primary and Secondary Care - Look to improve existing lines - Look specifically at the NHS Exec CIN lines.																																																																		
Quarter4:	SOS / PIFU SOS/PIFU Project Manager has resigned (formal notice to be received) anticipated leaving date is December 23. No funding to resource beyond March 24. Attend Anywhere <table><tr><th>Milestone</th><th>Description</th><th>Date</th><th>Comments</th></tr><tr><td>1.</td><td>Community service</td><td>31.1.24</td><td></td></tr><tr><td>2.</td><td>Primary Care</td><td>31.1.24</td><td></td></tr><tr><td>3.</td><td>POW Hub</td><td>28.2.24</td><td></td></tr><tr><td>4</td><td>ENT</td><td>28.2.24</td><td></td></tr><tr><td>5</td><td>Max Fax</td><td>31.3.24</td><td></td></tr></table> Consultant Connect <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>Improve local connection rates to 85%</td><td>30.04.24</td></tr><tr><td>2</td><td>General Surgery – new local line</td><td>28.02.24</td></tr><tr><td>3</td><td>Diabetes & Endocrinology – new local line</td><td>31.01.24</td></tr><tr><td>4</td><td>Improve outcomes left to 50% overall for non-urgent lines</td><td>30.04.23</td></tr></table> Validation <table><tr><th>Milestone</th><th>Description</th><th>Date</th></tr><tr><td>1</td><td>Ensure a robust and beneficial validation is in place across CTM</td><td>March 24</td></tr><tr><td>2</td><td>All reportable waiting lists are validated and up to date.</td><td>March 24</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Milestone	Description	Date	Comments	1.	Community service	31.1.24		2.	Primary Care	31.1.24		3.	POW Hub	28.2.24		4	ENT	28.2.24		5	Max Fax	31.3.24		Milestone	Description	Date	1	Improve local connection rates to 85%	30.04.24	2	General Surgery – new local line	28.02.24	3	Diabetes & Endocrinology – new local line	31.01.24	4	Improve outcomes left to 50% overall for non-urgent lines	30.04.23	Milestone	Description	Date	1	Ensure a robust and beneficial validation is in place across CTM	March 24	2	All reportable waiting lists are validated and up to date.	March 24																		
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Priority area(s)			
	WPRS		
	Milestone	Description	Date
	1	Gynaecology completion	Complete by end of January 2024
	2	General Surgery	Commence engagement January 2023
	3	Commence PMHSS	Commence engagement January 2023
	Outpatient Utilisation and Capacity		
	TBC'd		
	- Milestones	Completion of SOS/PIFU implementation and transition plan	
- Actions			
Risks			
Description	Impact Potential	Project Approach	
Time to deliver must be achieved within tolerance of completion	High	The trajectory for completion is currently achievable and is supported by a robust onward escalation process via the Outpatients Transformation Programme & Planned Care Recovery Board	
Inconsistency and divergence between the specialities' in their engagement with the project.	High	The project team will clearly set out the necessary commitments to achieve the necessary steps to deployment. The project will adopt a principle of deployment by speciality (not site) and escalate concerns appropriately. The programme board membership has been revised for this phase of the project to ensure appropriate senior clinical and operational representation to facilitate appropriate prioritisation.	
Resource and capability to develop and deliver the key projects.	Medium	The project teams will regularly review achievement of milestones and where necessary escalate through the appropriate governance routes if additional resource is required to achieve objectives within time tolerance.	
Conflicting organisational priorities - impacting adversely on the programme (COVID 2nd wave/winter pressures etc.	Medium	Alignment with the outpatients and elective recovery transformational programmes will provide the necessary steer and prioritisation for its activities.	
Changes in the operational model within the HB from ILG to a new structure	Low	The project will identify and engage with the appropriate clinical and operational colleagues for each speciality at the time of deployment for each individual speciality.	

		The programme will benefit from access to core enablement resource such as finance, engagement and workforce expertise within the Planned Care Group.
Interdependencies where milestones require shared input from numerous stakeholders	Medium	The programme will set clear objectives. Risks and issues will be monitored and the monthly board meetings provide a suitable escalation process for effective decision making.
Outcomes		
SOS/ PIFU Project	- Development and implementation of a standardised approach for SOS/ PIFU pathways in CTM. - Review specialities current processes and where required, develop and agree pathways that are suitable for each specialities. - Monitor and report progress to the subgroup, highlighting any areas of improvement needed. - Improve patient outcomes by providing the options for patients to self-manage and initiate appointments when needed, reducing unnecessary follow up appointments.	
Attend Anywhere/ VGC Project	- Continue development and implementation of virtual video appointments across CTM. - Review specialities current compliance and work with the teams to understand where and how this can fit with their patient cohorts. - Review booking processes to enable lean booking of patients onto these appointment types. - Monitor and report progress to the subgroup, highlighting any areas of improvement needed. - Develop Video Group Clinics in line with the national recommendation with specific specialities including joint school.	
WPRS Project	- Review of current processes and mapping of service pathways to enable the transfer from paper referrals to digital. - Enabling digital triage of all referrals providing where needed a fast return of referral deemed not appropriate with advice & guidance. - Formal roll out of fully digital electronic referrals across the health board. - Monitor and report progress to the subgroup, highlighting any areas of improvement needed.	
Validation Project	- To ensure that waiting lists are fully validated with an accurate reflection of patients waiting (<i>Patients who no longer want or need an appointment removed</i>). - WPAS updating process to be developed. - Monitor and report progress to the subgroup, highlighting any areas of improvement needed.	
Advice & Guidance Project	- Review each speciality offering for advice and guidance, developing this where needed (telephone advice/ messaging through Consultant Connect or where appropriate email/ WPRS messaging) and providing a communication package on each speciality to primary care.	

	- A national procurement exercise is underway to appoint a provider for standardised health pathways system for advice & guidance. This will form part of this project in 23/24.
Outpatient Utilisation	- Project will look to the current outpatient space utilisation across the HB to identify what practice is currently undertaken to ensure maximisation of rooms for F2F appointments and working to develop mechanisms for the reallocation of rooms when needed, including when clinics are cancelled. The aim will be to ensure the maximisation of all clinic space to increase the number of f2f appointments that can take place within the facilities currently available to us. This will include the scoping of external room utilisation systems programmes and any internal solutions, which may be available.
Alignment with workforce plans	
Alignment with Financial plans	
OPTIONAL	
Digital / Technology Opportunities	

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- | |
|--|
| <ul style="list-style-type: none">• Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2• Is accessible at key times evidenced by the emergency care demand profile in of each hospital site• Is direct access and bypasses Emergency depts• Delivers a service for at least medical and surgical same day care• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.• Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme |
|--|

Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

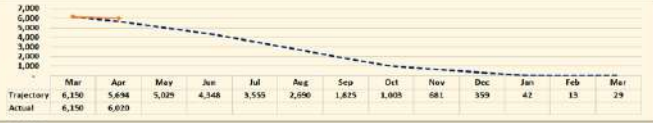
Implement 111 press 2 on a 24/7 basis for urgent mental health issue

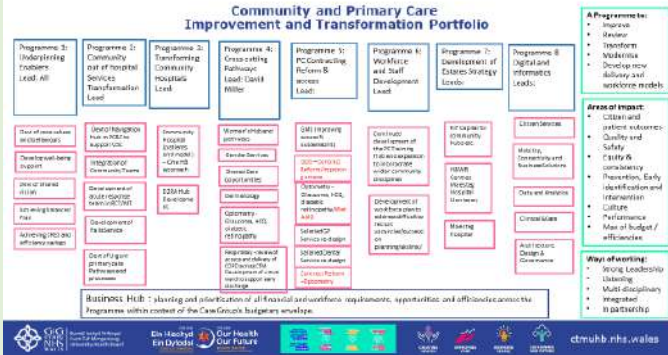
MINISTERIAL TEMPLATE BLANK

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)
Baseline	A planned care recovery programme is in place and provides leadership and governance for the improvement of planned care delivery. Under the auspices of this programme: - Existing priority investments have been reviewed. - Using an agreed methodology incorporating consideration of areas with quality and safety concerns, high impact improvement potential and feasibility for change aligned to organisational capabilities, priority areas for investment for 2023-24 have been identified. The end of year outturn for 31 March 2023, set out by speciality, is attached to this appendix.
May 2023 update	The revised ministerial requirement as set out below will all be delivered within target date for all specialities. - Ensure all patients who have waited >3 years for an Outpatient Appt. have a booked appointment by August 2023 97% of patients will complete their treatment within 104 weeks by the End of Q3 99% of patients will complete their treatment within 104 weeks by end of Q4

Priority area(s)																																														
	D&C modelling and service planning has continued to progress and be refined since the 31.3.23 IMTP submission and the current improvement trajectories are:																																													
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023 Current Period 14,467	 <table><tr><th>Month</th><th>Trajectory</th><th>Actual</th></tr><tr><td>Mar</td><td>14,312</td><td>14,312</td></tr><tr><td>Apr</td><td>19,264</td><td>14,467</td></tr><tr><td>May</td><td>18,010</td><td></td></tr><tr><td>Jun</td><td>16,317</td><td></td></tr><tr><td>Jul</td><td>14,475</td><td></td></tr><tr><td>Aug</td><td>12,626</td><td></td></tr><tr><td>Sep</td><td>11,271</td><td></td></tr><tr><td>Oct</td><td>9,994</td><td></td></tr><tr><td>Nov</td><td>8,699</td><td></td></tr><tr><td>Dec</td><td>7,424</td><td></td></tr><tr><td>Jan</td><td>6,247</td><td></td></tr><tr><td>Feb</td><td>5,199</td><td></td></tr><tr><td>Mar</td><td>4,187</td><td></td></tr></table>		Month	Trajectory	Actual	Mar	14,312	14,312	Apr	19,264	14,467	May	18,010		Jun	16,317		Jul	14,475		Aug	12,626		Sep	11,271		Oct	9,994		Nov	8,699		Dec	7,424		Jan	6,247		Feb	5,199		Mar	4,187	
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The table below sets out the delivery timescales for key planned care developments due to take place during 2023-24. Each of these developments is supported by a detailed plan.																																														
	Service development	Delivery	May 23 update	Q2 update																																										
	Develop an intermediate dermatology service	By Q4	This is being delivered within the primary and community care transformation programme.	This is being delivered within the primary and community care transformation programme.																																										

Priority area(s)					
	 The diagram illustrates the 'Community and Primary Care Improvement and Transformation Portfolio'. It features eight main program boxes, each with a list of sub-goals or activities. To the right, there are three summary boxes: 'Programme to', 'Areas of impact', and 'Why it's working'. At the bottom, a 'Business Hub' box states the goal of playing a pivotal role in the delivery of all financial and workforce requirements.				
	Develop community-based ENT services	By Q4	This is being delivered within the primary & community care transformation programme.	This is being delivered within the primary & community care transformation programme.	
	Implementation of our Trauma and Orthopaedic sustainability plan which comprises: - reconfiguring trauma services releasing an additional theatre for inpatient elective operating at the Royal Glamorgan - implementing new pathways providing a minimal stay in hospital.	Q2 (Anticipated August 2023)	There is a programme in place with a schedule of meetings for the programme board and sub groups. Service demand has been reviewed, by site and by locality (including patients from	Work is currently on hold due to interdependencies with other service reconfiguration programmes.	
	Model  The model diagram shows three hospital locations and their service offerings: Princess Of Wales Hospital: Trauma, Ambulatory Trauma and Elective Day Surgery. 1:12 Consultant on-call - Fracture clinic - Trauma take Royal Glamorgan Hospital: Inpatient Elective Surgery/Arthroplasty Prince Charles Hospital: Trauma, Ambulatory Trauma and Elective Day Surgery. 1:12 Consultant on-call - Fracture clinic - Trauma take				

Priority area(s)					
			out of area. Pathways have been mapped and work streams are progressing the deliverables.		
	Opening additional day surgery capacity at the Princess of Wales Hospital to support improved access for gynaecology, ENT and urology operating.	March 2023 and Q1	ID Medical commenced additional capacity in March 2023. The second theatre is in planning and supplier in place. The delivery of this is dependent on allocated investment as set out in the plan.	Second theatre at PoWH opened in July 2023.	
	Embedding of the new one-stop gynaecology assessment unit at the Royal Glamorgan Hospital. Works due to be finished by April.	Operational by Q1	Capital work completed and the service will commence at the end of May 2023.	Elements of service commenced in May 2023.	

Priority area(s)					
	Development of the Royal Glamorgan as the Head and Neck inpatient hub for the Health Board.	Q4	A working group is being established this month. Currently on track.	Work is continuing on this project.	
	Consolidation of Ophthalmology services on refined footprint at PoWH.	Q2	Engagement and consultation will be required and this will be mapped into the timeline for this project.	This work is aligned with regional work programmes and there have been GiRFT reviews complete. A steering group has now been established to drive this workstream forward	
	Working in partnership with Cardiff and Vale and Aneurin Bevan Health Board we will provide a regional cataract service. • Business case approved: • Delivery groups have been set up to deliver NHS-provided services (NHH) • Vanguard extended to deliver into Q1.	Work will progress in Q1	Funding submission undertaken. Awaiting funding approval. Working groups in place to deliver both NHS-based and Vanguard solutions.	Funding for 22/23 confirmed, outsourcing paperwork complete and tender issued.	
	Following the opening of the Snowdrop Unit (February 2023), which provides a one-stop-shop to access first assessment and diagnostics, we will complete the	Q3	Repatriation work is progressing. The service	Work is progressing on the repatriation. Target date now	

Priority area(s)					
	implementation of our breast surgery pathway transformation with repatriation of services for Bridgend residents from Swansea Bay UHB. Structure to deliver this project includes: • CTMUHB project group • Joint service-to-service meetings with SBUHB • Contracting and commissioning governance structure: ○ C&C meetings ○ Joint Management Group ○ Joint Executive Group • Interdependencies with regional pathology developments and the plan for a new Laboratory Information Management System for Wales.		has been fully mapped and the demand and capacity assessed. Key dependencies are pathology capacity and wider workforce requirements. Work currently on track.	March 2024 and planning continues internally and with Swansea Bay University Health Board.	
	Urology diagnostics – LAPB will move from Princess of Wales Hospital to Royal Glamorgan Hospital.	Q2	Work is progressing with a project structure in place.	The pathway for the LAPB continues to progress. Draft Business case complete, awaiting review	
	Each speciality is supported by a service plan and the expectation for all specialities is to maintain and improve efficiency and to ensure that patients are treated in turn, on the basis of clinical prioritisation. In addition to internal service development plans and efficiencies, a small number of areas have been identified for insourcing or outsourcing during 2023-2024. Insourcing • ID medical – increase to 4 theatres until Q3 Outsourcing				

	Priority area(s) • Dermatology outsourcing being scoped for a tender exercise (now seeking to undertake this work internally via locum – July 2023, Q! update) • Small levels of outsourcing in key specialities anticipated to support recovery • Pathology contract to continue in 2023-24 and likely to increase in volume • Endoscopy to continue in 2023-24 Diagnostics: Improvements in diagnostics are to be delivered in the medium-term under the auspices of the regional programme. However, for the 2023-2024 year the Health Board is seeking to increase diagnostic capacity through on a short-term basis through a number of mechanisms, including a mobile unit (to be procured in alignment to the regional work on community diagnostic hubs).
Risks	Key risks include capacity to deliver transformational changes, workforce and financial limitations, however all changes are planned within existing or programme budgets and are designed to improve the efficiency of use of our current workforce. There is a risk register for the Planned Care Recovery Programme and each of the projects.
Outcomes	• Reducing inappropriate variation through evidence based approaches, clinically-driven and quality pathway development • Improving access to diagnostics and treatment • Improving patient support while patients await treatment • Delivering care in an accessible way and as close to home as possible • Improving patient outcomes
Alignment with workforce plans	All programmes have workforce plans and are aligned to corporate workforce planning.
Alignment with financial plans	All developments are supported by core service or Planned Care Recovery funds. Funding has been identified as a risk to delivery.
OPTIONAL	
Digital / Technology Opportunities	WPAS systems and clinical systems for Bridgend. Also associated national developments e.g. LIMS

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

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Ministerial priorities:

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Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

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Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- | |
|--|
| <ul style="list-style-type: none">• Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2• Is accessible at key times evidenced by the emergency care demand profile in of each hospital site• Is direct access and bypasses Emergency depts• Delivers a service for at least medical and surgical same day care• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.• Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme |
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Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026.

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

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The completed templates must be collated and submitted alongside the organisation’s plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)												
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 & 104 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2024.												
Baseline	Current trajectories to 31/3/2024 are set out below.												
	Cancer backlog >62 days	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024
	Brain/CNS	1	1	1	1	1	1	1	1	1	1	1	1
	Breast	13	13	12	10	10	9	8	8	7	6	6	6
	Gynaecological	64	64	64	62	62	59	59	59	58	57	57	57
	Haematological	2	2	2	2	2	2	2	2	2	2	2	2
	Head and neck	16	16	16	15	15	14	14	13	13	13	13	13
	Lower GI	189	189	185	183	183	175	173	173	165	154	152	148
	Lung	24	24	23	23	23	22	22	22	22	22	21	21
	Other	3	3	3	3	3	3	3	3	2	2	2	2
	Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0
	Skin (exc BCC)	21	21	20	19	19	19	19	18	18	16	16	16
	Upper GI	46	46	45	45	45	45	43	43	42	42	41	41
	Urological	176	173	173	173	172	171	169	168	166	164	163	163
	Total	555	552	544	536	535	520	513	510	496	479	474	470
	Cancer backlog >104 days	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024
	Brain/CNS	0	0	0	0	0	0	0	0	0	0	0	0

Priority area(s)													
	Breast	0	0	0	0	0	0	0	0	0	0	0	0
	Gynaecological	23	23	21	21	21	21	21	21	20	20	20	20
	Haematological	1	1	1	1	1	0	0	0	0	0	0	0
	Head and neck	3	3	3	3	3	3	3	3	3	3	3	3
	Lower GI	56	55	51	51	49	48	46	44	37	34	34	34
	Lung	6	5	5	5	5	5	5	5	5	4	4	4
	Other	0	0	0	0	0	0	0	0	0	0	0	0
	Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0
	Skin (exc BCC)	8	8	8	7	7	7	7	7	7	6	6	6
	Upper GI	18	18	18	18	17	16	16	15	15	15	15	15
	Urological	81	80	77	76	75	74	72	72	70	66	66	66
	Total	196	193	184	182	178	174	170	167	157	148	148	148

May 2023 update	Our commitment remains to deliver on ministerial expectations to reduce backlog and deliver a significant improvement on cancer performance.												
	Our SCP trajectory are set out below.												
	Cancer compliance <= 62days	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Brain/CNS	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
	Breast	74%	75%	77%	78%	79%	80%	82%	83%	84%	87%	87%	87%
	Gynaecological	37%	37%	37%	38%	38%	40%	43%	43%	44%	46%	46%	47%
	Haematological (exc acute leukaemia)	63%	63%	64%	66%	67%	68%	69%	69%	70%	72%	72%	72%
	Head and neck	42%	42%	42%	44%	46%	48%	49%	51%	51%	52%	52%	52%
	Lower GI	53%	53%	55%	55%	55%	57%	63%	63%	65%	68%	69%	69%
	Lung	61%	62%	62%	63%	63%	64%	66%	68%	68%	70%	71%	71%
	Other	63%	67%	67%	67%	67%	67%	67%	67%	71%	71%	71%	71%
	Sarcoma	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	83%	83%
	Skin (exc BCC)	85%	86%	88%	88%	89%	90%	90%	90%	91%	91%	92%	92%

Priority area(s)													
	Upper GI	54%	54%	55%	55%	55%	56%	59%	60%	61%	64%	65%	65%
	Urological	31%	32%	32%	33%	34%	36%	38%	38%	43%	45%	45%	45%
	All Sites	58%	59%	60%	61%	61%	63%	65%	65%	67%	69%	70%	70%
Plans	Aligned with A Cancer Improvement Plan for Wales (2023-26), we continue to develop our local improvement plan. This comprises actions across the breadth of cancer services, including commissioned service provision. We will continue to work towards all national optimum clinical pathways to be fully embedded into local service delivery, and include both pre-habilitation and rehabilitation facilitated through action plans with each tumour site and supported by further development of business intelligence. We will also participate in regional collaborative developments including acute oncology, AOS, prostate self-management, C the Signs and the Transforming Cancer Services Programme. In addition, the Cancer Business Unit's plans have been set out in support of the delivery of cancer improvement.												
	Priority	Key actions		Metrics (performance indicator/ outcome/ output)		Timescales (Qtr/Year)		Nov 23 update		Q2 update			
	For all National optimum Clinical pathways to be fully embedded into local service delivery, and include both prehabilitation and rehabilitation.	Carry out baseline assessment Develop and implement collaborative action plan with tumour site groups Implementation of digital dictation & voice recognition across all of CTM		Increased STT Increased prehabilitation provision WPES Cancer improvement plan		3 years		Baseline assessment completed and pathways being amended in numerous specialities to assist in compliance with NOCP Actions from cancer improvement plan ongoing		Increased STT in Urology, Gynaecology, lower GI tumour sites Continued collaboration with All Wales Cancer Cymru working group to ensure a national and regional approach where possible to pre habilitation & rehabilitation Cancer improvement action plan for HB which is being updated monthly and shared via cancer steering group Accelerated imaging in Lower & upper GI post abnormal endoscopy			

Priority area(s)						
						Streamlining of haematuria pathway – includes STT CT, accelerated imaging and PAC.
	Continued development of Business intelligence.	Continued education and training around utilisation of relevant cancer apps and application to practice	Increased number of users Improved planning Improved ownership of data	12 months	Development of forecasting tool to enhance BI tool	Further funding granted £28K for development of forecasting tool. Awaiting receipt of funding and work to commence
	Collaborative working with regional cancer development schemes (current & future)	AOS RDC Prostate self-management Lung health check programme CtheSigns TCS	Successful implementation of development scheme WPES Improved SCP performance	Ongoing	Collaborative working with VCC & network ongoing RDC service Lung health check Variation in recording and tracking of BSW	AOS service running across all three acute sites. RDC running across 3 sites, 5 days per week Lung health check pilot commenced Collaborative working with BSW & network to align recording, tracking and visibility of data
	Develop and deliver a cancer quality assurance framework and its attributable measures to improve patient safety and outcomes	Digital development of fully functioning dashboard	Implementation of dashboard	12 months	Further enhancements to dashboard are ongoing	Cancer quality assurance Framework developed and dashboard available.
	Full implementation of CANISC replacement programme	Undertake required training UAT as and when required as per rollout	Successful implementation of each phase	Ongoing	Ongoing.	Breast commenced May 2023. Urology commenced June 23 Lower GI cancer data set commenced July 23. All future roll outs put on hold as issues identified with DNCW re data extraction
	Identify cancer and MDT leads and job plan appropriately	Implementation of JD for both cancer and MDT leads	Number of MDT and cancer leads that have a JD and defined DTT in job plan		MDT and Cancer lead JD's developed and approved. Currently working through embedding into respective job plans	New CD appointed into and working through

Priority area(s)						
		Appropriate time embedded into job planning	Improved patient pathway			
	Agreed service improvement actions are set out below.					
	Service	Actions	Timescales	Update June 23	Q2 update	
	Lower GI	- FIT pathway approved and started implementation phase. - Challenges with BSW – SSP x2 due to start mid-March which will facilitate additional screening colonoscopy lists being undertaken. - Endoscopy programme board in place to develop regional solutions. - Internal work to develop further endoscopy capacity at PCH ongoing. - Ongoing work to increase productivity and efficiencies.	Q2	Merging of Urology and Lower GI MDTs and streamlining of processes / pathways	FIT implemented	
			Q4	Endoscopy development work at PCH is on track for delivery in Spring 2024.	Significant delays with BSW but improvements made. BSW signed off POW to undertake lists providing sustainable solution moving forward to meet demand	
			Q2	Workforce model will provide 3 session day working and sustainable endoscopy service to meet demand		
			Q2		Workforce model completed for 3 rd theatre.	
	Urology	Merging of MDT’s	Q2	Ongoing. Finalising job plans of core MDT members and MDT lead. Once finalised MDT will merge.	Awaiting radiology job plans to be finalised and will then merge	
	Breast	- Breast radiologist sought – increase capacity additional clinic alt Thursdays and weekly Friday - Additional Breast surgeon approved - Breast surgery repatriation	Q3-4	Repatriation work with SBUHB is ongoing.	New Breast Surgeon commenced Breast Unit opened Disaggregation of SLA scheduled for March 24	
	Upper GI	- TNE plan to increase capacity. - Development of a transformation Programme for Gastro & Endoscopy (aligned to regional endoscopy work)	Q2	Purchased equipment to convert TNE to OP. Awaiting delivery Identified room for TNE to be undertaken	Delays with transfer due to staffing	
Risks	- Achievement of SCP target - Sustainable endoscopy service - Sustainable path & radiology service and workforce					

	Priority area(s)
Outcomes	• Sustained reduction in backlog in line with trajectory • Improved access to diagnostics and treatment • Recruitment of required workforce • Delivery of access targets
Alignment with workforce plans	All development have workforce plans that are aligned to the corporate workforce plan.
Alignment with Financial plans	Developments are funded from core funding or programme funds.
OPTIONAL	
Digital / Technology Opportunities	

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

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All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

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	Priority area(s)
Key focus should be on delivering	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
Baseline	<i>Describe the baseline as of April 2023 from which you will be working</i> Diagnostic programme: During 2022-2023, the SE Wales regional collaborative progressed joint planning to improve services in a number of key pressure and priority areas, including ophthalmic, orthopaedic and diagnostic services. The Diagnostics Programme has been established with project boards for: • Radiology solutions - Community Diagnostics Hubs • Endoscopy, and • Pathology. A regional workshop on 28th November 2022 provided a re-set for the portfolio and delivered confirmed aims and objectives for each of the projects within the diagnostics programme. Milestones for delivery by April 2023 are: Community Diagnostic Hubs: • Delivery of a position paper and investment rationale for the development of CDHs in SE Wales. • Updating the procurement specification to enable procurement to commence in 2023. • We have gained clinical consensus that all developments must fulfil the following criteria. ○ <i>Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region</i> ○ <i>Developments deliver an increase in capacity</i> ○ <i>Developments will be founded on seeking sustainable solutions to demand backlogs.</i> Endoscopy • Agreed revised project structure and governance arrangements with links to the National Endoscopy Programme. • Demand and capacity analysis completed with the support of the delivery unit.

	Priority area(s)	
	• Confirmation of process to be undertaken to develop an agreed model for regional endoscopy. • Cellular Pathology ○ Collection and agreement of Cellular Pathology Demand & Capacity Data ○ Progression of 7 day Cellular Pathology Working Pilot at CVUHB ○ Establish Regional Pathology Scoping Group ○ Develop and agree ToR Regional Pathology Scoping Group ○ Develop and agree Pathology Education Practitioner Roles ○ Scoping work to Identify and agree key interdependencies, constraints and possible options for regional working for short, medium and long term ○ Identify and agree short list of options for regional cellular pathology	
Quarter 1:		
- Milestones	Project/Actions	Q2 Update
	Community diagnostic hubs	
	Undertake capacity and demand modelling for the region	D&C completed and used to inform a specification to test the market.
	Option appraisal for scope, configuration of CDHs across the region, phasing and delivery options (both utilising internal solutions and procurement of external providers)	Initial model option appraisal has been updated and will be tested by the operational group. Site option feasibility appraisal has commenced.
	Preferred model and option selection and approval by Programme Board and Portfolio Oversight Board.	Following ITPD2 and revised option appraisal, this will be completed.
	Completion of procurement specification	Completed – for ITPD2
	Completion of business case	In progress
	Endoscopy	
	Confirmed model for endoscopy regional facility and which services lend themselves to regional provision, aligned to the intentions of the National Strategy	Model developed to test the market in ITPD2
	Feasibility study for potential sites to be undertaken.	Feasibility study previously initiated for one potential site and is being undertaken for further sites.
	Pathology	
	Advertise and recruit into newly developed training roles	N/A
	Implementation of 7 day working at CVUHB for cellular pathology	Completed.

Priority area(s)		
	Identify preferred option for regional cellular pathology	Site visits undertaken and option appraisal being developed.
- Actions	Project/Actions	Q2 Update
	Community diagnostic hubs	
	Development of regional NHS options	Initial model option appraisal has been updated and will be tested by the operational group. Site option feasibility appraisal has commenced.
	Develop procurement strategy for the CDHs	A procurement specification has been completed and issued to undertake a second market test – ITPD 2.
	Develop RFQs	Completed for ITPD2
	Issue RFQ to potential suppliers	ITPD2 specification issued.
	Endoscopy	
	ToR reframed to align with National Endoscopy Programme and Regional Diagnostics programme	Completed – annual review now being initiated.
	Model task and finish group established	Completed
	D&C assessment to be refreshed with options for development and at a procedure level	Due for completion in October 2023 in line with repeat exercise led by National Endoscopy Programme.
	Assess operational requirements of the regional model including Academy requirements • Workforce requirements ○ Consider standardisation of job descriptions • Infrastructure • JAG accreditation requirements	In progress and ongoing. Specification developed for ITPD2.
	Pathology	
	Site visit to Cardiff Edge	Completed
	Further develop short listed options for regional pathology solutions	Completed
	Develop operational requirements for identified options	
	Option appraisal of shortlisted options	
	Identification of available capacity due to implementation of seven day working model at CVUHB	

	Priority area(s)
Quarter 2:	
- Milestones	• CDH: ○ Tender for CDH to be initiated and supplier selection completed. ○ Plan confirmed for staggered delivery of CDHs taking into account opportunities for sites in the region. • Endoscopy ○ Development of the business case for the regional model ○ Site option appraisal • Pathology ○ Agree preferred option ○ Produce model and service specification for preferred model ○ Movement of work across health board boundaries.
- Actions	• CDH ○ Confirmed supplier for procurement option ○ Pathways confirmed ○ Operational issues identified and solutions confirmed. • Endoscopy ○ Develop the business case for the agreed elements of regional endoscopy centre. • Pathology ○ Scope operational pathway of preferred option ○ Identification of operational requirements of preferred option ○ Develop regional training solutions
Quarter 3:	
- Milestones	• CDH: ○ Implementation project to commence with NHS and/or preferred procured supplier option • Endoscopy ○ Seek approval of regional model and business case ○ Confirm action plan for JAG accreditation across the region, including the need for additional business cases as required ○ 4 endoscopy theatres (2 additional) at the Royal Gwent Hospital to be operational ○ Completion of 2 x additional endoscopy theatres at UHL • Pathology ○ Seek approval of regional model and agree funding stream ○ Implement regional training solution
- Actions	Regional diagnostics: • CDH: ○ Delivery actions to be undertaken including site development and equipment • Endoscopy ○ Development of a business case for the regional model for Endoscopy (8 Theatres and 2 Training Centres) ○ Options appraisal and feasibility study • Pathology ○ Development of business case for agreed regional model
Quarter4:	
- Milestones	• CDH: ○ Infrastructure installed at 1st CDH ○ First CDH (Site TBC) fully operational

	Priority area(s)
	○ Potential Enabling/commissioning work for internal capacity options • Endoscopy ○ Seek partnership ratification for the regional model and approval for business case to build endoscopy centre into 2024-25 planning cycle ○ Development of additional endoscopy theatre at Prince Charles Hospital. • Pathology ○ Approval of business case
- Actions	• CDH: ○ Identification of further CDHs • Endoscopy ○ Business case will be progressed through programme and regional portfolio governance structures • Pathology ○ Business case will be progressed through programme and regional portfolio governance structures
Risks	Regional diagnostics: • General ○ IT systems can't share information across HB boundaries and that patient records get lost through manual processes. Mitigation is additional IT support into the programme to provide expertise ○ Workforce is a constraint across all three projects. Mitigation: This will be managed through development of plans to create capacity: e.g. pooling staff where possible, and insourced solutions, where required. • CDH: ○ Approval by all 3HBs of the Business Case is not achieved. Mitigation is a robust Business Case ○ Service provider unable to fulfil staffing requirements. Mitigation Good contract management and open communication with the Service provider ○ Necessary Funding for the programme is reduced or not available. Mitigation robust Business Case demonstrating the financial value as well as improved patient care • Endoscopy ○ Approval of the model and business cases is not achieved for all 3 HBs. Mitigation – robust engagement mechanisms and business case. • Pathology ○ Delivery of the LINC system
Outcomes	Radiology - CDHs The Outcome of this project would be a delivery model consisting of a 3 stage process: • Diagnose Well - ○ Rapid access to the right diagnostic ○ Increase accessibility ○ Rapid availability of diagnostic outcomes

	Priority area(s)
	• Manage Well - ○ Develop pathways where diagnostics before referral are the norm ○ Access for planned and emergency care pathways in the community to ensure that management is always as close to home as possible ○ Virtual links to primary care to aide decision making where a referral is not required • Live Well - ○ Develop clear plans for patients that do not have a clear diagnostic outcome ○ Support primary care with pathways of management for the "worried Well" ○ Links to therapeutic interventions In so doing we will ensure: • We deliver a high standard of care as defined by the Health Boards and by national and international best practice guidelines. • CDHs are sufficiently resourced to ensure access. • Services are accessible to patients, are appropriate to their needs and responsive to their concerns. • Employ continuous, transparent, quality assurance as the main method of maintaining and improving standards of care. • Demonstrate improvements in process and outcomes, year by year. • Provide a seamless service from the point of referral. • Ensure people with disabilities, additional needs and languages other than English or Welsh are able to use the service. • Identify and implement regional pathology solutions to create a robust, sustainable, future proofed and patient focussed service.
Alignment with workforce plans	Radiology: The project will include both development work for NHS based and procured solutions, with a view to the development of the workforce to transition from procured to NHS delivered services in the longer-term. There will be a contractual requirement within the procurement for any provider to work with NHS wales to not destabilise our current workforce and to support in alternative workforce models. This requires alignment of demand and capacity modelling and service development with workforce planning, including commissioning training places. Endoscopy Amongst the constraints to the optimisation of current endoscopy services is recruitment and retention of sufficient workforce. The development of the training academy as part of a regional solution would support an enhanced pace of development of endoscopist roles to be able to deliver the required capacity for the region.
Alignment with Financial plans	All funding decisions for the regional portfolio are undertaken at the portfolio oversight board, at which the three Chief Executive Officers are represented.

	Priority area(s)
	Health Boards have given consideration to the requirements for diagnostics funding within their plans for 2023-24 as part of wider planned care recovery development work. The proposals for CDHs will include both internal and procured solutions, with the intention that the procurement service specification facilitates a flexible approach to accessing CDHs to meet the needs and capabilities of the region. On behalf of the region, Cardiff and Vale UHB has commissioned work from Cardiff University (Cedar) to support the value assessment, health economics review and a social return on investment completed in order to ensure that the outputs drive improved outcomes for patients at a lower cost for overall health care provision.
OPTIONAL	
Digital / Technology Opportunities	Pathology Procurement and Implementation of Digital Cellular Pathology enablement is key to the success of any regional pathology solution – Digital Cellular Pathology Business Case

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Increased access to dental services
Improved use of community pharmacy
Improved use of optometry services

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	Priority area(s)	
Key focus should be on delivering	Implement 111 press 2 on a 24/7 basis for urgent mental health issues	
	Ensuring alignment between 111 press 2 and the CTM Navigation Hub	
	Ensuring consistency of pathways following 111#2 calls to support appropriate response.	
Baseline	Completed pilot of 111 press 2 for Mental Health Services as part of the learning, planning and preparedness work for a full implementation.	
	Expected demand = 40 calls per day (based on national programme)	
Quarter 1:		
• Milestones	4 th April 2023 Go Live of 16 hours per day 111 press 2 service for CTM	
• Actions	Q1 actions • Recruitment of posts: To appoint to all posts required to operate 111 press 2 24/7. Actively manage the on-boarding process to reduce delays in delivering the service. • Rota: Ensure sufficient qualified staff to cover 15 hour then 24/7 function. Develop Action card to mitigate risk of short staffing. • Estate / Base: Align 11 press 2 estate with Navigation Hub, including Out of Hours service.	Q1 update 15 Hour Service went live including professional Police support line on 4 th April 2023. Action completed within Quarter 1 23/24 include • Recruitment of 16 Staff into 111#2 service • Rota design and sign off by National Programme team • All staff scheduled or trained in readiness for go live

	Priority area(s)	
	• Training: Ensure all substantive and bank staff receive full training of the systems, process and pathways prior to commencing in post. • Telephone system implementation: Test DDI telephone lines and identify process for resolution of any telephony technical issues. Ensure Professional Line, Welsh and English language lines implemented. • Triage Tool: agree triage tool to be used and implement. • Escalation Process: Agree escalation process and develop Action Cards and Standard Operating Process. • Governance: Agree and sign off the Memorandum of Understanding between WAST and CTMUHB.	• Setup and testing of IT & Telephony Equipment • Development of service SOP which includes escalation action cards • Completed all National check lists for pre- go live including signing the Memorandum of Understanding with WAST
• Milestones	25th April 2023 Go Live of 24 hours per day 111 press 2 service for CTM	24 Hour service went live on 25 th April 2023.
• Actions	• Recruitment of posts : To appoint to and on-board any outstanding vacancies to deliver 24/7 service • Monitoring & Reporting: Implement a reporting process to deliver national standard reporting and any locally identified reporting. ○ Calls received / answered ○ Abandoned call rates	• All actions completed in preparation for go live • Standard reporting metrics captured via the national dashboard now integrated into local reporting mechanisms for wider awareness on activity and quality of 111#2.

	Priority area(s)	
	○ Activity by time ○ Welsh language call activity ○ Police Support call activity ○ Clinical triage outcome (A-G) ○ Training of staff ○ Patient reported outcomes ○ Significant event recording ○ Sample check quality audits ○ Impact on other services ● Readiness Checklist : ensure full compliance with readiness checklist ○ Communication Plan : to implement plan to share details on the service and to support access by the population	
Quarter 2:		
● Milestone	July – September 2023 Post Implementation Phase	
	Q2 Actions ● Operational Management: Implement a regular forum for Senior service leads and Senior Management to discuss and resolve operational issues. ● Performance & Control: Monitor activity and quality to ensure service is meeting the needs. ● Improvements Opportunities: Agreed feedback mechanisms to ensure the quality of triages have a forum for review and if required improvement	Q2 Update ● Fortnightly Operational Management meeting implemented and well attended by invitees. ● Automated and Manual processes embedded to contribute CTM activity data to National and Local reporting mechanisms. ● Mental Health Scorecard/Dashboard updated to included CTM 111#2 activity & outcome data. ● Pathway feedback meetings taking place to aid continuous improvement of agreed pathways to ensure the quality and

	Priority area(s)	
		appropriateness of triages. • Development of new pathways for services including Autism & Eating Disorders • Monitoring and resolution of incidents through correct forums including, hardware (telephony), staffing, frequent callers, Police refusal to welfare check.
• Milestones	29th September 2023 National Peer Review – CTM (Undertaken by C&V and the National Programme Team)	
	Q2 Actions • Prepare for ½ day of staff interviews, presentation to peer review committee and feedback.	Q2 Update • Use of national data dashboard to export data to inform activity and demand vs capacity • Presentation created and delivered on 29th September (awaiting formal feedback) • Positive informal feedback from visiting team on day including agreement for additional funding for 111#2 Staffing
Quarter 3:		
• Milestones	• Implementation of Phase 2 of project. Scope to be defined by National Programme Team • Additional Recruitment of staff to add resilience to team and address increasing demand since go live. • Implementation and monitor of National KPIs for 111#2	
• Actions	• Implement phase 2 project structure and governance • Drawdown of funding and recruitment of additional staff • Undertake visit to support learning lessons, improvement of the service and providing assurance of quality, safety & performance.	
Quarter 4:		
• Milestones	January 2024 Lessons Learnt & Strategic Future Plan	

	Priority area(s)
Actions	Gather Information : gather evidence from Service Review, internal and external stakeholder reports, concerns, incidents and compliments Hold Lessons Learnt Workshop : share with wide group of stakeholders lessons learnt with a view to identifying opportunities for further development including : ○ Opportunities for improvement ○ Safety assurance ○ Understanding demand and potential new pathways ○ Population knowledge & understanding of the service Develop Strategic Development Plan: to maximise the impact of the service and to align with wider CTM services e.g. Navigation Hub, Crisis Teams & SPOA.
Risks	Recruitment – Staff either failing recruitment checks or withdrawing from appointed post during the recruitment posts. Mitigated by regular contact with recruits, front load training where applicable. Demand exceeding capacity – Potential unmet and un-identified need within communities leading to the service becoming overwhelmed without the resources to deliver effectively. Mitigated by regular demand monitoring and escalation of issues.
Outcomes	Improved Patient Experience / Patient Centred Approach • No wrong door – When a person contacts CTMUHB 111#2 MH Service they will receive an inclusive response. • Right Help, Right Time – Working towards a 24/7 approach. • Reducing Duplication – Users of CTMUHB Mental Health Service should not have to repeat their story. The person completing referrals will be a trusted assessor, therefore further assessments should only be additive to the patients care. Correct care for CTMUHB 111#2 Mental Health users • The CTMUHB 111#2 MH service will be able to provide information and advice, signpost to other organisations or arrange a ‘warm’ handover to a specialist mental health team. This would mean the caller would not need to repeat their story.
Alignment with workforce plans	The 111#2 service workforce has been developed through a multi-professional lens, creating a wider opportunity for skill mix and team member development. This aligns with the CTM workforce plan and People Priorities.

	Priority area(s)
Alignment with Financial plans	Funding has been secured through the SIF. Funding, spend and capacity to meet demand will be monitored through the project team and issues will be escalated early, where necessary.
OPTIONAL	
Digital / Technology Opportunities	Implementation of informatics, telephony and data reporting systems have been developed in line with the national team. The utilisation and risks associated with these will be highlighted through the Peer Review and Lessons Learnt process.

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES –

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

The templates below should provide your planned actions/ milestones etc for 23/24.

Ministerial priorities:

- **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

- **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- | |
|--|
| <ul style="list-style-type: none">• Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2• Is accessible at key times evidenced by the emergency care demand profile in of each hospital site• Is direct access and bypasses Emergency depts• Delivers a service for at least medical and surgical same day care• Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.• Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme |
|--|

Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting ‘straight to test model’ and onward referral as necessary

- **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE MENTAL HEALTH PERFORMANCE

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

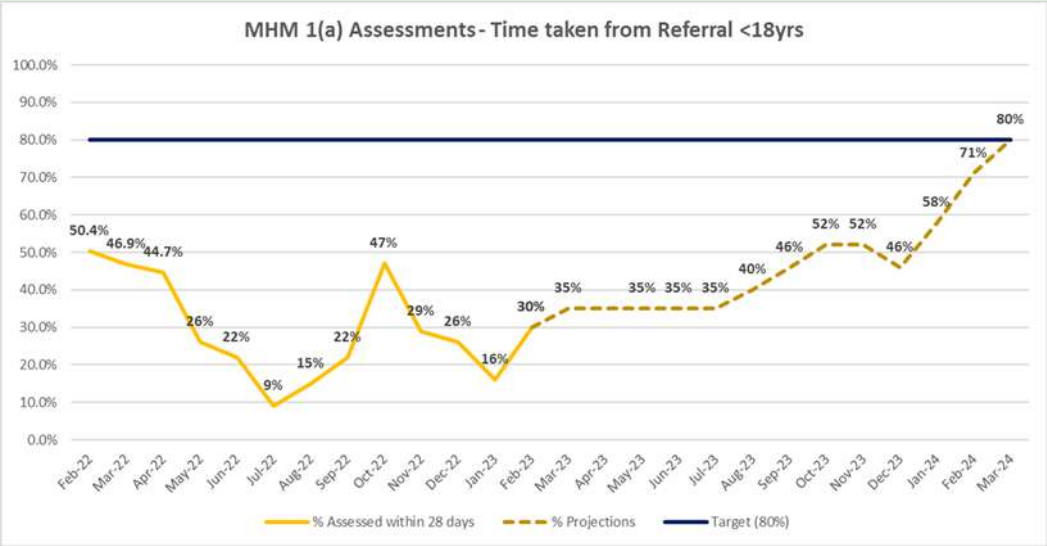
The completed templates must be collated and submitted alongside the organisation's plan and completed Minimum Data Set by 31 March 2023.

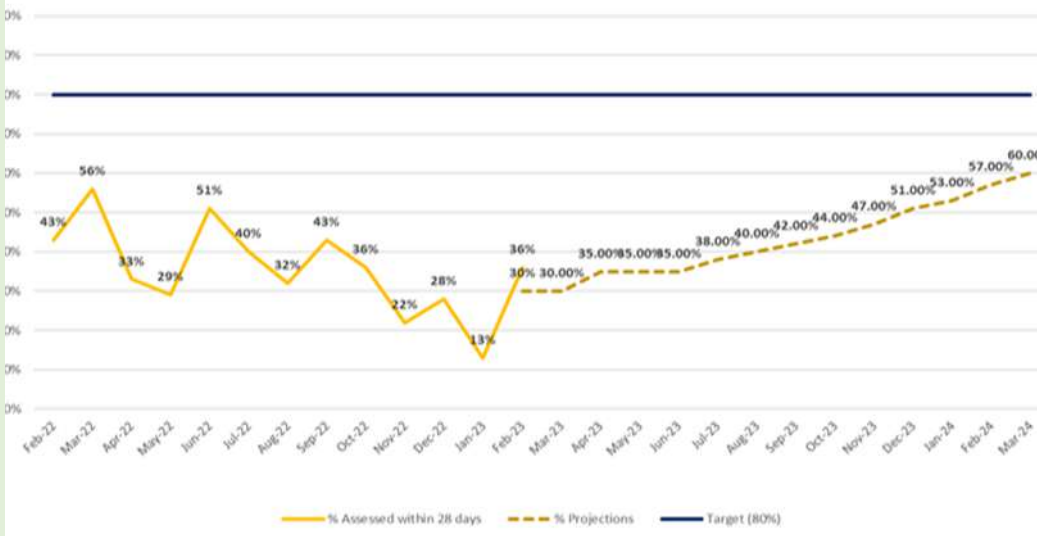
	Priority area(s)																								
Key focus should be on delivering	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.																								
Baseline	The baseline data below is based on January & February 2023 : CAMHS Mental Health Measure : <table><tr><td></td><td>Target</td><td>January 2023</td><td>February 2023</td></tr><tr><td>Part 1A</td><td>80%</td><td>16%</td><td>30%</td></tr><tr><td>Part 1B</td><td>80%</td><td>14%</td><td>36%</td></tr><tr><td>Part 2</td><td>90%</td><td>86%</td><td>85%</td></tr></table> There has been little improvement in 22/23 on the performance but significant work has seen a positive impact on the numbers of people waiting and the duration they wait which needed to take place before the 28 days for both parts would be met. Despite demand rising at the end of February 73 young people were awaiting an assessment for over 28 days. There are a total of 260 young people awaiting an assessment in total. Trajectories have been developed and agreed with the Delivery Unit and will be locally monitored through the MH Planned Care Recovery Board. Adult Mental Health Measure: <table><tr><td></td><td>Target</td><td>January 2023</td><td>February 2023</td></tr><tr><td>Part 1A</td><td>80%</td><td>84%</td><td>88%</td></tr></table>		Target	January 2023	February 2023	Part 1A	80%	16%	30%	Part 1B	80%	14%	36%	Part 2	90%	86%	85%		Target	January 2023	February 2023	Part 1A	80%	84%	88%
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Priority area(s)				
	Part 1B	80%	89%	92%
	Part 2	90%	88%	88%
Performance has tracked above the target since June 2022 for Part 1A and consistently throughout the year for Part 1B. Part 2 performance is dependent on reviews by both Health Board and Local Authority Staff. Trajectories have not been agreed as performance is consistently high however it will be monitored through the Integrated Performance Meetings.				

Trajectories

The agreed trajectories for Mental Health Measure CAMHS Part 1A and 1B are below – these have been agreed with the Delivery Unit for the year and have been assessed as reasonable and achievable.



Priority area(s)																																																																																																													
	MHM 1(b) Interventions - Time taken from Assessment <18yrs <table><caption>MHM 1(b) Interventions - Time taken from Assessment <18yrs</caption><thead><tr><th>Month</th><th>% Assessed within 28 days</th><th>% Projections</th><th>Target (80%)</th></tr></thead><tbody><tr><td>Feb-22</td><td>43%</td><td></td><td>80%</td></tr><tr><td>Mar-22</td><td>56%</td><td></td><td>80%</td></tr><tr><td>Apr-22</td><td>33%</td><td></td><td>80%</td></tr><tr><td>May-22</td><td>29%</td><td></td><td>80%</td></tr><tr><td>Jun-22</td><td>51%</td><td></td><td>80%</td></tr><tr><td>Jul-22</td><td>40%</td><td></td><td>80%</td></tr><tr><td>Aug-22</td><td>32%</td><td></td><td>80%</td></tr><tr><td>Sep-22</td><td>43%</td><td></td><td>80%</td></tr><tr><td>Oct-22</td><td>36%</td><td></td><td>80%</td></tr><tr><td>Nov-22</td><td>22%</td><td></td><td>80%</td></tr><tr><td>Dec-22</td><td>28%</td><td></td><td>80%</td></tr><tr><td>Jan-23</td><td>13%</td><td></td><td>80%</td></tr><tr><td>Feb-23</td><td>36%</td><td>30%</td><td>80%</td></tr><tr><td>Mar-23</td><td>30%</td><td>30.00%</td><td>80%</td></tr><tr><td>Apr-23</td><td>35.00%</td><td>35.00%</td><td>80%</td></tr><tr><td>May-23</td><td>35.00%</td><td>35.00%</td><td>80%</td></tr><tr><td>Jun-23</td><td>35.00%</td><td>35.00%</td><td>80%</td></tr><tr><td>Jul-23</td><td></td><td>38.00%</td><td>80%</td></tr><tr><td>Aug-23</td><td></td><td>40.00%</td><td>80%</td></tr><tr><td>Sep-23</td><td></td><td>42.00%</td><td>80%</td></tr><tr><td>Oct-23</td><td></td><td>44.00%</td><td>80%</td></tr><tr><td>Nov-23</td><td></td><td>47.00%</td><td>80%</td></tr><tr><td>Dec-23</td><td></td><td>51.00%</td><td>80%</td></tr><tr><td>Jan-24</td><td></td><td>53.00%</td><td>80%</td></tr><tr><td>Feb-24</td><td></td><td>57.00%</td><td>80%</td></tr><tr><td>Mar-24</td><td></td><td>60.00%</td><td>80%</td></tr></tbody></table>	Month	% Assessed within 28 days	% Projections	Target (80%)	Feb-22	43%		80%	Mar-22	56%		80%	Apr-22	33%		80%	May-22	29%		80%	Jun-22	51%		80%	Jul-22	40%		80%	Aug-22	32%		80%	Sep-22	43%		80%	Oct-22	36%		80%	Nov-22	22%		80%	Dec-22	28%		80%	Jan-23	13%		80%	Feb-23	36%	30%	80%	Mar-23	30%	30.00%	80%	Apr-23	35.00%	35.00%	80%	May-23	35.00%	35.00%	80%	Jun-23	35.00%	35.00%	80%	Jul-23		38.00%	80%	Aug-23		40.00%	80%	Sep-23		42.00%	80%	Oct-23		44.00%	80%	Nov-23		47.00%	80%	Dec-23		51.00%	80%	Jan-24		53.00%	80%	Feb-24		57.00%	80%	Mar-24		60.00%	80%
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- Milestones	By June 2023 the MHM CAMHS target achievement is : - Part 1a 35% - Part 1b 35%																																																																																																												
- Actions	Q1 actions - Demand and Capacity Modelling to be revisited and refreshed in order to identify any risks and opportunities for improvement. Invite support from national team to ensure objective review benchmarked against other HBs. - Outsourcing options to be considered to support addressing the backlog of patients waiting Q1 action update - Demand and capacity modelling work was revisited. This resulted in realigning some of the service capacity to support additional assessment alongside the implementation of groups for interventions. This has resulted in an increased number of assessments being undertaken having a significant impact of reducing the waiting list to 330 at the end of March to 140 at the end of June.																																																																																																												

	Priority area(s)	
	• Roll out of group work to provide further intervention capacity with third sector organisations • Increase internal capacity through offering Waitlist Initiative clinics where funding is available • Monitor the referral demand to adjust or escalate risks through rising demand alongside implementation of further work to improve liaison with primary care • Monitor delivery through Planned Care Recovery Programme Board and a monthly Performance & Assurance meeting with NHS Wales Executive colleagues to broaden the insights to support improvement and learning.	• The service has reviewed one option around outsourcing and has a further meeting with another provider. The proposal is being considered by the planned care recovery board, although it is noted that the service has cleared a significant portion of the backlog in the last couple of months. • 6 additional groups have been implemented in partnership with a third sector organisation • The service is providing additional capacity through waiting list initiative clinics and this is having a positive impact on performance • Demand has realigned to expected levels following an increase in March 2023. The service is continuing to work with primary care and use of services such as Kooth to manage demand accordingly. • Performance is monitored via the Integrated Performance and Quality meetings with the service and via the Planned Care Recovery Programme Board. The service has started regular monthly performance with the NHS Wales Executive colleagues and is benefiting from this support to sustain improvement and enhance learning from an All Wales perspective.
Quarter 2:		
- Milestones	By September 2023 the MHM CAMHS target achievement is: • Part 1a 46% - • Part 1b 42%	Actual performance in September 2023 • Part 1a – 99% • Part 1b - 37%

	Priority area(s)	
- Actions	Q2 actions - Recruitment into new posts to provide additional capacity into the Part 1 service - Work with the national team to develop and implement a programme for the CAMHS leadership team on quality performance and leadership, ensuring the best culture and approach. - Monitor seasonal changes in activity, expected to reduce in Q2, and maximise impact of additional capacity - Undertake service review of the referral pathways and processes for assessment and intervention to ensure all capacity is maximised and waiting times limited – seek to reduce any identified duplication within the system.	Q2 Updates - Recruitment has progressed with an additional assessor starting in the Part 1 service and recruitment into HCSW roles and Band 5 role to support the Part 1b work. - Regular supportive monthly meetings have taken place with the NHS executive national team around performance which has been helpful to the CAMHS leadership team. Good progress made following the demand and capacity review in Q1 which has resulted in the service being able to remove the backlog of patients waiting for assessments. Following the organisational change process, the MH and LD Care Group will continue to work with the CAMHS leadership team on quality performance. - The service has utilised additional capacity via waiting list initiatives and agency staff to address the backlog due the summer months whilst demand has been lower. This has resulted in the waiting list reducing to 64 at the end of August and average waiting time reduced to 2 weeks. The service will continue to access this resource to support over the winter period as demand is expected to increase in line with seasonal trends. - Pathways have been reviewed via the demand and capacity work and actions taken to align capacity with demand across the localities of CTM UHB. From this work there has been agreement to a standardised pathway for implementing group interventions and a new SLA has been established with a third sector organisation to

	Priority area(s)	
		provide the additional capacity into this aspect of the service. This has been implemented from August 2023 and will support with addressing the backlog for patients waiting for intervention.
Quarter 3:		
- Milestones	By December 2023 the MHM CAMHS target achievement is : - Part 1a 46% - Part 1b 51%	
- Actions	- Reflect on the learning from the national meetings and development programmes to ensure maximum impact and implementation. - Review standard operating processes and pathways to ensure CTM-wide consistency and equity of access for children & young people. - Review outstanding vacancies following nursing streamlining and consider wider MDT opportunities and options where recruitment has been challenging. - Continue additional capacity clinics and review ongoing need in line with expected recruitment and service review	
Quarter4:		
- Milestones	By March 2024 the MHM CAMHS target achievement is : - Part 1a 80% - Part 1b 60%	
- Actions	- Identify through service review informed by the capacity and demand analysis any improvements and investment needed to stabilise performance into 24-25. Develop business cases for investment as required. - Review the impact of additionally commissioned activity throughout the year, reflecting on value for money and impact.	

	Priority area(s)
	• Embed and sustain the service model to maintain the required capacity • Evaluation of Schools In reach model following the phased approach and implementation and impact on CAMHS demand • Evaluation of Primary Care liaison work and impact on CAMHS demand
Risks	Resource to continue additional capacity clinics or alternatives to resolve backlog Recruitment into the service vacancies to embed and sustain the service model and core capacity required to meet demand
Outcomes	Reduction in the backlog of patients waiting more than 28 days for both assessment and intervention Improvement in the waiting times for assessment and intervention Reviewed service model to ensure the service is offering a good quality service and options to meet the needs of young people presenting Evaluation of service development to reduce demand on specialist CAMH service
Alignment with workforce plans	Recruitment via streamlining Review of alternative roles within therapies and non-registered workforce Closer working with 3rd sector to explore the use and impact of non-health traditional roles
Alignment with Financial plans	Investment via the Mental Health Service Improvement Funds
OPTIONAL	
Digital / Technology Opportunities	Use of digital service offers via Kooth and Silvercloud to meet young people's needs Implementation of text reminders to maximise the use of service capacity