

CTMUHB Public Board Meeting

Thu 25 July 2024, 09:00 - 13:00

In Person Meeting, Conference Room 1, Coleg Y Cymoedd,
Nantgarw Campus, CF15 7QY

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and 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, Heath Board Chair

09:05 - 09:10
5 min

2. CONSENT AGENDA BUSINESS

Information

Jonathan Morgan, Heath 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

09:10 - 10:10
60 min

3. PART ONE AGENDA

3.1. Primary Care Update - Taff Vale Practice - Proposed Branch Closures

Decision

Gethin Hughes, Chief Operating Officer

- 3.1a Taff Vale Practice Proposed Branch Closures UHB 25 July 2024.pdf (9 pages)
- 3.1b Annex 1 Proposal Cilfynydd and Ynysbwl Sept 2023 UHB 25 July 2024.pdf (5 pages)
- 3.1c Annex 2 Final Consultation Report April 2024 UHB 25 July 2024.pdf (26 pages)
- 3.1d Appendix 1a IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE CILFYNNYD SURGERY.pdf (2 pages)
- 3.1e Appendix 1a IMPORTANT LETTER TO ALL PATIENTS THAT USE YNYSYBWL SURGERY.pdf (2 pages)
- 3.1f Appendix 1b Cilfynydd Branch Closure Frequently Asked Questions.pdf (3 pages)
- 3.1g Appendix 1b Ynysybwyl Branch Closure Frequently Asked Questions.pdf (3 pages)
- 3.1h Appendix 1c Proposed Closure of Cilfynydd Branch Surgery Consultation Questionnaire.pdf (4 pages)
- 3.1i Appendix 1c Proposed Closure of Ynysybwyl Branch Surgery Consultation Questionnaire.pdf (4 pages)
- 3.1j Appendix 1d UPDATED IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE CILFYNYDD SURGERY.pdf (1 pages)
- 3.1k Appendix 1d UPDATED IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE YNYSYBWL SURGERY.pdf (1 pages)
- 3.1l Appendix 2a Anonymised comments from questionnaires - Ynysybwyl.pdf (31 pages)
- 3.1m Appendix 2a Summary for Proposed Closure of Ynysybwyl Branch SurgeryConsultation Questionnaire.pdf (4 pages)
- 3.1n Appendix 2b Anonymised comments from questionnaires - Cilfynydd.pdf (42 pages)
- 3.1o Appendix 2b Summary for Proposed Closure of Cilfynydd Branch SurgeryConsultation Questionnaire.pdf (5 pages)
- 3.1p Appendix 3a Ynysybwyl Public Engagement Event Q and A session.pdf (6 pages)
- 3.1q Appendix 3b Cilfynydd Public Engagement Event Q and A session.pdf (6 pages)
- 3.1r Appendix 4 Llais Representation - Taff Vale Practice 2024 UHB 25 July 2024.pdf (4 pages)

3.2. PROPOSED BREAK - 10 MINUTES

10:10 - 10:20 4. PART TWO AGENDA

10 min

10:20 - 10:50 5. SHARED LISTENING & LEARNING

30 min

5.1. Listening & Learning Story

Discussion Dawn Parry, Senior Nurse, Paediatrics

5.2. PROPOSED BREAK - 5 MINUTES

10:50 - 11:05 6. SETTING THE SCENE

15 min

6.1. Chairs Report

Discussion Jonathan Morgan, Health Board Chair

 6.1 Chair's Board Report UHB 25 July 2024.pdf (7 pages)

6.1.1. Action Log from the Previous Board Meeting

Discussion Jonathan Morgan, Health Board Chair

 6.1.1 Action Log Health Board UHB 25 July 2024.pdf (4 pages)

6.2. Chief Executives Report

Discussion Paul Mears, Chief Executive

 6.2a CEO Board Update Report UHB 25 July 2024.pdf (7 pages)

 6.2b Appendix 1 JP to PM re Oversight and Escalation Arrangements - CTMUHB UHB 25 July 2024.pdf (2 pages)

 6.2c Appendix 2 2024-25 CTM Exec work plan for Board UHB 25 July 2024.pdf (1 pages)

 6.2d Appendix 3 SEW MOU June 2024 UHB 25 July 2024.pdf (8 pages)

11:05 - 11:25 7. GOVERNANCE, RISK AND ASSURANCE

20 min

7.1. Board Committee and Advisory Group Highlight Reports

Discussion Committee Chairs

Where there are matters that require escalation to the Board

7.1.1. Digital & Data Committee 21 May 2024

Discussion Ian Wells, Independent Member/Committee Chair

 7.1.1 Digital and Data Committee Highlight Report 21 May 2024 (V3) UHB 25 July 2024.pdf (5 pages)

7.1.2. Quality & Safety Committee 16 May 2024

Discussion Carolyn Donoghue, Independent Member/Committee Chair

 7.1.2 QSC Committee Highlight Report UHB 25 July 2024.pdf (7 pages)

7.1.3. Population Health & Partnerships Committee 20 May 2024

Discussion Carolyn Donoghue, Independent Member/Committee Chair

 7.1.3 PHP Highlight Report to Board 20.05.24 UHB 25 July 2024.pdf (5 pages)

7.1.4. Stakeholder Reference Group Highlight Report 11 July 2024

Discussion Anne Morris, Associate Member/Chair of the Stakeholder Reference Group

 7.1.4 SRG Chair's Highlight Report 11 July 2024 UHB 25 July 2024.pdf (6 pages)

7.1.5. Hosted Bodies Audit & Risk Committee Highlight Report 20 June 2024

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 7.1.5 ARC Hosted Bodies Highlight Report 20.06.24 UHB 25 July 2024.pdf (4 pages)

7.2. Escalation Status Update

Information

For Discussion and Noting - An update in relation to Escalation Status has been included in the Chief Executive Officers Report at agenda item 6.2

7.3. Board Assurance Framework (Principal/Strategic Risks)

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 7.3a BAF - Cover Paper - July 2024.pdf (4 pages)

 7.3b App 1 BAF Report - July 2024.pdf (70 pages)

11:25 - 12:40

75 min

8. DELIVERING OUR PLAN

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

Discussion Executive Directors

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

 8.1 HB Integrated Performance Dashboard UHB 25 July 2024.pdf (36 pages)

8.2. Month 3 Financial Performance Update

Discussion Sally May, Executive Director of Finance

 8.2 M3 Finance Report - Final UHB 25 July 2024.pdf (22 pages)

8.3. Spotlight Report on Digital - Update on the Strategic Outline Case for an Integrated Health Care System

Discussion Stuart Morris, Director of Digital

 8.3 Digital and Data Strategy Update UHB 25 July 2024.pdf (7 pages)

8.4. Development of Plan to address Delayed Discharge Issues - Presentation

Discussion Gethin Hughes, Chief Operating Officer

 8.4 Development of Crisis Intermediate Care Team UHB 25 July 2024.pdf (17 pages)

12:40 - 12:50
10 min

9. STRATEGIC PLANNING

9.1. Acute Clinical Services Plan Highlight Report

Discussion Linda Prosser, Executive Director of Strategy & Transformation

 9.1 CTM Board ACSP update UHB 25 July 2024.pdf (5 pages)

12:50 - 12:55
5 min

10. CONSENT AGENDA

10.1. FOR APPROVAL

10.1.1. Unconfirmed Minutes of the meeting held on 30 May 2024

Decision Jonathan Morgan, Health Board Chair

 10.1.1a Unconfirmed Minutes Health Board Meeting 30 May 2024 Final UHB 25 July 2024.pdf (24 pages)

 10.1.1b Unconfirmed Minutes Health Board Meeting 30 May 2024 Final UHB 25 July 2024 (Welsh).pdf (24 pages)

10.1.2. Unconfirmed Minutes of the In Committee meeting held on 30 May 2024

Decision Jonathan Morgan, Health Board Chair

 10.1.2a Unconfirmed Minutes Board In-Committee Meeting 30 May 2024 Final UHB 25 July 2024.pdf (2 pages)

 10.1.2b Unconfirmed Minutes Board In-Committee Meeting 30 May 2024 Final UHB 25 July 2024 (Welsh).pdf (3 pages)

10.1.3. Unconfirmed Minutes of the Extra Ordinary Public Board meeting held on 11 July 2024

Decision Jonathan Morgan, Health Board Chair

 10.1.3a Unconfirmed Minutes Extra Ordinary HB 11.7.2024 UHB 25 July 2024.pdf (4 pages)

 10.1.3b Unconfirmed Minutes Extra Ordinary HB 11.7.2024 UHB 25 July 2024 (Welsh).pdf (4 pages)

10.1.4. Committee Annual Reports

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 10.1.4a Board Committee Annual Reports UHB 25 July 2024.pdf (4 pages)

 10.1.4b Appendix 1 Annual Report Mental Health Act Monitoring Committee UHB 25 July 2024.pdf (7 pages)

 10.1.4c Appendix 2 Annual Report 2023-24 PPF Committee UHB 25 July 2024.pdf (10 pages)

 10.1.4d Appendix 3 Stakeholder Reference Group Annual Report UHB 25 July 2024.pdf (9 pages)

10.1.5. Annual Duty of Quality Report

Decision Greg Dix, Executive Nurse Director/Deputy CEO

 10.1.5a Annual Duty of Quality Report - Cover Paper UHB 25 July 2024.pdf (4 pages)

 10.1.5b Annual Duty of Quality Report 2023-24 UHB 25 July 2024.pdf (44 pages)

10.1.6. Update to the Scheme of Delegation

Decision Sally May, Executive Director of Finance

 10.1.6a SOD Update Report UHB 25 July 2024.pdf (4 pages)

 10.1.6b Appendix 1 Change to the Scheme of Delegation - CHC placements UHB 25 July 2024.pdf (1 pages)

10.2. FOR NOTING

10.2.1. Board Annual Cycle of Business for 2024

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 10.2.1a Cover Report Board Annual Cycle of Business UHB 25 July 2024.pdf (3 pages)

 10.2.1b Appendix 1 Board Cycle of Business 2024 UHB 25 July 2024.pdf (4 pages)

10.2.2. Board Forward Work Programme

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 10.2.2 Board Forward Work Programme UHB 25 July 2024.pdf (4 pages)

10.2.3. Board Committee and Advisory Group Highlight Reports

Information Committee Chairs

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

-  10.2.3a Board Committee and Advisory Group Highlight Reports UHB 25 July 2024.pdf (4 pages)
-  10.2.3b Appendix 1 Highlight Report - LPF 120324 UHB 25 July 2024.pdf (6 pages)
-  10.2.3c Appendix 2 MHAM Committee Highlight Report to Board 5 June 2024 Final UHB 25 July 2024.pdf (5 pages)
-  10.2.3d Appendix 3 Highlight Report - LPF 18.06.24 UHB 25 July 2024.pdf (5 pages)
-  10.2.3e Appendix 4 ARC Highlight Report to Board 20.06.24 UHB 25 July 2024.pdf (5 pages)
-  10.2.3f Appendix 5 PPFC Highlight Report 25.06.24 UHB 25 July 2024.pdf (7 pages)

10.2.4. Annual Plan Quarterly Update

Information Linda Prosser, Executive Director of Strategy & Transformation

-  10.2.4a IMTP 24-27 Q1 review 2024 UHB 25 July 2024.pdf (8 pages)
-  10.2.4b Appendix 1 Ministerial Template 24-25 - Pathways of Care Q1 update UHB 25 July 2024.pdf (25 pages)
-  10.2.4c Appendix 2 Ministerial Template 24-25 Primary and Community Care Access Q1 UHB 25 July 2024.pdf (10 pages)
-  10.2.4d Appendix 3.1 IMTP USC SDEC Q1 UHB 25 July 2024.pdf (6 pages)
-  10.2.4e Appendix 3.2 IMTP USC Ambulance Handover Q1 UHB 25 July 2024.pdf (5 pages)
-  10.2.4f Appendix 4 IMTP ministerial priorities Planned Care - Q1 UHB 25 July 2024.pdf (3 pages)
-  10.2.4g Appendix 5 - Ministerial Template 24-25 MH CAMHS - Q1 final UHB 25 July 2024.pdf (5 pages)

10.2.5. NHS Emergency Planning Annual Report - CTMUHB Return to Welsh Government

Information Linda Prosser, Executive Director of Strategy & Transformation

-  10.2.5a EPRR Annual Return CTMUHB UHB 25 July 2024.pdf (4 pages)
-  10.2.5b 2023 24 NHS Executive EPRR Annual Report-CTMUHB UHB 25 July 2024.pdf (13 pages)
-  10.2.5c Major Incident and Critical Business Continuity Procedural Guidance 2022 UHB 25 July 2024.pdf (111 pages)
-  10.2.5d 2022 EPRR Policy PPF Committee 25 October UHB 25 July 2024.pdf (17 pages)

10.2.6. Core Supporting Professional Activities (SPA) Guidance for CTM Consultants and Department Managers

Information Sallie Davies, Deputy Medical Director

-  10.2.6a Core SPA Guidance for CTM Consultants and Department Managers UHB 25 July 2024.pdf (6 pages)
-  10.2.6b CTMUHB Job Planning Guide June 24 UHB 25 July 2024.pdf (16 pages)

12:55 - 12:55 **11. CLOSE OUT BUSINESS**
0 min

11.1. Any Other Business

Discussion Jonathan Morgan, Health Board Chair

11.2. 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 - 12:55 12. PRIVATE/IN COMMITTEE SESSION

0 min

There are no items requiring In Committee discussion on this occasion

12:55 - 12:55 13. DATE AND TIME OF NEXT MEETING

0 min

The next meeting of the Health Board is scheduled to take place on Thursday 26 September 2024. The Annual General Meeting will also be held on the 26 September 2024

12:55 - 13:00 14. CLOSE OF MEETING

5 min

Agenda Item

3.1

CTM Health Board

Taff Vale Practice Proposed Branch closures

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Nicola Lush Advisor, Primary Care
Cyflwynydd yr Adroddiad / Report Presenter	Gethin Hughes, Chief Operating Officer and Dr David Miller, Care Group Clinical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Contract Variation Group	26/04/2024	Recommended for Approval

Acronyms / Glossary of Terms	
GMS	General Medical Services
CVG	Contract Variation Group

1. Situation / Background

- 1.1 Taff Vale Practice is an independent contractor commissioned to provide general medical services to its whole registered population. Their population covers a large practice area comprising 16,056 patients.
- 1.2 Taff Vale Medical Practice made an application to the Health Board in September 2023 to close two of its four branch surgery sites located in Cilfynydd and Ynysybwl (Annex 1) The main reasons for the application cited were:
- In common with other practices throughout Wales, Taff Vale Practice has experienced increasing difficulties in recruiting and retaining GPs. Fewer sites make the practice a more attractive place to work as a GP due to a more supported and less isolated working environment which is likely to improve recruitment and retention.
 - A reduction in the number of sites would lead to the longer-term sustainability of the practice because it would support the redesign of some aspects of care delivery by co-locating staff on fewer sites.
 - Ability to improve access to same day urgent care, putting the GP at the centre of the process and involving a range of multi-disciplinary team members seeing and treating patients.
 - Both premises requiring considerable costs associated with building maintenance. At present both sites are only considered appropriate for the continued provision of limited general medical services.
- 1.3 Postcode data shows that approximately 1,496 patients live in Ynysybwl and 1,516 in Cilfynydd. Of the total patient population in Ynysybwl (approximately 4,581) so nearly 66% are registered with other GP practices whose practice area include Ynysybwl and Coed-y-Cwm.

Similarly of the total patient population in Cilfynydd (just under 3,000) nearly 41% are registered with other practices whose practice area include Cilfynydd.

It is unusual for a medical practice with the numbers of patients registered as above to run three sites let alone five sites as provides many more operational challenges and with rising premises costs add expense that can be better directed to ensuring quality services.

- 1.4 The Health Board implemented its Branch Practice Review Process, which includes:
- Receiving and reviewing the application from the practice.
 - Sharing information with patients and wider stakeholders to seek their views
 - Engaging with Llais Cymru, which is the statutory body to represent the interests of patients and the public
 - Conscientious consideration of the feedback we receive.

- 1.3 The application was considered at Contract Variation Group (CVG) on the 29th September 2023. CVG agreed to **SUPPORT** the application to close the branch sites subject to patient and stakeholder engagement taking place. The Group requested a follow up report with the results and feedback received from the patient and stakeholder engagement. This was to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.
- 1.4 A nine-week engagement ran from Monday 8th January 2024 to Friday 8th March 2024. The aim of the engagement was to gather the views of patients and key stakeholders to understand the effects that the temporary closure of both sites might have caused and to determine any adverse effects that may arise as a result of the closures being made permanent.
- 1.5 A report detailing the feedback from the engagement work undertaken, with a specific focus on the views and concerns of patients and key stakeholders, and how the Practice intends to mitigate those concerns raised, was presented to Contract Variation Group on Friday 26th April for consideration (Annex 2). From the data collected both before the formal engagement, and during the key trends and themes that arose were as follows:—
- Keep the Surgeries Open – most respondents wished for both branch surgeries to remain open.
 - Valued Community Asset – Cilfynydd Surgery is a much-valued service, and the community would like it to remain open. Patients asked for both surgeries to remain as a building serving the community in an alternative way.
 - Transport and Access – Respondents felt that closing the branch surgeries would result in patients having to travel further and that this would be less convenient for them. Many patients noted the lack of public transport, their inability to drive, the cost of taxis etc.
 - Vulnerable Patients – widespread concerns were raised that the elderly, immobile, disabled and most socially and physically vulnerable patients would find it very difficult to get to Dewi Sant and Rhydyfelin should the branch surgeries in Ynysybwl and Cilfynydd close and therefore be disadvantaged in terms of their care.
 - Further Engagement – Several respondents have criticised the extent of the engagement period and that the Practice and Health Board should have done more.
- 1.6 The Practice listened carefully to the feedback raised both before the formal engagement period and during. They heard a number of suggestions that either avoided a closure of both branches or reduced the risks associated with the closures. Throughout the process there were no concerns about the quality of healthcare from Taff Vale Practice. The Practice stated it had been a long and difficult journey to get to this point. The discussions and proposed closure of the branch surgeries has caused uncertainty with some of the patient population and been difficult for both Partners and staff. The GPs have enjoyed working from the branch surgeries and miss the historic,

simple and traditional model of General Practice that allowed small, branch site working. However, the landscape of primary care is changing and cannot be ignored. The Practice decided to continue the application process to close both branch surgeries. They strongly believe they are trying make hard decisions now that protect the future healthcare they can provide. Continuing to operate over 5 sites would mean the sustainability of the overall service would remain at risk.

- 1.7 All members agreed that appropriate engagement and patient experience consideration had been undertaken in the patient engagement process for the proposed branch closures. After careful consideration the Group supported the application to permanently close Cilfynydd Branch Surgery and Ynysybwl Branch Surgery.

2. Specific Matters for Consideration

- 2.1 Since September 2022 there have been no primary care services at all available from Cilfynydd Surgery and Ynysybwl Surgeries.

Prior to that, in March 2020 the pandemic forced the Practice to consider operating out of fewer sites to protect staff and patients during a difficult and worrying time. Consequently, Rhydyfelin and Dewi Sant were adopted at the Green (clean) sites and Glyncoch as a red site. As a result for a number of years there has been an extremely limited service provision from both Cilfynydd and Ynysybwl branches. No enhanced or extended services have ever been offered and more complex nurse/healthcare assistant appointments have always been run from the main site in Rhydyfelin. The most recent statistics going back to pre-covid suggest over a six month period approximately 3% of patients living in Cilfynydd accessed services at Cilfynydd and just under 4% of patients living in Ynysybwl accessed services in Ynysybwl.

- 2.2 The Health Board acknowledges the reasoning behind the practice application to permanently close the two branch surgeries located in Cilfynydd and Ynysybwl. However, although most of the concerns raised during the patient engagement process applied equally to both surgeries, it is probably true to say the negative impact of closing Cilfynydd Surgery will be greater than that of closing Ynysybwl Surgery primarily for two reasons, access to an alternative and public transport issues.

If Cilfynydd Surgery is to close patients have no option other than to travel to Dewi Sant, Rhydyfelin or Glyncoch. The transport issues highlighted by the residents of Cilfynydd will impact significantly on those patients who are reliant upon public transport. Census data 2021 suggests up to 20% of the local population of Cilfynydd do not have access to a car. The public transport service is not comprehensive from the village.

The Health Board has contacted local transport providers in the area but there are no proposed changes to the services currently operating. There are a number of voluntary transport services operating in Cwm Taf

Morgannwg University Health Board but these are primarily targeted at patients requiring transport to the hospital sites. It is more challenging for them to provide short notice journeys. They do transport people in wheelchairs, however due to safety and vehicle constraints, there are limits to the level of disability volunteers can support. There is potential scope for further development of local community transport options, and the Health Board can provide support to the practice should this be something local people may need.

On the positive side we know of the local population living in Cilfynydd approximately 50% are already registered with practices whose main surgery sites are in the town centre, thus supporting a willingness to travel despite the difficulties.

If Ynysybwl surgery is to close patients can travel to Glyncoch, which is less than 3 miles away, or they could register with Eglwysbach Surgery, who also have a branch surgery in Ynysybwl. The Practice has confirmed its intent to improve the range of services delivered from Glyncoch which will help improve access for those patients with transport difficulties living in Ynysybwl.

Over the last two years (where there have been no face-to-face appointments offered from either Cilfynydd or Ynysybwl) Taff Vale Practice feels that it has continued to meet the reasonable healthcare needs of its population. It will continue to build upon additional arrangements to mitigate the impact of these closures being made permanent. For example:

- Increase its capacity for appointments across the remaining 3 sites (with specific emphasis on Glyncoch). Practice to offer flexible appointment times for individual patients.
- Switch to 15-minute appointments so multiple issues can be managed in one appointment.
- Where possible enable patient choice to switch the mode of that appointment from face to face to telephone if it suits the patient better.
- Increase capacity for home visits should the demand increase. This may be through enhancing the home visiting service already in place. The Health Board will ensure the practice confirms they will continue to undertake visits as per their contractual requirements and that they have recognised there may be a greater need for visits.
- 2 duty GPs at all times for urgent clinical needs, and in order to clinically supervise the multi-disciplinary team.
- Work with the Health Board, patients and community pharmacy to understand what is important to local people, particularly those that are vulnerable, and explore opportunities to expand services offered for example the Common Ailments Service and Pharmacist Independent Prescriber Service (PIP).

3. Key Risks / Matters for Escalation

- 3.1 As can be seen from the report, strategically the closure of Cilfynydd Surgery and Ynysybwl Surgery offers a long-term solution for the continued delivery of services to the local community. Failure to support these closures may lead to the Practice not being able to secure the delivery of services to the local population due to the workforce and recruitment challenges at the current time. It is accepted accessing primary medical services may become significantly less convenient for some patients, however this has to be balanced against the practice desire to be able to continue to provide high quality, resilient and sustainable services for its entire patient population.
- 3.2 Consideration is being given to all the necessary matters such as premises, financial matters and most importantly continued communication and engagement with key stakeholders and patients.
- 3.3 Those neighbouring practices affected by any such proposed closures have been contacted. At the time of writing this report the Health Board has not received any significant reported concerns from those practices. However, the Health Board will monitor the impact on neighbouring practices and offer support where needed.
- 3.4 The Practice will liaise with the Health Board, Llais Cymru and other appropriate agencies and patients continually throughout the process, acting accordingly and responsibly to ensure the smooth transition of the reorganisation plan resulting in minimal disruption for patients and the practice. The Practice would like to emphasise there is no intention to change the practice boundary. No patient currently registered with the Practice would be asked to register elsewhere. Any patient who needs to be seen will be seen. Every effort will be made to ensure all its patients continue to receive a high quality and safe primary care service.

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: Continuation of the provision of high quality general medical services to the population of Cilfynydd and Ynysybwl is paramount. The Practice detail a positive impact on quality should the proposal be improved. The impact on the Practice ability to remain sustainable will be positive should the proposal be approved. Improving Care – If branch closures not approved this would lead to unsustainable pressures on the GP partners, impinge on the ability to recruit new GP partners and lead to a potential reduction in quality of service due to scarce resources being spread too thinly.

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies, please list below: To ensure there is sustainable healthcare in CTM
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 Resilient 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: Impact on quality of core, enhanced and additional services to patients is detailed in the proposal. The practice detail a positive impact on quality should the proposal be approved
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: All apply. Operating over fewer sites will facilitate the Practice being able to offer a wider range of services from a multi-disciplinary, professional clinical team more closely aligned within a larger, modern health care environment supported with good clinical supervision and education.
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: Patient engagement exercise identified specific transport issues which will impact primarily on the older population who are likely to have more complex health issues and patients with mobility problems. Practice have identified a number of mitigations to reduce the risk to patients	If no, please include rationale below:

Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Focus of the Practice is to ensure good quality and safe patient care across all areas of its activity Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Whilst there is limited regulatory guidance with regard branch/split site surgeries in the event there is no agreement between the Health Board and the Practice normal appeal procedures will apply.	
Enw da / Reputational	Yes (Include further detail below)	
	The Practice Partners have carefully considered the feedback received from the Public Engagement and the mitigations that were suggested by patients and stakeholders. They are very aware that both branch sites are highly regarded by residents as an integral part of the village and a convenient way for residents to access healthcare. The full engagement report demonstrates the strength of that view and the very real concerns and risks that exist for the community if both branch surgeries are to close. The Practice has developed a range of mitigations to reduce any risk to patients.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The Practice will see a positive impact on their financial situation as they will no longer incur costs for branch surgery premises if the application is improved. There will be no impact on the workforce.	

5. Recommendation

5.1 The Board is asked to:

- **NOTE** the process that has been undertaken including the level of response from the public engagement programme and the submission from Llais.
- **NOTE** the recommendation of the Contract Variation Group to support the permanent closure of Ynysybwl Branch Surgery and Cilfynydd Branch Surgery.

- **APPROVE** the application to permanently close the branch sites located in Cilfynydd and Ynsywbwl.

6. Next Steps

- 6.1 The outcome of this process and final decision of the CTMUHB Board will be shared with patients and key stakeholders through postal letters, the practice website and in the practice surgeries.
- 6.2 Should this application be successful the Practice and the Health Board will continually monitor the impact of the closures and implement new mitigations or supportive solutions as needed.

Background and context

The practice was originally founded and built with patients and service provision at its heart. GP partners at that time endeavoured to purchase properties within each of the communities it served and while this was a plan they believed in, it has always put pressure on the practice for an operational and staffing perspective.

The pandemic in March 2020 meant the practice, along with our peers had to adapt and react to daily changing advice. Following UHB and Government guidance the practice looked at all feasible options on how to implement safe working practices that complied with the rapidly changing advice we were being given with regards minimising patient footfall in practice, reducing face to face consultation, increasing GP led telephone triage and looking at new methods of working such as video and e consultation. Like many practices across the country, we were having to turn around our working practices in the shortest of time frames.

As a practice we recognised the need to protect our at-risk staff before official shielding was announced and we graded staff as we felt appropriate. These were those staff that subsequently went on to need formal shielding and those who had chronic disease that we felt may need to be “shielded” in other ways (i.e., not front line). This was felt key to ensuring their safety and our ability to provide services to our population during difficult, worrying, and unknown times. As a result, further adjustments to the way we had worked across our communities for 30+ years were needed. We lost six members of staff to formal shielding and a further six staff who needed protecting in other ways. This coupled with increasing workload from secondary care, increasing daily communications from government, LHB, cluster and extremely worried patients it became evident very quickly that we would not be able to maintain services across all five sites.

At that time, we adopted an approach that worked across three of our sites believing that this would be an option that would support service delivery long term, given the unknown at that time there was considerable concern regarding the risk to staff, particularly the risk of multiple staff falling ill at once and it was necessary to ensure we would be sustainable and safe moving forward. As a practice we had to look at a long-term option that would be sustainable rather than short quick fixes that may not have been possible to maintain if needed. The practice reviewed areas such as population numbers for each of the smaller sites (all similar in size) considered the population of each community, deprivation, geographic, the building size of each branch, facilities, and position within the community.

It was decided to adopt Rhydyfelin and DSHP as the Green (clean) sites (largest sites by population with greater number of rooms for clinical staff). Consideration was given to Ynysybwll being a Red (patients who were potential covid positive) site (due to its position in the community and car park facilities). However, a peer practice had just announced their Ynysybwll branch would be a red site. As such this decision was reviewed and it was agreed our red site would be Glyncoch again because of its position away from settled areas and open space for car parking. Cilfynydd was never considered for this option due to no parking facilities and its position on Richard Street.

Reasons for the proposed closure (include an update on the practice’s sustainability status plus any issues relating to your primary care estate)

Since the pandemic, the practice has and continues to struggle with recruitment and retention across all teams within the surgery. The practice has seen long standing staff, across all staff groups retire which has seen loss of skills, knowledge and understanding. Over the past few years this has impacted the GP partnership with four senior, full-time

partners retiring, one remaining to work two sessions per week. The partnership has recruited to replace these, with the latest partner joining 1st September. However, this has left us with a remaining shortfall in our salaried GP team and despite us managing to secure a salaried for three sessions per week to start mid-October this still leaves the partnership with a significant shortfall. Alongside our peers we have found it extremely difficult to recruit into general practice and Taff Vale has the added complication where retired, non-working ex-partners remain part owners of the property. This is unattractive to potential new partners and salaried GPs who would like to progress to partnership over time. Similarly, working across various sites, moving around mid-day and not working alongside colleagues often seems incredibly isolating to those working outside of Taff Vale.

Our Cilfynydd branch site suffered extensive flood damage in December 2022 which meant most rooms and ceilings had to be gutted, the site dried out and the walls rebuilt. Ynysybwl site also suffered considerable internal and external damage during the winter months causing a considerable amount of mould in several consulting rooms and waiting area, flooring to raise resulting an extensive repair workload. Key to this is that temporary closures of the practices has caused considerable work for the practice with associated extensive costs at a time where pressure, targets and demand are increasing exponentially impacting the practice and partner's ability to fully concentrate on providing vital service delivery to its patients.

All these factors have caused the partnership to consider its future and the sustainability of the practice and sadly the partners do not feel that is feasible to continue in the way it has been. All of these factors, together with the increased patient demand post pandemic that we are seeing in primary care, the continued recruitment and retention issues we are facing, concern regarding staff health and wellbeing and the need to ensure resilience to continue delivering a safe service to our patient population we have to consider the future of Taff Vale and how best we see our services running long term that ensure we do not compromise patient care by providing a restricted or poor service. Similarly, as a practice we do not wish to compromise the health and wellbeing of the existing staff at Taff Vale. This has been an incredibly complex and emotive decision for the partners and has not been one that has been taken lightly. The benefit of Taff Vale Practice is a shared vision for excellent community-based care with the good of the patients at the forefront. Unfortunately, the way the NHS and particularly primary care has changed in recent years means the model founded in the 1980s no longer allows the practice to provide these fundamentals. Multiple sites leave the practice vulnerable and with increasingly stretched staffing and resources leads to instability with recurrent short-term closures and appointment changes. The partners remain committed to their patient group and are very keen to continue to provide good clinical care and work to improve overall health within their practice population. Regrettably, the strain of the current set up is preventing the partnership and staff from effectively providing care and from innovating and developing services that would benefit the patient population in a changing NHS with increasing challenges year on year. The partners wish to provide excellent care to their patient group but the constant staff turnover and failure to recruit is impacting their ability to provide 'General Practice', it is their priority to get back to 'doing the day job' and doing it well. It is felt that consolidating services to ensure high quality provision is the only way the practice can do this with its current staffing and will be the only way it can become attractive as an employment option to both clinical and non-clinical staff going forward, this ensuring stability and growth for the future.

Current Opening times of Main Site and Branch surgery

Our Main site at Rhydyfelin is open Monday – Friday 8.00 – 6.30 pm.

Our branch site within Dewi Sant Health Park is open Monday – Friday 8.30 – 6.30 pm.

Our Glyncoch site is currently open Monday – Thursday 8.30 – 1.30pm

Previous opening times of Ynysybwl and Cilfynydd sites

These were open 4 hrs per day Monday – Friday either 9.00 – 1.00pm or 2.00 – 6.00pm

Practice current list size

16056

List size at Ynysybwl

1496

List size at Cilfynydd

1516

Number of patients accessing services at the branch sites for the six-month period July to December 2019

Figures below are inclusive of GP, ANP, Nurse, HCA, and Phlebotomy appts. Unfortunately, these figures are as accurate as we can provide. Vision clinical system will only give details regarding where notes are held as of the day the search is being run, it cannot go back 4 years.

Cilfynydd – 1347 patients seen, 540 registered to the local branch.

Ynysybwl – 1486 patients seen, 639 registered to the local branch.

Detail on services previously provided from the branch site.

Limited core services were provided from our branch sites. These include routine GP appointments, phlebotomy, practice nurse and HCA appointments which included routine smears, Pill checks, chronic disease reviews and new patient checks. No enhanced or extended services were offered from the site and more complex nurse/HCA appointments were run from our main site, i.e., ECGs and Spirometry.

What impact will the closure have on patients including vulnerable groups and how it will affect services at the main site?

As a multi-site practice, we have always been able to offer patients an appointment at any of our sites and we have found that over the years patient preference towards their “local” branch has changed. Patients have always been offered the earliest appointment available rather than at their registered branch site and as evident from the figures above, many of the patients seen at our sites are not always registered there. For most of our patients’ short wait time for appointment and named GP takes precedence over site.

Also as indicated above many of our enhanced and extended services run from either Dewi Sant Health Park or Rhydyfelin meaning that again the majority of our patients have needed to travel to these sites to access services such as minor surgery, joint injections, women’s

health services, travel clinics, warfarin clinic, Active monitoring, drug and alcohol services, physiotherapy, ECG and spirometry. Our on-call doctor has also always been based in Rhydyfelin meaning any patient that needed to be seen as an emergency would have needed to travel to Rhydyfelin for this.

As a result of the pandemic, we have reviewed the ways in which we deliver and how patients can access our core services. We now run a full triage system for all patients who contact the practice with an acute, on the day issue. This means the patients will be called by a GP on that day and managed over the telephone wherever possible. To support this, we have increased the number of staff call handling. This is coupled with ensuring all call handlers can care navigate patients to ensure they are seen by the correct persona at the right time.

We have also introduced e-consultation which allows patients to contact the practice via our website for not acute issues. These e-consultations are reviewed and care navigated by our administrative team. Patients will receive an appropriate response by the end of the next working day.

Approximately 8 months ago we introduced virtual chronic disease management into the practice to reduce the number of visits to practice needed by our patients. While in its infancy this has been received positively by both patients and the nursing team at the practice.

Over the past 2 years we have arranged community-based flu vaccine sessions for our patients of Cilfynydd and if there is a need and demand for this, we will continue to do this in both Cilfynydd and Ynysybwl moving forward.

As demonstrated, our patient population are already extremely adaptable to the services we offer, more importantly how we have offered them over the years. As a result of the pandemic and the need for us to temporarily close our two branch sites it has meant that our patients have already been receiving services delivered over three sites for the past 3 years with our attempts to re-open the sites previously failing due to the issues already outlined. As a practice we do not feel it is fair or correct to continue trying and failing to re-open these sites which has often caused understandable concern and worry for both patients, partners and practice staff alike. This has resulted in our hard decision to request permanent closure of the sites.

Moving forward should our request be approved; we would like to ensure the core services offered by Taff Vale continue and are built upon once stability within the practice teams is established. A review of service delivery would be undertaken. It is anticipated that nurse/HCA service delivery from Glyncoch could be extended to reflect those delivered from Rhydyfelin and Dewi Sant. The partnership would also hope after a period of stability to look at improved services. An example of such consideration would be a women's health session that included a multidisciplinary team looking and several areas of women's health issues including group menopause discussions

Details on how the proposal will be communicated to patients if application to close is approved by the health board.

We would work closely with the UHB to ensure correct process is followed through a period of engagement and information shared via letters, social media, websites, as needed.

Detail of any engagement already undertaken with cluster networks and neighbouring practices

None

Detail of the timing of the closure

Due to the ongoing issues within the practice and the length of time the practice has been closed it is requested that the closure of both sites be as quickly as possible.

Any other relevant information

It has been mentioned earlier in this document the complex nature of the practice estates ownership which includes retired ex-partners. As you will appreciate they are expecting a resolution ASAP.

**ENGAGEMENT REPORT – FEEDBACK AND RECOMMENDATIONS
FOLLOWING THE ENGAGEMENT WORK UNDERTAKEN BY TAFF VALE
PRACTICE ON THE PROPOSED CLOSURE OF CILFYNYDD AND
YNYSYBWL BRANCH SURGERIES**

APRIL 2024

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Executive Summary

This report details the feedback and recommendations following our engagement work which sought the views of patients and key stakeholders with regards to the suspension of services at Cilfynydd and Ynysybwl branch surgeries and the impact of a potential permanent closure.

A nine-week Engagement ran from Monday 8th January 2024 to Friday 8th March 2024. The aim of the Engagement was to gather the views of patients and key stakeholders to understand the effects that the temporary closure of both sites may have caused. The practice also wanted to determine any adverse effects that may arise as a result of the closures being made permanent.

Following completion of the patient and stakeholder engagement and a review of the feedback received, Taff Vale Practice are proposing that the temporary closure of Cilfynydd and Ynysybwl branch surgeries are made permanent.

Taff Vale Practice is able to provide comprehensive primary care services from its primary site in Rhydyfelin and two remaining branch sites in Glyncoch and Dewi Sant. Alternatively, patients living in the Cilfynydd ward will have the choice to register with Ashgrove Surgery, Eglwysbach Surgery and Treharris Medical Centre. Those patients living in Ynysybwl will have the choice to register with Ashgrove Surgery and Eglwysbach Surgery. **As part of the process the practice is keen to emphasise there will be no changes to the practice boundary.**

It is important for the practice to be able to find a solution so that existing patients and future generations can access a high standard and sustainable model of care. If the proposal to permanently close Cilfynydd Surgery and Ynysybwl Surgery was to be accepted, we would be seeking to formalise this with all relevant parties and for this to be communicated to patients and key stakeholders as soon as possible.

In the interim, because of long standing difficulties to provide Cilfynydd Surgery and Ynysybwl surgery with a GP and associated clinical and administrative staff, there are no immediate plans to resume services at either site.

Background

Taff Vale Practice is a GP practice in Cwm Taf Morgannwg with over 16,000 patients. It comprises the primary site in Rhydyfelin and four branch surgeries in Dewi Sant, Glyncoch, Cilfynydd and Ynysybwl.

In common with other practices throughout Wales Taff Vale Practice has experienced increasing difficulties in recruiting and retaining GPs. Alongside this the practice has experienced an increase in patient demand

While the difficulty in attracting and retaining GPs has caused the practice to consider how it is operating over multiple sites, the practice is also looking to redesign the way it delivers care to its patients in line with the longer-term NHS strategy.

A reduction in the number of sites would lead to the longer-term sustainability of the practice because it would support the redesign of some aspects of care delivery by co-locating staff on fewer sites.

Examples of the benefits that a reduction in the number of sites would bring include: -

- Ability to improve access to same day urgent care putting the GP at the centre of the process and involving a range of multi-disciplinary team members seeing and treating patients.
- Greater ability to skill mix and develop a high-quality workforce
- Greater ability for the practice to maintain and expand its training practice commitments of supporting doctors, nurses, pharmacists and other clinical practitioners in training by having a GP responsible of the supervision of more than one trainee on a larger site.
- Fewer sites make the practice a more attractive place to work as a GP due to a more supported and less isolated working environment which is likely to improve recruitment and retention.
- Ability to review timing of GP and nurse sessions which could enable appointments during lunchtimes and/or earlier in the morning benefiting both patients and staff.

The practice therefore submitted an application to the Cwm Taf Morgannwg UHB Contract Variation Group (CVG) in September 2023 to close the Cilfynydd surgery and the Ynysybwl Surgery to allow it to operate from fewer sites. The CVG considered the application on Friday 29th September 2023. The Group confirmed that the branch closures were agreed in principle subject to patient and stakeholder engagement taking place.

The Group requested a follow up report with the results and feedback received from the patient and stakeholder engagement. This was to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.

Engagement Process

The 9-week Engagement ran from Monday 8th January to Friday 8th March 2024. A robust range of feedback approaches was utilised during the Engagement period. These included: -

- Meetings with staff and key stakeholders
- Correspondence sent to all patients aged 16 years and over living in the affected wards explaining the reasoning behind the proposal, with a Frequently Asked Questions sheet and a Questionnaire to allow them to feedback their views
- Information posted on the practice website, social media publicity and shared with local politicians and Llais Cymru to raise awareness of the Engagement and provide information about how to get involved
- Two public events were held for patients and stakeholders to discuss the proposal and offer their views.

Engagement Response

A total of 741 responses were received by the Practice during the Engagement period. These include: -

- 281 responses to the Ynysybwl Survey
- 296 responses to the Cilfynydd Survey
- 147 people attending public meetings
- 17 letters or email correspondence
- A petition containing over 400 signatures objecting to the closure of Cilfynydd Surgery
- A petition containing over 400 signatures objecting to the closure of Ynysybwl Surgery
- An on-line petition via Plaid Cymru Pontypridd containing 172 signatures objecting to the closure of Cilfynydd Surgery
- An on-line petition via Plaid Cymru Pontypridd containing 366 signatures objecting to the closure of Ynysybwl Surgery

Feedback from patients and stakeholders has been summarised and a full analysis is presented in the Engagement Report.

The main themes from comments made by people recording a negative impact about the proposals for both sites were:

Travel and transport – accessing alternative Taff Vale Practice locations

- Infrequent bus service to other sites
- Unreliable bus service to other sites
- Increases time needed if travelling by bus. Can be at least 45-60 minutes each way if using public transport
- Times of buses not matching appointments
- Difficulties on public transport for elderly patients, patients with reduced mobility and patients with small children
- Weather conditions in winter time
- Walking required from/to the bus stops. Uphill walk to the Dewi Sant site
- Difficult to travel while feeling ill
- Expense of public transport and taxis
- Able to drive now but may not in future
- Traffic congestion in Pontypridd. Even if car owner journey can take up to 50 minutes.
- Footpaths/pavements poor for wheelchair/pushchair users near Dewi Sant site
- 2 buses to access other sites

Car Parking Pressures

- Lack of car parking space at Dewi Sant and Glyncoch in particular and limited car parking at Rhydyfelin
- Poorly lit parking at Glyncoch

Access and Capacity

- Extra pressure on Taff Vale other sites/services
- Concern longer waits for appointments
- Less choice of location
- Concern fewer appointments and harder to get appointments
- Concern patients will not access services
- Felt service had deteriorated since two branch surgeries had temporarily closed

Impact on Vulnerable People

- Older people
- Disabled
- Mental health

• People in poor health • Carers • Young people and families
Negative impact on the local community • Loss of local health service • Service is highly valued, do not want to lose it • Impact on local pharmacy, will that close? • Inconvenient to residents
Inappropriate use of other services • Increased use of emergency services (999 and A&E) • Increased demand for home visits
Rationale/information provided in the Engagement • Practice reasons for closure not justified • Patient questionnaire flawed • Suspicion about practice reasons for closure • Why choose Ynysybwll over Glyncoch. Glyncoch building is in a very poor condition and parking is much easier at Ynysybwll
Carbon footprint • Increased carbon emissions through increased travel and transport
Availability of other GP Services • How will other surgeries cope? Will put pressure on them • Why cannot another GP take on the branch surgeries?
Other • Seems unfair, why our surgery • Tick box exercise, decision already made • Will the pharmacy in Cilfynydd close if no local surgery?

Patients and Stakeholders suggested ways that their concerns could be mitigated, for example:

- Workforce – e.g., recruit more GPs or nurses, train more GPs
- Transport – e.g., more frequent direct bus service

- Keep the surgeries open even if only able to offer limited service over limited days or close a different site (Glyncoch)
- Split surgery opening hours between Glyncoch and Ynysybwł
- Improve car parking provision at other sites
- Service redesign – e.g., fit appointments around bus timetable, co-ordinate appointments so patients have to make less trips, run a satellite service, extend opening hours,
- Attract another GP to the area
- Make house calls a priority for disabled and elderly
- No solution – not concerned, cannot think of a solution, nothing can be done, inevitable

Practice Decision and Next Steps

The Practice has listened to the feedback raised during the Engagement and heard a number of suggestions that either avoided a closure of both branches or reduced the risks associated with the closure.

The Health Board fully acknowledges the reasoning behind the practice application to permanently close the two branch surgeries located in Cilfynydd and Ynysybwł. Primarily, continuing to staff 5 surgery sites would mean the sustainability of the overall service would remain at risk.

Although most of the concerns raised during the Engagement applied equally to both surgeries, it is probably true to say the negative impact of closing Cilfynydd surgery will be greater than that of closing Ynysybwł surgery primarily for two reasons. If Cilfynydd surgery is to close patients have no option other than to travel to Dewi Sant, Rhydyfelin or Glyncoch. The transport issues highlighted by the residents of Cilfynydd will impact significantly on those patients who are reliant upon public transport. Census data 2021 suggests up to 20% of the local population of Cilfynydd do not have access to a car. The public transport service is at its best unreliable and in the current climate is only likely to deteriorate further. Finding a working solution for those patients living in Cilfynydd is difficult. On the positive side we know of the local population living in Cilfynydd approximately 50% are already registered with practices whose main surgeries are in Pontypridd town centre, thus supporting a willingness to travel despite the difficulties. If Ynysybwł surgery is to close patients can travel to Glyncoch, which is less than 3 miles away, or they could register with Eglwysbach Surgery, who also have a branch surgery in Ynysybwł. The Practice has confirmed its intent to improve the range of services delivered from Glyncoch which will help improve access for those patients with transport difficulties living in Ynysybwł.

The Practice has decided to continue the application process to close both branch surgeries as they strongly believe continuing to operate over 5 sites would mean the sustainability of the overall service would remain at risk. Operating over 3 sites will make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

The Practice seeks agreement from the Contract Variation Group to permanently close Cilfynydd branch surgery and Ynysybwl branch surgery.

Having considered the suggestions that were made in the Public Engagement the Practice will offer the following mitigations to reduce the risks to patients at the point both Surgeries close:

- Redesign the service to help the Practice provide an increase in capacity overall (e.g., relocating a GP to provide additional capacity to see same day urgent care)
- Move to 15-minute appointments so multiple issues can be managed in one appointment and multiple appointments are not needed
- Work with the Pharmacy in Cilfynydd to look at ways we could provide some services to patients from the Pharmacy site
- Implement more telephone consultations, on-line and video consultations
- Support patients to access on-line consultations
- Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend a review once a year
- Ensure appointments take into consideration availability of bus travel and transport. Acknowledge reliability on public transport is accepted as a reason patients may be late for appointments
- Improve car parking arrangements at other sites
- Explore opportunities for developing community based transport solutions
- Ensure an appropriate amount of home visiting capacity is available to support the housebound and frail elderly and any increase that

may arise

- Continue to try to recruit quality staff to the practice
- Continue to review operational models, timing of appointments, administration systems to make sure systems and processes are as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to surgery
- Continually monitor the impact of the closures and implement new mitigations or supportive solutions to the Cilfynydd and Ynysybwll patients wherever possible
- Consider the setting up of Patient Participation Group in those localities affected.

1. Introduction

The purpose of this report is to provide feedback on the Engagement on the proposed closure of Cilfynydd Branch Surgery and Ynysybwl Branch Surgery of Taff Vale Practice.

A 9-week Engagement ran from 8th January 2024 to 8th March 2024. The aim of the Engagement was to gather the views of patients and stakeholders to understand the potential impact of the proposed closure of the 2 branch surgeries.

2. Background

Taff Vale Practice current list size is 16,056. The list size at Ynysybwl is 1,496 and at Cilfynydd 1,516. We are a training practice and we teach, support and supervise GP registrars, medical students and student practice nurses. The practice primary site is in Rhydyfelin and there are four branch sites located in Dewi Sant, Glyncoch, Cilfynydd and Ynysybwl. The branch surgery at Cilfynydd and Ynysybwl have been temporarily closed since September 2022.

The Ynysybwl branch has structural issues with the windows and roof. The Health Board has offered to fund a structural survey to ensure any proposed works deemed necessary to ensure the premises are fit for purpose will not be undertaken unnecessarily and the practice is fully informed of potential costs of remedial works. However, a recent five facet survey undertaken details significant costs associated with maintaining the premises.

The Cilfynydd branch site suffered extensive flood damage in December 2022 which meant most of the rooms and ceilings had to be gutted, the site dried out and wall rebuilt. The premises in Cilfynydd, although needing some on-going maintenance, could be considered appropriate for the continued provision of limited general medical services.

In addition to the on-going premises issues the Practice is struggling to cope with the increasing demand post-pandemic. Prior to the pandemic the Practice would have one GP on-call handling less than 50 patients in a day. Post pandemic demand of over 200 patients per day necessitates at least 2 GPs on-call. This has led to the Practice seeking to recruit into the team but the landscape has changed, fewer GPs are choosing to enter into partnership and undoubtedly buying into premises is an obstacle.

The continued delivery of services from both Cilfynydd Surgery and Ynysybwl Surgery is challenging for a number of reasons: -

- a)** The premises have limited capacity and cannot accommodate the delivery of multi-disciplinary team and associated services. Prior to the pandemic only limited core services were provided from each branch. No enhanced services or extended services were offered and more complex nurse/HCA appointments were run from the main site.
- b)** The practice on many occasions can only provide certain services to patients in any surgery when there is a GP on the premises. Staffing 5 sites with a GP has become increasingly difficult and at times this has not been achievable resulting in unexpected reduction in sessions operating out of the branch surgeries on particular days.
- c)** The size and fabrication of both buildings has resulted in services offered from the premises being reduced.
- d)** Increasing difficulties with regard recruitment. Working across various sites, moving around mid-day and not working alongside colleagues often seems incredibly isolating to those working outside of Taff Vale. An added complication is property ownership is unattractive to potential new partners and salaried GPs who would like to progress to partnership over time.
- e)** National Government strategy continues to focus on the employment of additional roles into the primary care team. These teams expect to work in a multi-disciplinary environment within a larger health premises setting. We now have a much more diverse and highly skilled workforce who require facilities more in line with a large multi-functional site.

All of the above factors have caused the partnership to consider its future and the sustainability of the practice. After much thought the partners do not feel that it is feasible to continue in the way it has been but feel closing both sites will ensure a safe and sustainable quality service to their patient population. The Practice anticipate the proposed closures will bring about positive change and benefits such as: -

- Opportunity to share best practice and build a stronger more diverse team operating over fewer sites
- Access to a wider range of clinical expertise at all times
- Consolidation of services and staff across 3 sites as opposed to 5 will mean the practice will achieve greater economies of scale, reduced overheads and be able to maintain the clinical capacity and resilience

- Opportunity to build upon services offered once stability within the practice teams is established. A review of service delivery would be undertaken. It is anticipated that nurse/HCA service delivery from Glyncoch could be extended to reflect those delivered from Rhydyfelin and Dewi Sant.
- Improves Staff satisfaction and retention

3. Proposal

The Practice is proposing the permanent closure of both branch surgeries in Cilfynydd and Ynysybwl.

The Practice would not be asking any patients to leave the Practice. Patients would still have the choice to access primary care services at the remaining sites in Rhydyfelin, Dewi Sant and Glyncoch and would continue to be registered with Taff Vale Practice.

The practice recognises that not all patients would be able or willing to travel to one of the other surgeries. Any patients who choose not to remain registered with Taff Vale Practice would be fully supported and offered advice on how to re-register with a different practice.

To help improve access, telephone appointments and on-line consultations would be offered to patients where appropriate. Home visits would continue to be provided for patients where they are medically necessary.

The Practice made an application to the Cwm Taf Morgannwg University Health Board to close both branch surgeries in September 2023. The Contract Variation Group considered the application on Friday 29th September. The Group confirmed that the branch closures were agreed in principle subject to patient and stakeholder engagement taking place.

The Group requested a follow up report with the results and feedback received from the patients and stakeholder engagement. This was to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.

4. Format of the Engagement

Between 8th January 2024 and 8th March 2024 Taff Vale Practice ran a 9-week Engagement regarding the proposed closures. Steps were taken to identify patient groups, stakeholders and people who may be affected by the proposed changes to the current service. Taff Vale Practice was committed to making sure that the public Engagement provided genuine opportunities for local peoples voices to be heard.

Prior to the commencement of the patient engagement exercise the Health Board and the practice also met with local politicians and Councillors. The purpose of these meetings was to contextualise the information provided to patients, answer any further questions colleagues might have and ensure they have all the appropriate information about the proposed changes in their respective localities. These took place on the following dates: -

- 15th November – Councillor Hywel Gronow and Councillor Paula Evans
- 11th December – Vikki Howells MS
- 20th December – Beth Winter MP
- 22nd December – Heledd Fychan MS

We believe we ran an inclusive Engagement encouraging as many individuals within the practice area to give their views and feedback about the proposed closures. CTMUHB and the Practice worked closely with Llais Cymru to ensure the Engagement process was open and transparent. A robust range of feedback approaches was utilised during the Engagement period. These included: -

- Meetings with staff and key stakeholders
- A letter sent to all patients aged 16 years and over living in the affected geographical locations, explaining the reasoning behind the proposal, with a Frequently Asked Questions sheet and a Questionnaire to allow them to feedback their views (Appendix 1a, 1b and 1c).
- Information was posted on the practice website, social media publicity and shared with local politicians and Llais Cymru to raise awareness of the Engagement and provide information about how patients could get involved
- Email/letter/telephone communication to key stakeholders including MPs, MS, local councillors
- Two public events were held for patients and stakeholders, one in each of the affected communities, to discuss the proposal and offer their views

- Other key groups communicated with included neighbouring GP practices and the Local Pharmacy.

The original Engagement period was extended as a number of patients were concerned the information pack and patient questionnaires were initially only sent to Head of Household, rather than individual patients. See updated letter Appendix 1d. This was purely down to a resource issue but the Health Board took on board the comments and patient questionnaires were sent to every person residing in the Cilfynydd and Ynysybwl wards age 16 years and over.

Patients were able to provide their feedback and raise any queries using several different ways including face to face via the public engagement events, over the telephone, via email, via online questionnaire (utilising a QR code or URL link) and via a paper questionnaire.

5. Engagement Response

Over 3,300 Questionnaires were distributed (1248 Cilfynydd and 2071 Ynysybwl). A total of 594 individual responses were received by the Practice during the Engagement period. These include:

- 281 responses to the Ynysybwl Survey
- 296 responses to the Cilfynydd Survey
- Verbal feedback and questions from patients attending the patient engagement meetings
- 17 letters or email correspondences
- A petition containing over 400 signatures objecting to the closure of Cilfynydd Surgery
- A petition containing over 400 signatures objecting to the closure of Ynysybwl Surgery
- An on-line petition via Plaid Cymru Pontypridd containing 172 signatures objecting to the closure of Cilfynydd Surgery
- An on-line petition via Plaid Cymru Pontypridd containing 366 signatures objecting to the closure of Ynysybwl Surgery

5.1 Survey Results

A total of 577 survey responses were received (296 Cilfynydd and 281 Ynysybwl). Responses to the survey were captured in paper form or on-line. 527 patients filled in a paper questionnaire. 50 responses were received on-line. The responses have been collated and are shown in Appendix 2a Ynysybwl and Appendix 2b Cilfynydd.

5.2 Public Event Feedback

Two events were held. The first event was held in Cilfynydd Community Centre on the 16th January 2023 and the second event was held in Ynysybwl Community Centre on the 23rd January 2023. GP Partners, senior staff from the Health Board and Llais Cymru were available to answer any questions. Most of the attendees were patients that attended the sessions. The Health Board and Llais Cymru made notes of the questions raised. The meetings served as a useful way to capture concerns. Some people attended to share their own personal concerns, and others voiced concerns on behalf of others e.g., relatives. The comments, concerns and responses are set out in Appendix 3a (Ynysybwl) and Appendix 3b (Cilfynydd).

5.3 Letters and emails Received

17 letters and emails were received: -

- 1 email enquiry 13042 (Cilfynydd resident)
- 6 letters from Ynysybwl residents' formal objection to the closure of Ynysybwl Surgery (standard letter from each resident)
- 10 letters/email correspondence from MP, MS and local councillors expressing serious concerns about the closure of the Taff Vale practice surgeries located in Cilfynydd and Ynysybwl

Themes raised in letters and emails were similar to those from the Questionnaires and public events. The letters and emails have been summarised below. Due to the sensitive information, they have not been reproduced in full in this report. However, they are securely filed at the Health Board and can be made available for viewing in a redacted form if required and appropriate. Many letters raised more than one concern, the concerns raised and their frequency is as follows: -

Table 1: Feedback Received from letters and emails

Feedback/concerns (letters and emails)	Total
Travel and Transport	9
Level of multiple deprivation in Cilfynydd Community	1
Access and capacity	10
Impact on vulnerable people	9
Impact on the Community	11
Concern about rationale or information provided in the Engagement documents	3

Have enquiries been made with regard another Practice taking over the Cilfynydd premises	1
Concern over the funding of the premises in Cilfynydd	2
Pressure on neighbouring practices	6
Environmental impact	6
Financial impact for patients utilising public transport	6
Concern patients will not access medical care in a timely manner	7

5.4 Petitions

A total of 4 petitions were received. Each has been filed at the Health Board along with other data received as part of the Engagement. Copies have not been included as an Appendix due to the sensitive personal data (names and addresses etc.) contained in the documents.

6. Practice Response to Feedback Received

The Practice has considered all feedback, concerns raised and suggested solutions from the questionnaires, letters and emails and at the public meetings.

Having carefully considered the concerns, the Practice then considered any possible mitigations that were available to reduce patient and stakeholder concerns.

The responses were generally unanimous in theme for both Cilfynydd Surgery and Ynysybwl Surgery. The table below summarises the feedback received from all methods used in the Engagement (questionnaire, public meetings, letter, email etc.) and gives a response to each theme

Table 2: Responses to concerns and mitigations

Issue/Concern/Impact	Response and Mitigations
Travel and transport – accessing alternative Taff Vale Practice locations • Infrequent bus service to other sites • Unreliable bus service to other sites, buses are late or do not turn up	The main concern that was raised in the Engagement was how difficult it may be for patients to get to another site, particularly on public transport. It is accepted there are difficulties with travelling by bus.

• Increases time needed if travelling by bus. Can be at least 45-60 minutes each way if using public transport • Times of buses not matching appointments • Difficulties on public transport for elderly patients, patients with reduced mobility and patients with small children • Weather conditions in winter time • Walking required from/to the bus stops. Uphill walk to the Desi Sant site • Difficult to travel while feeling ill • Expense of public transport and taxis • Able to drive now but may not in future • Traffic congestion in Pontypridd. Even if car owner journey can take up to 50 minutes. • Footpaths/pavements poor for wheelchair/pushchair users near Dewi Sant site • 2 buses to access other sites	To minimise the need to travel to surgeries the Practice will: - • Ensure appointments take into consideration availability of bus travel and transport. Acknowledge reliability on public transport is accepted as a reason patients may be late for appointments • Implement more telephone consultations and on-line • Provide support to patients to access more services on-line • Practice to move to 15-minute routine appointments so multiple issues can be resolved in the one appointment
Car Parking Pressures • Lack of car parking space at Dewi Sant and Glyncoch in particular and limited car parking at Rhydyfelin • Poorly lit parking at Glyncoch	Car parking is available at all three other sites; however, it is accepted that at times the number of patients needing to park cars is in excess of the spaces available. The Practice will look to: - • Improve car park at Glyncoch. Garages in Glyncoch have recently been demolished so there is more space to park. The Practice happy to discuss lighting and improved road markings with council who own the land The Health Board will explore possibility of introducing

	dedicated car parking for patients accessing the surgery at Dewi Sant.
Access and Capacity • Extra pressure on Taff Vale other sites/services • Concern longer waits for appointments • Less choice of location • Concern fewer appointments and harder to get appointments • Increased home visits • Concern patients will not access services • Felt service had deteriorated since two branch surgeries had temporarily closed	There will be no reduction of clinical resource as part of this proposal. The Practice will: - • Redesign the service to help the Practice provide an increase in capacity overall • Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend a review once a year. Practice is looking to redesign medication reviews so they require less consultations and running out of meds is less likely. This will be done over the next few months • Continue to review operational models, timing of appointments, administration systems to make sure systems and processes are as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to surgery • Continue to actively recruit and have a long-term workforce plan and succession plan for staff approaching retirement.
Impact on Vulnerable People • Older people • Disabled • Mental health • People in poor health • Carers • Young people and families • Low incomes	• Ensure an appropriate amount of home visiting capacity is available to support the housebound and frail elderly and any increase that may arise. The Practice will explore the expansion of the frailty service provided via cluster

	funding. This will help give additional capacity and expertise in home visiting and face-to-face appointments in Surgery when it is required. • The practice will continue to identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail, elderly, mentally ill and those with long term conditions.
Negative impact on the local community • Loss of local health service • Service is highly valued, do not want to lose it • Impact on local pharmacy, will that close? • Inconvenient to residents • Empty building, what will happen to it?	The practice accepts that both surgery sites are a valued part of the community and their loss will be felt. The practice will: - • Foster good relationships with both communities • Work together with the local pharmacies to look at offering more services from the pharmacies. • Explore setting up of Patient Participation Group in each community
Inappropriate use of other services • Increased use of emergency services (999 and A&E) • Increased demand for home visits • Patients may not access routine or non-essential appointments e.g., medication reviews	Service redesign is intended to help the Practice manage demand. Changes planned include: - • 15-minute routine appointments so multiple issues can be managed in one appointment • Redesign medication reviews so that they require less consultations. Practice operates an efficient initial telephone triage consultation with a GP. This ensure advice is provided in a timely manner and patients signposted appropriately. The Practice will continue to ensure there is an easy point of access to telephone advice every day.

	Patients will not need to call an ambulance or use A&E services unless medically necessary.
Rationale/information provided in the Engagement • Practice reasons for closure not justified • Patient questionnaire flawed • Suspicion about practice reasons for closure • Why choose Ynysybwl over Glyncoch. Glyncoch building is in a very poor condition and parking is much easier at Ynysybwl	• Problems experienced by Taff Vale Practice are national ones. Constructive solutions need to be identified to sustain general practice. Workload and workforce pressures are affecting many GP surgeries across the UK. Operating over 5 sites has proved challenging for the practice. The Partners feel very strongly the only way to secure sustainable primary care services going forward is to consolidate services over fewer sites • The Practice worked closely with the Health Board and Llais Cymru in ensuring the Engagement process was robust, open and transparent. Where concerns were raised the Health Board was quick to address, for example distributing additional patient questionnaires to individual patients as opposed to Head of Household, collation and entering of all data pertinent to the Engagement to be undertaken by the Health Board, Patient information extended to include patients residing in Norton Bridge, Trallwn and Coed Y Cwm.

	The primary focus has always been to have an honest dialogue with the patients, to explain the significant sustainability pressures the practice is facing and to understand what concerns patients have and how the Practice can address them. • Cilfynydd and Ynysybwl branch sites have been temporarily closed since September 2022 and prior to Covid-19 offered only limited services. Patients are already used to travelling to the other 3 sites, located in Glyncoch, Rhydyfelin and Dewi Sant. The costs associated with ensuring premises at Ynysybwl is fit for purpose are significantly greater than Glyncoch. • In the ward-based index of multiple deprivation overall Glyncoch is ranked 51 out of 1909 in Wales which places it among the 10% most deprived. There are also higher numbers of people experiencing ill health and disability, health is ranked 14 out of 1909 which again places it among the 10% most deprived. Ynysybwl is ranked 705 out of 1909 in Wales which places it among the 30-50% most deprived. Health ranked 792 out of 1909. There are small pockets in Ynysybwl where health is ranked 271 out of 1909 placing it among the 10-20% most deprived. The Practice intends to undertake a review of all service delivery and

	explore extending services offered from Glyncoch.
Carbon footprint Increased carbon emissions through increased travel and transport	- The Practice is working towards a more streamlined system of routine reviews for patients with long term conditions. This will mean that the majority of patients will not have to make several journeys for their routine reviews. - The Practice will reduce the need to travel to the surgery where possible
Availability of other GP services - How will other surgeries cope? Will put pressure on them - Why cannot another GP take on the branch surgeries?	- Depending on their addresses patients may be able to register at another GP practice. The Practice is not asking any patients to register elsewhere. There will be no change to the Practice boundary. The Health Board will monitor impact on neighbouring practices and offer support where needed. - The issues of sustainability will likewise apply to any potential incoming partnership. The list size is not sufficient from a funding perspective to support a stand-alone practice. There are no guarantees patients would transfer to a new incoming partner making this a high-risk option for any interested parties.
Other - Seems unfair, why our surgery - Tick box exercise, decision already made	The decision to apply to close Ynysybwll and Cilfynydd Surgery was in part due to the number of patients regularly accessing both surgeries being relatively small and in part

• Will the pharmacy in Cilfynydd close if no local surgery?	due to the demise of both premises. There are considerable backlog and on-going maintenance costs associated with each site. The Glyncoch site would benefit from some improvements to the site and this will be something the Practice will look at once the outcome of the Engagement is decided. • The final decision will be made by the CTMUHB Board. • Foster good working relationship with the pharmacy in Cilfynydd. Look at ways services could be provided from the pharmacy site.

7. Practice Decision

Primary care now offers a wider range of services from a multi-disciplinary, professional clinical team more closely aligned within a large, modern health centre environment. The requirement to book and see a face-to-face appointment with a GP is no longer the first and only choice for patients. During these challenging times, and to ensure the continued safety of its patients and staff the Practice has changed the service in line with national changes and the response to the pandemic. Many services are now existing as an alternative to consulting with a GP and without the need to travel to a site. There is greater access to digital services such as on-line consultations.

The modern workforce expects to be housed in a multi-disciplinary environment with a safe, effective and quality standard and range of equipment and facilities; supported with good clinical supervision and education. Patients who are currently accessing services at Rhydyfelin and Dewi Sant have access to a much wider and comprehensive range of primary care services including practice nurses, pharmacists, nurse practitioners, mental health practitioners etc. These services are not available at either Cilfynydd or Ynysybwl due to the limitations of the building, this is unlikely to change.

The Practice Partners have carefully considered the feedback received from the Public Engagement and the mitigations that were suggested by patients and stakeholders. The Practice did not begin the Public Engagement lightly. They were aware that both branch surgeries are highly regarded by the residents as an integral part of the village and a convenient way for residents to access healthcare. This report demonstrates the strength of that view and the very real concerns and risks that exist for the community if both branch surgeries are to close.

However, having listened to the feedback raised during the Engagement and heard a number of alternative suggestions that either avoid a closure or reduce the risks associated with the closures **The Practice has decided to continue the application process to permanently close both Branch Surgeries.** The practice appreciates that the closure of the both surgeries may cause some concern and anxieties to generations of family that have received care over many years. They would like to take this opportunity to emphasise there is no intention to change the practice boundary. No patient currently registered with the Practice would be asked to leave or register elsewhere. Any patient who needs to be seen will be seen and every effort will be made to ensure a smooth transition such that they can continue to receive high quality patient care at the 3 remaining sites.

The Practice has developed a range of mitigations to reduce the risks to patients which will be subject to approval from the CTMUHB Contract Variation Group and thereafter CTMUHB Board.

The Practice understands the importance of providing supportive and proactive care to the most vulnerable patients, such as the frail elderly, mentally ill and those with long-term illness.

Where it is clinically appropriate to do so the Practice will look to streamline routine reviews for patients with long-term conditions so that the majority of patients will only need to attend a review once a year for all their long term conditions and medications.

The Practice will not reduce clinical resources, and staff that are currently employed will remain in post. The Practice will also try to continue to try to recruit quality staff to fill any vacancies that arise. The Practice will continually review operational models, timing of appointments, appointment types and methods, and administrative systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing requirement to travel to the 3 sites.

8. Next Steps

The report will be presented to the Contract Variation Group on 26th April 2024. The Engagement Report will be made available on the Cwm Taf Morgannwg UHB website one week prior to being presented to the Board for the final decision on Thursday 25th July 2024. The outcome of this process and final decision of the CTMUHB Board will be shared with patients and stakeholders through postal letters, the Practice website and in the practice surgeries.

The Practice will continually monitor the impact of the closures and implement new mitigations or supportive solutions as needed. The Practice understands that this may be a difficult transition for some patients, and it is committed to ensuring that patients receive the best possible care. The Practice would like to thank everyone who took part in this engagement.

IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE CILFYNNYD SURGERY

Taff Vale Practice Patient Consultation

Taff Vale Practice have had to make the difficult decision to commence a consultation with our patients and stakeholders to propose to permanently close Cilfynydd Surgery.

Background

Taff Vale Practice provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week and the ability to book ahead and on the day. Operating this way over our five sites and providing effective GP cover is challenging. For some time, the practice has been experiencing increasing difficulty in sustaining clinical GP cover over our sites. In common with other practices across the country we have experienced a reduction in the number of GPs working for the practice and we have not been able to recruit to our vacant GP posts. Prior to the COVID-19 pandemic Taff Vale Practice operated out of 5 sites. The main surgery in Rhydyfelin and four branch surgeries opening for 20 hours per week located in Dewi Sant, Glyncoch, Ynysybwl and Cilfynydd. The majority of the branch sites offered basic nursing services and a GP. All other services for example ECGs, bloods, spirometry, coils, minor ops were undertaken at the larger sites located in Rhydyfelin and Dewi Sant. Post pandemic demand has increased to such a point it was felt necessary to concentrate scarce GP resources over a smaller number of sites, thus ensuring the continued provision of primary care to all patients in a safe and efficient manner. In September 2022 the Health Board supported the temporary closure of Cilfynydd Surgery and Ynysybwl Surgery.

Why is the Change Being Proposed?

Over a number of months, the GPs have been considering how best to configure services going forward. The change is mainly due to the decrease in the number of GPs we have working in the practice as we are unable to continue to cover all sites with the GP staff available. Since the pandemic, the practice has and continue to struggle with recruitment and retention across all teams within the surgery. The practice has seen long standing staff, across all staff groups, retire, which has resulted in loss of skills, knowledge and understanding. In December 2022 a large flood happened at Cilfynydd taking out the whole of the ceiling and most of the ground floor so all that remains is a shell of a building. This incident cemented the GPs thoughts with regard putting forward an application to the Health Board to close Cilfynydd surgery. This has been an incredibly complex and emotive decision for the partners and has not been one that has been taken lightly. We believe that operating clinical services on fewer sites will allow us to redesign aspects of our service overall. This will allow the practice to remain sustainable in the longer term and to continue to provide a quality service in the future. We understand the service is highly valued by local residents, and has been a feature of the community for many years, however we consider the reasons for the proposed closure are compelling. We believe that by reducing the number of surgeries we provide clinical services from we will be able to continue to offer an efficient and sustainable GP service that retains the standard of quality our patients have come to expect from us.

What This May Mean for Patients

We would not be asking any of our patients to leave the practice. Patients would still have the choice to access all our general practice services at our remaining sites in Glyncoch, Dewi Sant and Rhydyfelin and would continue to be registered with Taff Vale Practice. We

would retain all of our staff. As a result of the pandemic, we have reviewed the ways in which we deliver and how patients can access our core services. We now run a full triage system for all patients who contact the practice with an acute, on the day issue. This means that patients will be called by a GP on that day and managed over the telephone wherever possible. To support this, we have increased the number of staff call handling. We have also introduced e: consultation which allows patients to contact the practice via our website for non-acute issues. These are reviewed and care navigated by our administrative team. Patients will receive an appropriate response by the end of the next working day. Home visits would continue to be provided for patients where they are medically necessary. We recognise that not all our patients would be able or willing to travel to one of our other surgeries. Any patients who may choose not to remain registered with Taff Vale Practice would be fully supported and offered advice on how to re-register with a different practice which covers the Cilfynydd ward.

How You Can Have Your Say

Before any final decision is made, however, we want to know how you, our patients, might be impacted by this change. A formal consultation about the proposed closure of the Cilfynydd branch surgery will begin on the 8th January 2024. The Consultation will take place over 6 weeks and will end on the 16th February 2024. The purpose of the consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be so that we can make the best decision for our patients and the practice. We welcome all of your views. You can take part in the consultation by:

- completing the patient questionnaire sent separately and returning to the practice. Please contact us on 01443 490366 if you require additional copies of the questionnaire. Paper copies of the questionnaire will also be available from the reception staff at all of our surgery sites.
- Completing the questionnaire online at <http://taffvalepractice.co.uk> or by scanning the unique code below into your phone and opening the link to complete the questionnaire.



<https://forms.office.com/e/BeBAk36R1G>

- Reading our frequently asked questions enclosed, available on our website or by contacting the practice.
- Attending the public consultation meeting to answer any questions you may have on **Tuesday 16th January 7.00 pm** at Cilfynydd Community Centre, Howell Street, Cilfynydd CF37 4NR.

Once the formal consultation is complete a report will be written which will include a full analysis of the responses, key issues and recommendations. The report will be presented to the Cwm Taf Morgannwg Contract Variation Group who will then decide on the final outcome. Ratification will be sought from the Board. Once a final decision has been made the outcome will be shared with patients. We welcome you to share your views in our consultation and ask for your understanding and support to work with us through this proposed change.

Yours sincerely

Taff Vale Practice

IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE YNYSYBWL SURGERY

Taff Vale Practice Patient Consultation

Taff Vale Practice have had to make the difficult decision to commence a consultation with our patients and stakeholders to propose to permanently close Ynysybwl Surgery.

Background

Taff Vale Practice provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week and the ability to book ahead and on the day. Operating this way over our five sites and providing effective GP cover is challenging. For some time, the practice has been experiencing increasing difficulty in sustaining clinical GP cover over our sites. In common with other practices across the country we have experienced a reduction in the number of GPs working for the practice and we have not been able to recruit to our vacant GP posts. Prior to the COVID-19 pandemic Taff Vale Practice operated out of 5 sites. The main surgery in Rhydyfelin and four branch surgeries opening for 20 hours per week located in Dewi Sant, Glyncoch, Ynysybwl and Cilfynydd. The majority of the branch sites offered basic nursing services and a GP. All other services for example ECGs, bloods, spirometry, coils, minor ops were undertaken at the larger sites located in Rhydyfelin and Dewi Sant. Post pandemic demand has increased to such a point it was felt necessary to concentrate scarce GP resources over a smaller number of sites, thus ensuring the continued provision of primary care to all patients in a safe and efficient manner. In September 2022 the Health Board supported the temporary closure of Cilfynydd Surgery and Ynysybwl Surgery.

Why is the Change Being Proposed?

Over a number of months, the GPs have been considering how best to configure services going forward. The change is mainly due to the decrease in the number of GPs we have working in the practice as we are unable to continue to cover all sites with the GP staff available. Since the pandemic, the practice has and continues to struggle with recruitment and retention across all teams within the surgery. The practice has seen long standing staff, across all staff groups, retire which has resulted in loss of skills, knowledge and understanding. After much consideration the partners sadly do not feel that it is feasible to continue in the way it has been. We believe that operating clinical services on fewer sites will allow us to redesign aspects of our service overall. This will allow the practice to remain sustainable in the longer term and to continue to provide a quality service in the future. We understand the service is highly valued by local residents, and has been a feature of the community for many years, however we consider the reasons for the proposed closure are compelling. We believe that by reducing the number of surgeries we provide clinical services from we will be able to continue to offer an efficient and sustainable GP service that retains the standard of quality our patients have come to expect from us.

What This May Mean for Patients

We would not be asking any of our patients to leave the practice. Patients would still have the choice to access all our general practice services at our remaining sites in Glyncoch, Dewi Sant and Rhydyfelin and would continue to be registered with Taff Vale Practice. We would retain all of our staff. As a result of the pandemic, we have reviewed the ways in which we deliver and how patients can access our core services. We now run a full triage system for all patients who contact the practice with an acute, on the day issue. This

means that patients will be called by a GP on that day and managed over the telephone wherever possible. To support this, we have increased the number of staff call handling. We have also introduced e: consultation which allows patients to contact the practice via our website for non-acute issues. These are reviewed and care navigated by our administrative team. Patients will receive an appropriate response by the end of the next working day. Should our request to close the Ynysybwl branch surgery be accepted we would like to ensure the core services continue and are built upon once stability within the practice team is established. It is anticipated that nurse/HCA service delivery from Glyncoch could be extended to reflect those delivered from Rhydyfelin and Dewi Sant. Home visits would continue to be provided for patients where they are medically necessary. We recognise that not all our patients would be able or willing to travel to one of our other surgeries. Any patients who may choose not to remain registered with Taff Vale Practice would be fully supported and offered advice on how to re-register with a different practice which covers the Ynysybwl ward.

How You Can Have Your Say

Before any final decision is made, however, we want to know how you, our patients, might be impacted by this change. A formal consultation about the proposed closure of the Ynysybwl branch surgery will begin on the 8th January 2024. The Consultation will take place over 6 weeks and will end on the 16th February 2024. The purpose of the consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be so that we can make the best decision for our patients and the practice. We welcome all of your views. You can take part in the consultation by:

- completing the patient questionnaire sent separately and returning to the practice. Please contact us on 01443 490366 if you require additional copies of the questionnaire. Paper copies of the questionnaire will also be available from the reception staff at all our surgery sites.

Completing the questionnaire online at <http://taffvalepractice.co.uk> or by scanning the QR code below into your phone and opening the link to complete your questionnaire.



<https://forms.office.com/e/Kmdb2b25v5>

- Reading our frequently asked questions enclosed, available on our website or by contacting the practice.
- Attending the public consultation meeting to answer any questions you may have on **Tuesday 23rd January 6.00 pm** at Ynysybwl Community Centre, Windsor Place, Ynysybwl CF37 3HR

Once the formal consultation is complete a report will be written which will include a full analysis of the responses, key issues and recommendations. The report will be presented to the Cwm Taf Contract Variation Group who will then decide on the final outcome. Ratification will be sought from the Board. Once a final decision has been made the outcome will be shared with patients. We welcome you to share your views in our consultation and ask for your understanding and support to work with us through this proposed change.

Yours sincerely

Taff Vale Practice

Taff Vale Practice
Proposed Closure Cilfynydd Branch Surgery
Patient Consultation

FREQUENTLY ASKED QUESTIONS

Why are we consulting with you on closing our Cilfynydd Surgery?

Taff Vale Practice provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week, and the ability to book ahead and on the day. Operating in this way over a number of sites and providing effective GP cover is challenging. For some time, the practice has been experiencing increasing difficulty in sustaining clinical GP cover over five sites. In common with other practices across the country we have experienced a reduction in the number of GPs working for the practice and we have not been able to recruit to our vacant posts.

As a practice we are primarily concerned with the well-being of our patients and we now believe that bringing services together on fewer sites is the only way that we will be able to continue to deliver high quality care to our patients.

Why Cilfynydd Surgery?

Cilfynydd is the surgery nominated because:

- Prior to the COVID-19 pandemic the surgery was only open 20 hours per week offering basic nursing services and a GP. All other services for example ECGs, bloods, spirometry, coils, minor ops were undertaken at the larger branches.
- The Cilfynydd Surgery accommodation requires an additional degree of repair and maintenance. In December 2022 a large flood happened at the premises taking out the whole of the ceiling and most of the ground floor so all that remains is a shell of a building. We believe we can offer patients a higher standard of care with appointments at our other surgeries.
- The premises has limited capacity and cannot accommodate the delivery of a multi-disciplinary team and associated services. There is no capacity to expand.

If the Cilfynydd branch surgery is to close, which GP practice could I attend?

All our existing patients would remain registered at Taff Vale Practice and would be able to access services at Dewi Sant Health Park, Rhydyfelin and Glyncoch. Our patients can choose to register at a different practice if they so wish. Ashgrove Surgery, Eglwysbach Surgery and Treharris Primary Care Centre are able to accept new patients living in the Cilfynydd ward.

What about transport?

There are public transport routes from Cilfynydd to all four other sites. Dewi Sant would be the most convenient with an overall journey time of 25-30 minutes. Taking the X38 from Commercial Hotel towards Pontypridd, a journey of approximately 9 minutes patients would then have to walk 15 minutes to reach the surgery. To minimise walking, the 404 bus service from Pontypridd bus station to Porthcawl, stops outside Dewi Sant Hospital.

Through the consultation there will be opportunities to comment on potential transport issues and/or any other concerns. The outcome of the consultation and issues to be considered, like transport, will be consulted upon with other agencies including the Local Authority.

How would it help Taff Vale Medical Practice by closing the Cilfynydd Surgery?

Whilst we appreciate that Cilfynydd Surgery has always been viewed as an integral part of the local community we have to find a way to meet the increasing demands of the practice population in the face of a national GP recruitment crisis. We believe that the proposal would give long term sustainability to the whole practice by:

- Enabling us to review and improve access to GP and nurse appointments without having to spread staff thinly over five sites;
- Allowing us to redesign the way we provide some aspects of the service;
- Reducing some of the activities that are duplicated across multiple sites, providing greater efficiency;
- Giving the practice a greater ability to support doctors, nurses and pharmacists in training by supervising them on fewer sites;
- Making the practice a more attractive place to work due to a more supportive, less stressful and less isolated working environment which should improve recruitment and retention.

Will it be more difficult to get an appointment in the future?

No. Taff Vale Medical Practice would retain all staff that work from Cilfynydd surgery and the appointments that we currently provide would be transferred to other surgeries. We will not be reducing our staffing.

What about car parking at the other surgeries?

Car parking is available in Dewi Sant and Glyncoch. There is limited parking available at Rhydyfelin.

Why is there a shortage of GPs?

The worsening shortage of GPs is not just a local issue but a national problem. The number of qualified GPs has been decreasing year on year since 2015. Many GPs are approaching retirement; therefore, the situation is expected to get worse in the near future.

What proactive things have the practice done to date to address the situation?

As a result of the pandemic, we reviewed the ways in which we deliver and how patients access, our core services. We now run a full triage system for all patients who contact the practice with an acute, on the day issue. To support this, we have increased the number of staff call handling. This is coupled with ensuring all call handlers have been trained to care navigate patients to ensure they are seen by the correct personnel at the right time.

We have introduced e: consultation which allows patients to contact the practice via our website for non-acute issues. These eConsult are reviewed and care navigated by our administrative team. Patients will receive an appropriate response by the end of the next working day. The practice has introduced virtual chronic disease management to reduce the number of visits to practice needed by our patients. Over the past 2 years community-based flu vaccine sessions for our patients of Cilfynydd have been arranged.

How long will the Consultation run for and what happens next?

It has been agreed the formal consultation will run for 6 weeks beginning on the 8th January 2024 and ending on the 16th February 2024. Once the consultation has closed a report will be compiled which will include a full analysis of the responses, key issues, recommendations and objections. This will be presented to the Contract Variation Group. Following detailed consideration of the Consultation analysis they will make the decision on whether or not to allow the closure. The outcome of this process will be shared with patients who utilise the Cilfynydd branch by letter, the practice website and practice information boards in all our surgeries.

How can you get involved?

If you would like to share your views or ask questions then we would like to hear from you. We are inviting patients and stakeholders to share their views by **completing a patient questionnaire**. The questionnaire is available on line at <http://taffvalepractice.co.uk> or by scanning the QR code below:-



<https://forms.office.com/e/BeBAk36R1G>

Paper copies of the patient questionnaire are available in all our surgeries. A paper copy of the questionnaire will be posted to patients who utilise Cilfynydd surgery.

We are holding a public consultation meeting, where you can find out more details about the proposed changes. This will take place on **Tuesday 16th January 7.00 pm** at Cilfynydd Community Centre, Howell Street, Cilfynydd CF37 4NR.

You are also welcome to **email** your views to taffvale.general@wales.nhs.uk

Or you can **write** to us at:

The Practice Manager
Taff Vale Practice
Duffryn Road
Rhydyfelin
Pontypridd CF37 5RW

Please get involved in the Consultation in any of the ways described above, your views are important.

Taff Vale Practice
Proposed Closure Ynysybwl Branch Surgery
Patient Consultation

FREQUENTLY ASKED QUESTIONS

Why are we consulting with you on closing our Ynysybwl Surgery?

Taff Vale Practice provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week, and the ability to book ahead and on the day. Operating in this way over a number of sites and providing effective GP cover is challenging. For some time, the practice has been experiencing increasing difficulty in sustaining clinical GP cover over five sites. In common with other practices across the country we have experienced a reduction in the number of GPs working for the practice and we have not been able to recruit to our vacant posts. As a practice we are primarily concerned with the well-being of our patients and we now believe that bringing services together on fewer sites is the only way that we will be able to continue to deliver high quality care to our patients.

Why Ynysybwl Surgery?

Ynysybwl is the surgery nominated because:

- Prior to the COVID-19 pandemic the surgery was only open 20 hours per week offering basic nursing services and a GP. All other services for example ECGs, bloods, spirometry, coils, minor ops were undertaken at the larger branches.
- The Ynysybwl Surgery accommodation requires an additional degree of repair and maintenance. The site suffered considerable internal and external damage during the winter months causing a considerable amount of mould in several consulting rooms and waiting area. We believe we can offer patients a higher standard of care with appointments at our other surgeries.
- The premises has limited capacity and cannot accommodate the delivery of a multi-disciplinary team and associated services. There is no capacity to expand.
- There is a regular bus route between Ynysybwl and Dewi Sant (Pontypridd). By car the transport links are good with a direct route of just under 3 miles, travel time approximately 10 minutes. Patients can also access services at Glyncoch located less than a few miles away.

If the Ynysybwl branch surgery is to close, which GP practice could I attend?

All our existing patients would remain registered at Taff Vale Practice and would be able to access services at Dewi Sant Health Park, Rhydyfelin and Glyncoch. Our patients can choose to register at a different practice if they so wish. Ashgrove Surgery and Eglwysbach Surgery are able to accept new patients living in the Ynysybwl ward.

What about transport?

For those patients who have access to a car travel time to the nearest surgery located in Glyncoch is less than 10 minutes. Dewi Sant is approximately 15 minutes and Rhydyfelin less than 30 minutes.

There are public transport routes from Ynysybwl to all other sites, Glyncoch being the

nearest. For Dewi Sant patients would need to take the 106 to Pontypridd, which is a journey of approximately 30 minutes, and would then have to walk 15 minutes to reach the surgery. To minimise walking, the 404 bus service from Pontypridd bus station to Porthcawl, stops outside Dewi Sant Hospital. Through the consultation there will be opportunities to comment on potential transport issues and/or any other concerns. The outcome of the consultation and issues to be considered, like transport, will be consulted upon with other agencies including the Local Authority.

How would it help Taff Vale Medical Practice by closing the Ynysybwl Surgery?

Whilst we appreciate that Ynysybwl Surgery has always been viewed as an integral part of the local community we have to find a way to meet the increasing demands of the practice population in the face of a national GP recruitment crisis. We believe that the proposal would give long term sustainability to the whole practice by:

- Enabling us to review and improve access to GP and nurse appointments without having to spread staff thinly over five sites;
- Allowing us to redesign the way we provide some aspects of the service;
- Reducing some of the activities that are duplicated across multiple sites, providing greater efficiency;
- Giving the practice a greater ability to support doctors, nurses and pharmacists in training by supervising them on fewer sites;
- Making the practice a more attractive place to work due to a more supportive, less stressful and less isolated working environment which should improve recruitment and retention.

Will it be more difficult to get an appointment in the future?

No. Taff Vale Medical Practice would retain all staff that work from Ynysybwl surgery and the appointments that we currently provide would be transferred to other surgeries. We will not be reducing our staffing.

What about car parking at the other surgeries?

Car parking is available at Dewi Sant and Glyncoch. There is limited parking in Rhydyfelin.

Why is there a shortage of GPs?

The worsening shortage of GPs is not just a local issue but a national problem. The number of qualified GPs has been decreasing year on year since 2015. Many GPs are approaching retirement; therefore, the situation is expected to get worse in the near future.

What proactive things have the practice done to date to address the situation?

As a result of the pandemic, we reviewed the ways in which we deliver, and how patients access, our core services. We run a full triage system for all patients who contact the practice with an acute, on the day issue. To support this, we have increased the number of staff call handling. This is coupled with ensuring all call handlers have been trained to care navigate patients to ensure they are seen by the correct personnel at the right time. We have introduced e: consultation which allows patients to contact the practice via our website for non-acute issues. These eConsult are reviewed and care navigated by our administrative team. Patients will receive an appropriate response by the end of the next working day. The practice has introduced virtual chronic disease management to reduce the number of visits to practice needed by our patients. Over the past 2 years community-based flu vaccine sessions for our patients of Cilfynydd have been arranged.

How long will the Consultation run for and what happens next?

It has been agreed the formal consultation will run for 6 weeks beginning on the 8th January 2024 and ending on the 16th February 2024. Once the consultation has closed a report will be compiled which will include a full analysis of the responses, key issues, recommendations and objections. This will be presented to the Contract Variation Group. Following detailed consideration of the Consultation analysis they will make the decision on whether or not to allow the closure. The outcome of this process will be shared with patients who utilise the Ynysybwl branch by letter, the practice website and practice information boards in all our surgeries.

How can you get involved?

If you would like to share your views or ask questions then we would like to hear from you. We are inviting patients and stakeholders to share their views by **completing a patient questionnaire**.

The questionnaire is available on line at <http://taffvalepractice.co.uk> or by scanning the QR code below:-



<https://forms.office.com/e/Kmdb2b25v5>

Paper copies of the patient questionnaire are available in all our surgeries. A paper copy of the questionnaire will be posted to patients who utilise Ynysybwl surgery.

We are holding a public consultation meeting, where you can find out more details about the proposed changes. This will take place on **Tuesday 23rd January 6.00 pm** at Ynysybwl Community Centre, Windsor Place, Ynysybwl CF37 3HR.

You are also welcome to **email** your views to taffvale.general@wales.nhs.uk

Or you can **write** to us at:

The Practice Manager
Taff Vale Practice
Duffryn Road
Rhydyfelin, Pontypridd CF37 5RW

Please get involved in the Consultation in any of the ways described above, your views are important.

Proposed Closure of Cilfynydd Branch Surgery Consultation Questionnaire

Taff Vale Medical Practice are consulting with our patients and stakeholders to propose to permanently close our surgery at Cilfynydd. The purpose of the Consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be. We welcome all your views.

The letter and additional Consultation documents are also available on the practice website – <http://taffvalepractice.co.uk> We ask that you read these documents to understand the reasons for the proposal before you complete the Questionnaire.

If you need this information in another format or language, or if you would like help completing the Consultation Questionnaire please call 01443 490366
Your views are important.

Please take a few minutes to complete this Questionnaire to give your views about the proposal.

1. Please tick one of the boxes below: I am...

- ☐ A patient
- ☐ A carer/relative/friend responding on behalf of a patient
- ☐ Prefer not to say
- ☐ Other

2. Which surgery do you normally go to for your appointments?

- ☐ Dewi Sant
- ☐ Rhydyfelin
- ☐ Glyncoch
- ☐ Not applicable

3. Prior to Cilfynydd branch surgery temporary closing how often in the preceding 12 months would you visit for an appointment or service

- ☐ Never
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-9 times
- ☐ 10+
- ☐ Not applicable

4. Do you understand the Practices need to close the Cilfynydd surgery?

- ☐ Yes
- ☐ No
- ☐ Not sure

5. Do you support the closure of Cilfynydd surgery so that services can be brought together at Taff Vale other sites?

- ☐ Yes
- ☐ No
- ☐ Not sure

6. How would you normally get to Cilfynydd Surgery?

- ☐ Car
- ☐ Walk
- ☐ Bus
- ☐ Lift with someone else
- ☐ Mobility scooter
- ☐ Not applicable
- ☐ Other

7. In the event of Cilfynydd surgery closing how would you access GP services?

- ☐ Attend another Taff Vale site by car
- ☐ Attend another Taff Vale site by public transport
- ☐ Attend another Taff Vale site by other means
- ☐ Register at a different GP Practice
- ☐ Other

8. If other, please specify

9. Thinking about the proposed closure of Cilfynydd surgery, what impact do you consider this will have on you?

- ☐ Little of no impact
- ☐ Positive
- ☐ Negative
- ☐ Not sure
- ☐ Prefer not to say

10. Please tell us the reason for your answer

11. Please tell us what concerns, if any, you may have regarding the proposed closure of Cilfynydd surgery?

12. Please tell us if there is anything you feel could be done to resolve your concerns.

13. How did you become aware of this patient consultation?

- ☐ Letter from the practice
- ☐ Information in one of the Taff Vale Medical Practice surgeries
- ☐ A friend or family member told me
- ☐ A voluntary/community organisation informed me
- ☐ Newspaper
- ☐ Social media (Facebook/Twitter)
- ☐ Public consultation event
- ☐ NHS or Council website
- ☐ Other

14. If other, please specify

15. Is there anything else you would like us to know or consider regarding this proposal?

Thank you for taking the time to complete this Questionnaire

**Please submit or return your Questionnaire to any of the Taff Vale Medical Practice surgeries by the 8th March 2024.
Alternatively, you are welcome to share your views through Llais Cymru.
Tel: 01443 405830
Email: cwmtafmorgannwgenquiries@llaiscymru.org**

Proposed Closure of Ynysybwl Branch Surgery

Consultation Questionnaire

Taff Vale Medical Practice are consulting with our patients and stakeholders to propose to permanently close our surgery at Ynysybwl. The purpose of the Consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be. We welcome all your views.

The letter and additional Consultation documents are also available on the practice website – <http://taffvalepractice.co.uk> We ask that you read these documents to understand the reasons for the proposal before you complete the Questionnaire.

If you need this information in another format or language, or if you would like help completing the Consultation Questionnaire please call 01443 490366 Your views are important.

Please take a few minutes to complete this Questionnaire to give your views about the proposal.

1. Please tick one of the boxes below: I am...

- ☐ A patient
- ☐ A carer/relative/friend responding on behalf of a patient
- ☐ Prefer not to say
- ☐ Other

2. Which surgery do you normally go to for your appointments?

- ☐ Dewi Sant
- ☐ Rhydyfelin
- ☐ Glynncoch
- ☐ Not applicable

3. Prior to Ynysybwl branch surgery temporary closing how often in the preceding 12 months would you visit for an appointment or service

- ☐ Never
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-9 times
- ☐ 10+
- ☐ Not applicable

4. Do you understand the Practices need to close the Ynysybwl surgery?

- ☐ Yes
- ☐ No
- ☐ Not sure

5. Do you support the closure of Ynysybwl surgery so that services can be brought together at Taff Vale other sites?

- ☐ Yes
- ☐ No
- ☐ Not sure

6. How would you normally get to Ynysybwl Surgery?

- ☐ Car
- ☐ Walk
- ☐ Bus
- ☐ Lift with someone else
- ☐ Mobility scooter
- ☐ Not applicable
- ☐ Other

7. In the event of Ynysybwl surgery closing how would you access GP services?

- ☐ Attend another Taff Vale site by car
- ☐ Attend another Taff Vale site by public transport
- ☐ Attend another Taff Vale site by other means
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- ☐ Other

8. If other, please specify

9. Thinking about the proposed closure of Ynysybwl surgery, what impact do you consider this will have on you?

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- ☐ Negative
- ☐ Not sure
- ☐ Prefer not to say

10. Please tell us the reason for your answer:

11. Please tell us what concerns, if any, you may have regarding the proposed closure of Ynysybwl surgery?

12. Please tell us if there is anything you feel could be done to resolve your concerns.

13. How did you become aware of this patient consultation?

- ☐ Letter from the practice
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- ☐ A friend or family member told me
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- ☐ Newspaper
- ☐ Social media (Facebook/Twitter)
- ☐ Public consultation event
- ☐ NHS or Council website
- ☐ Other

14. If other, please specify

15. Is there anything else you would like us to know or consider regarding this proposal?

Thank you for taking the time to complete this Questionnaire

**Please submit or return your Questionnaire to any of the Taff Vale Medical Practice surgeries by the 8th March 2024.
Alternatively, you are welcome to share your views through Llais Cymru.
Tel: 01443 405830
Email: cwmtafmorgannwgenquiries@llaiscymru.org**

**IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE CILFYNYDD
SURGERY**

Taff Vale Practice Patient Consultation

17th January 2024

Dear Patient,

The first public engagement meeting was held last evening in Cilfynydd Community Centre and a number of issues were raised. One of these was that the patient questionnaires should have been sent to all patients rather than Head of Household. We therefore felt it was correct to send a questionnaire to every patient aged 16 years and over likely to be affected by this proposed service change.

We have also extended the consultation period by 3 weeks which will give sufficient time for each and every patient to comment and return their questionnaire. The revised closing date for the consultation process is **Friday 8th March 2024**.

If you have not yet returned the original questionnaire, please use the questionnaire enclosed which will hopefully provide you with the reassurance around your anonymity. Alternatively, you are welcome to share your views through Llais Cymru Tel: 01443 405830 or email: cwmtafmorgannwgengquiries@llaiscymru.org

Yours sincerely

Taff Vale Practice

IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE YNYSYBWL SURGERY

Taff Vale Practice Patient Consultation

17th January 2024

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If you have not yet returned the original questionnaire, please use the questionnaire enclosed which will hopefully provide you with the reassurance around your anonymity. Alternatively, you are welcome to share your views through Llais Cymru Tel: 01443 405830 or email: cwmtafmorgannwgengquiries@llaiscymru.org

Yours sincerely

Taff Vale Practice

11.

Please tell us what concerns, if any, you may have regarding the proposed closure of Ynysybwl surgery?

219 responses

ID	Name	Responses
1	anonymous	Why should I have to travel to someone else's village to see their doctor. We have to keep our own surgery, numbers at other surgeries will triple and we will no longer be treated as 'residents', but a number in another person's community. Older people will not be able to travel, so they will be pushed to join the other surgery.
2	anonymous	As above for question 10. The village has an ageing population. It's hard enough to get an appointment and many people now both bother getting an appointment and suffer from it. Over the years the services provided have steadily decreased making it harder and harder to get any appointments. So closing another surgery will not help and isolate residence more and more
3	anonymous	To be truthful inconvenience
4	anonymous	Public transport is costly, unreliable & time consuming, especially for the elderly, immobile and those with young families Car parking is horrendous People will just not bother contacting a GP when ill Massive negative impact on emergency services
5	anonymous	Patients are not going to make gp that will impact on the ambulance service .its a ridiculous amount of time we have to wait for appointments
6	anonymous	It is easy for us to access the surgery either by car or by bus. The other sites are more difficult to get to especially the parking at Dewi Sant
7	anonymous	We need to have a surgery in Ynysybwl. Eglwys Bach manage it!
8	anonymous	Older patients in the village without transport will find it difficult
9	anonymous	Centralisation of all G.P. sevicees
10	anonymous	I rely on the practice and recently have had to go to the pharmacy to be assessed and they contact the practice for me, but with the pharmacy shutting there is nothing left and it's too far for me to get to glyncoch as that would be 2 different busses that never run on time. I would need to register with someone else or move house to somewhere that has a gp practice
11	anonymous	Missing appointments due to public transport Feeling unwell to get to the appointment at another site and having to visit A &E
12	anonymous	Ynysybwl surgery has provided health care for many years to it's residents. Those who are unable to travel have found it much more convenient to maybe get someone to drop them to Ynysybwl rather than drive to wherever there maybe an appointment available and take more of someone else's time to get them there. There is no cost implication and no worrying if the bus is going to turn up to get to an appointment. Sick children being dragged on buses and for possibly hours. Unacceptable. Those less mobile facing two busses to get to any

ID	Name	Responses
		of the surgeries, more time out more cost implications, more difficulty in accessing health care.
13	anonymous	Public transport is expensive and it's not easy to get to these places. It everyone drives.
14	anonymous	You can't expect people to get lifts or pay for a bus when they can just walk to the doctor. This costs and you can rely on others - it takes your independence
15	anonymous	The massive impact it will have on all elderly residents of the village.
16	anonymous	More difficult as I get older to get to surgery outside of the village especially for some reason if I become unable to drive.
17	anonymous	we have to travel further
18	anonymous	if car off the road i have to travel by bus, but legs are bad
19	anonymous	public transport, one bus an hour to dewi sant from pontypridd bus station, two buses to glyn coch surgery and rhydyfelin surgery
20	anonymous	T/V/P should not be allowed to close this surgery as it make difficulties for elderly people to attend other surgeries
21	anonymous	i have always been with taff vale since i was born if you close the surgery we have to travel and there will be no Drs here especially the elderly.
22	anonymous	this surgery is the nearest one to me and because of where i live and mobility problems i still need a car to get there.
23	anonymous	detrimental for patients especially the elderly and those on low income who have to rely on public transport, friends and relatives to get them to other surgeries for their appointments.
24	anonymous	elderly patients, people with low income be required to take 2 buses to get to different practices. this is costly and also difficult for those whom are less mobile.
25	anonymous	just the inconvenience, to get to pontypridd takes so long with traffic
26	anonymous	lack of case for both the elderly and disabled patents and those who cannot afford transport. the effect on the safety of those attending other surgeres.
27	anonymous	traveling bus/car for appts
28	anonymous	centralization of all GP serves
29	anonymous	being made to travel outside village when ynysybwl is purpose built and easy access
30	anonymous	detrimental affect for elderly patients living in the village not having GP surgery on the door step

ID	Name	Responses
31	anonymous	growing community with poor unreliable transport in and out. not everybody has a car.
32	anonymous	my concerns are that the closure will impact partners living in ynysybwł especially those without access to a car
33	anonymous	i will possibly fail to attend appointments
34	anonymous	children elderly disabled public transport - dewi sant not being in town center. big hill to walk up
35	anonymous	i have always requested ynysybwł but since the closure i need to drive instead of walk
36	anonymous	a village the size of ynysybwł should have doctors and not need to transfer to pontypridd by public transport.
37	anonymous	i understand abot the community aspect of having a village surgery. this might have an impact on these who will find it different to travel to other surgeries.
38	anonymous	public transport not very good
39	anonymous	people who dont drive even the elderly will have to catch 2 buses and some elderly people wouldnt even bother going to drs if that was the case and could die
40	anonymous	none
41	anonymous	we have one of the best surgeries in the practices
42	anonymous	it will be harder to see a doctor
43	anonymous	there are a lot of people without own transport. plus elderly. public transport is poor in the area also taking this local amenity away is disastrous
44	anonymous	bus service not reliable
45	anonymous	May impact older and less mobile patients
46	anonymous	Another loss of essential service to the people in Ynysybwł.
47	anonymous	old people without transport
48	anonymous	What if my public transport does not come on time and I miss my appointment or if I an too ill to catch public transport.
49	anonymous	other taff vale surgeries not convenient to get to
50	anonymous	why cant one of the other surgery close. why is it always ynysybwł
51	anonymous	Our village is not small there are many elderly people that would end up suffering in silence, their right to see a GP taken away due to accessibility. Parents with young children and babies having to drag them out in awful weather when they are unwell just to spend hours travelling to appointment.

ID	Name	Responses
52	anonymous	this concerns me so much as to affect elderly in the village who cant get about
53	anonymous	longer waits for appointments unreliable bus service means you miss appointments
54	anonymous	catching buses that cant be relied on
55	anonymous	People will avoid making appointments as it is too difficult to attend them, 2 bus changes and then uphill for each other surgery - not suitable for patients with poor mobility and high pain.
56	anonymous	people without access to a car would need to take two buses to get to an alternative site these are usually the most vulnerable
57	anonymous	its a lot easier to go to ynysybwll surgery than going else where
58	anonymous	Getting older is not always possible for patients to get to Pontypridd - Dewi Sant which is on a steep hill with reduced bus service. All other surgeries require 2 buses each way which is not easy especially in bad weather.
59	anonymous	none, good luck, business needs are business needs
60	anonymous	why should you decide it should be ynysybwll not not glyncoch for closure
61	anonymous	difficult to get to appointments because of need to use unrelatable public transport
62	anonymous	the surgery is near home. i can never get opportunity for glyncoch of surgery
63	anonymous	access to the three proposed surgeries involved taking two bus surgeries and aligning these weather conditions is difficult and very unpleasant
64	anonymous	elderly residents cant travel - i work so that travel time eats into my work
65	anonymous	see answer to question 10
66	anonymous	unable to get to appointments unable to park with in our walking capabilities
67	anonymous	well there be more frequent appt as there is not much available at moment it how elderly will cope
68	anonymous	as above
69	anonymous	i have macular generation and will have to rely on other people to take me to other surgeries
70	anonymous	transport to dewi sant + rhyd can be difficult foe many people
71	anonymous	limited access to the other branches if elderly, disabled or dont drive
72	anonymous	its already an issue accessing appointments, so if the ynysybwll branch closes this situation will be markedly worse
73	anonymous	people will become more unwell. less surgeries open, less appointments.

ID	Name	Responses
74	anonymous	will have to travel on 2 buses for other surgeries. buses are not reliable anyways.
75	anonymous	for any other surgery we will need to take 2 bus trips there and back is frequently costing and a time cost. it will take between 1 - 1 1/2 hrs to attend the other surgeries
76	anonymous	the patients on going mobility the career is not getting younger 63 years old. still able to drive at the moment
77	anonymous	i am concerned that elderly people and people who cannot drive would have difficulty
78	anonymous	how would we get to our appointments, mobility issues, public transport
79	anonymous	nope
80	anonymous	further health issues regarding mobility maybe unable to drive
81	anonymous	inconvenient
82	anonymous	because its hard to get to other surgeries by public transport
83	anonymous	its the closest surgery to me as i cannot walk very far and cannot drive anymore
84	anonymous	whilst i am able to drive my mother and many other elderly people may not be able to and for them to travel so far is not okay
85	anonymous	i have to take 2 buses
86	anonymous	more pressure waiting for an appointment
87	anonymous	so hard to get appointments in the other surgeries
88	anonymous	awkward to get to any other surgery
89	anonymous	difficult to get there
90	anonymous	a serious effect due to difficulty in accessing service - too far away
91	anonymous	time its takes not a good bus service always
92	anonymous	Increased reliance on 999 ambulance service due to difficulty in contacting a doctor leading to chaotic conditions in A&E
93	anonymous	lots of concerns. Are you bothered?
94	anonymous	I feel no matter what we say, the decision been made
95	anonymous	Difficulty reaching other surgeries. As the population ages it will become increasingly more difficult to get to other surgeries.
96	anonymous	My concerns are in our household we have a disabled adult. We are both over 70 with limited driving, in future it will become extremely more difficult to visit a

ID	Name	Responses
		surgery outside of Ynysybwl. We wonder if you really understand or even care, as we are sure this questionnaire is a waste of time
97	anonymous	By pushing myself to get 2 buses with my health, I will end up hospitalised
98	anonymous	I am a 47 year old disabled person who relies on my mother for all my needs, so going to a local surgery makes both our lives that little bit easier
99	anonymous	I am 84 years of age - how much longer will I be driving. Without a car I would require to catch buses and walk considerable distances, also the extra time taken,
100	anonymous	I feel for the elderly and people who do not drive it would be very hard not having a practice in the village. To go to any of the other practices they would need to catch 2 x buses to get there.
101	anonymous	- less opportunity for access to appointments. - short journey access to appointments - other people who don't have transport and have mobility difficulties
102	anonymous	Apart from myself, my mother who is 80 years old needs this local surgery as do a lot of other elderly patients that live in the village. Her independence is very important to her, currently with it being closed she is relying on others which is having a negative impact
103	anonymous	Concerned to elderly patients with no transport. Another amenity taken from the village.
104	anonymous	having problems with patients cancer tablets all of the time, To say it is more efficient to be in Rhydyfelin, rubbish, past 3 months had to fight for cancer tablets.
105	anonymous	It will very soon be the cause of a person in need to die. You may think it a bit drastic. Heart problems 3 months ago and could not get reply from doctors. Ambulance 4-5 hours. Lucky ambulance control told daughter what to do and after a mouthful of soluble aspirin son-in-law drove me to hospital. Still not right practice. Does not care
106	anonymous	As I am getting older and pension age, getting to surgeries is more difficult. Ynysybwl has been closed since covid and getting an appointment to see doctor has got worse not better. It now takes over 4 weeks to get an appointment.
107	anonymous	It's very hard to get an appointment with a GP. Lose surgeries open will make it harder still
108	anonymous	more waiting times for an appointment if that's possible
109	anonymous	Same as above
110	anonymous	I'm utterly against the closure and fed up of having to go to a surgery outside Ynysybwl
111	anonymous	My very real concerns are at the moment it is very difficult to get an appointment as Ynysybwl already is never open, we find it very difficult and feel very unwanted in the practice

ID	Name	Responses
112	anonymous	myself and my wife both work. We have two young children, and find getting to any other surgery very difficult. Not everyone has transport.
113	anonymous	As stated above even with the advantage of having a car, it's far from ideal. Consider the difficulty an elderly person who may have to attend surgery on a regular basis, having to catch one or possibly 2 buses as opposed to a short walk or ride to the station yard facility
114	anonymous	As above
115	anonymous	Less access to a GP service - people will struggle to attend other practices - buses aren't reliable to get to appointments - elderly people will be more at risk as well as disabled/vulnerable - have to catch multiple buses to attend other practices
116	anonymous	The impact the closure would have on people who are unable to drive. Public transport is unreliable and the other surgeries are not easily accessed by one bus journey
117	anonymous	If you have to call for an appointment by 8.30am and are told you could have one at 10.30 same day, how would you get from Ynysybwl to Dewi Sant by 10.30am or even any of the other surgeries. This is all about profits not health management
118	anonymous	- pressure on other surgeries as there will be more patients to less surgeries. Hard enough to get an appointment as it is - Elderly of Ynysybwl having to travel to other surgeries
119	anonymous	The other surgeries are extremely short staff across your reception, doctors, nurses and other clinical teams also admin. The telephone queues currently are extremely high and it takes weeks to get an appointment to see a doctor having an impact on people's health, because of high demand. It is appalling especially for the elderly in Ynysybwl they have to catch two buses to see a doctor which is not realistic when ill. Computer in Rhydyfelin are sometimes down and the practice team can't access medical records until the system is back up and running
120	anonymous	See above
121	anonymous	Public transport out of the village is not reliable at the best of times, this could cause missing arranged appointments
122	anonymous	Is this the start of further closures? I currently have support to get to an alternative location, but this may not be the case for others living in the Ynysybwl area.
123	anonymous	* resident of Ynysybwl being forgotten * Elderly/vulnerable being put more at risk * less appointments available due to less surgeries open * people without access to a car will have to catch multiple buses to attend appointments (which are not reliable)
124	anonymous	Will not be able to access local services. Concerns for residents who use the surgery regularly

ID	Name	Responses
125	anonymous	as above
126	anonymous	the closure of Ynysybwl will make more pressure on already overloaded surgeries. Last week I went to the pharmacy as advised I walked to the pharmacy in Ynysybwl, only to be told they did not do testing of urine samples. I then caught the bus to Pontypridd and another to Glyncoch pharmacy only to find they don't test either. I made an appointment to see a doctor but have to wait 4 weeks. Beaurocracy first, patient last, lack of good management.
127	anonymous	There is no direct transport to any of the surgeries, it will require 2 buses and they do not connect at appropriate times therefore requiring a long wait in a cold, windy bus station, or bus stop
128	anonymous	See above. Time delay in getting appointments and travel complications are very worrying as good health care could not be ????
129	anonymous	im in a lecky wheel chair 24/7
130	anonymous	detrimental to the village may not be able to get to a doctor if i am ill
131	anonymous	huge concern for myself trying to escort elderly relatives to another practice. feel that it would impact the doctors time as more home visits will become essential due to the fact that you have no village practice
132	anonymous	impossible to get to other sites on time
133	anonymous	its bad enough trying to get an appointments as is
134	anonymous	As I get older, and may not be able to drive, then it would be more difficult to get to Dewi Sant
135	anonymous	As I get older, it will become more difficult to access public transport
136	anonymous	Getting on in age might not be able to get on 2 buses
137	anonymous	none
138	anonymous	the lack of appointments with GP services which result in more patients going to an A&E to be seen
139	anonymous	none
140	anonymous	as above
141	anonymous	the impact the closure would have on people who are unable to drive as public transport is unreliable in Ynysybwl and you have to catch two buses to reach other surgeries.
142	anonymous	We have to travel out of the village
143	anonymous	This is irrelevant as the decision has already been made
144	anonymous	It's hard enough to get an appointment now, so it will be harder if Ynysybwl closes

ID	Name	Responses
145	anonymous	see above
146	anonymous	I'm afraid that I won't be able to access medical care.its already been a struggle and I've had to cancel appointments because I've not been able to get a lift to one of the other surgeries. It's horrible to travel to the other sites especially when you're not feeling well, the Ynysybwyl site was close and I could access it it.
147	anonymous	I find getting to Dewi sant and parking very difficult. It's necessary to be able to get to a surgery without needing transport for most people, especially those with small children
148	anonymous	How can you close a practice in Ynysybwyl with a population of 5000+ people
149	anonymous	I think the surgery would be a lose to the community, especially to the older patients
150	anonymous	No concerns. I just hope you do not have to close more in the future
151	anonymous	I cannot reach any other surgery without a car, to Dewi sant I have to drive 20 mins. I wish surgery would be open at least for part time
152	anonymous	The only possible way to reach it would be by car (uncomfortable). Extra time for travelling. Why branch can't be opened part time
153	anonymous	Not being able to see a doctor
154	anonymous	I feel for patients living in the Ynysybwyl area having to visit other surgeries and haven't got transport to get there and their mobility isn't good to use local transport
155	anonymous	The other closest branch is Dewi Sant which is 20 mins driving. I cannot reach surgery without a car
156	anonymous	Impossible for me to see a GP if I don't have a lift to another surgery
157	anonymous	We need our doctors surgery at Ynysybwyl for the elderly and the young families who have children
158	anonymous	Is it actually going to re-open
159	anonymous	Local and elderly residents will have to travel further. The public transport to the village is already very poor
160	anonymous	How would I access a surgery when I'm ill
161	anonymous	Travelling if feeling unwell 2-3 buses
162	anonymous	Transport is the greatest concern
163	anonymous	The only concern I have is for your elderly patients. There needs to be something in place regarding transport from Ponty bus station to Dewi sant entrance for the elderly and mobile impaired patients as this group relies on public transport

ID	Name	Responses
164	anonymous	It means most people (which a lot in Ynysybwl) are elderly would have to have taxis, buses, or rely on neighbours or family to take them to another surgery out of the area. One of the reasons we moved here was there was a choice of 2 surgeries in the village.
165	anonymous	Having to use public transport to all other Taff vale surgeries and disruption to the bus service would affect me badly
166	anonymous	More patients will wait until they are extremely unwell until they ring for appointments because of the need to travel further on public transport
167	anonymous	With my mental health issues sometimes I cannot travel to other surgeries, so I would like to see Ynysybwl surgery stay open
168	anonymous	Concerns for the people who cannot travel such as the elderly
169	anonymous	Elderly patients and those who do not have transport will have a negative impact on them
170	anonymous	Very inconvenient for people who have to catch two buses like myself
171	anonymous	As above, we need a doctors in the village
172	anonymous	How would I get to another site?
173	anonymous	I'd have to depend on public transport and that is very unreliable in Ynysybwl
174	anonymous	As above
175	anonymous	N/A
176	anonymous	Village of this size should have a doctors surgery, not have to travel miles to see a doctor
177	anonymous	see above
178	anonymous	I'm 89 years old, no home visits available, housebound, Too far to travel. Didn't Taff Vale start off in Yynysybw!?
179	anonymous	It will be difficult to get to another surgery as you have to catch 2 buses
180	anonymous	Home visit?
181	anonymous	Gp service not so easily accessible. Difficult enough to get an appointment already
182	anonymous	as above
183	anonymous	I find the lack of consideration on people without transport concerning. Working full time I only have 2 hours paid leave to attend appointments, I now cannot get to a surgery and home within 2 hours meaning I lose pay every time I attend the GP

ID	Name	Responses
184	anonymous	Myself and other residents will go without GP services and often be in pain. Strain will be placed on the surgeries as we will have to register with them instead
185	anonymous	With other practices taking more patients on appointments are getting harder to arrange, sometimes a month or so waiting times that's without screening apps, blood works taken, maternity services. Our practice did it all. This would be a negative affect on a lot of people who rely on the practice
186	anonymous	The fact the the people of Ynysybwl can't even get a doctors appointment in their own village is shocking. The village literally has nothing and is continuously being under resourced and literally left to just get on with it. Absolute joke.
187	anonymous	Patients will feel as though they are no longer important or a hindrance on the GP practice. Patients who are elderly, disabled or have no access to nearby transport will have difficulty accessing GP outside of Ynysybwl. GP practice seen as uncaring, care about profit only.
188	anonymous	Elderly people having to travel on public transport. 2 buses to some practices. Detrimental to the village
189	anonymous	Cancers will be missed or patients too late to be able to do anything other then palliative care. How will people with young children manage? They will need at least 2 buses. This bus station is the opposite end of the town to the surgery, so would need to walk through possibly with other children too. Then there is the steep hill to Dewi sant. If a driver, little to no parking. Rhydyfelin has no parking for patients. The road around Pontypridd are often gridlock so could be out of house 2 hours or more.
190	anonymous	The village has an elderly population which will have a very severe impact on them if they have to travel, especially on public transport to Ynysybwl is diabolical. Patients would have to catch 2 buses and if the bus doesn't turn up then it could be detrimental to their health if left in wet and rainy conditions
191	anonymous	Quite a remote village with only one surgery in it. With a fair few elderly residents living in YnysybwlI believe it would have a massive negative impact on them?
192	anonymous	Take a look at the surgery and the car parking is a lot better than anywhere of the other surgeries
193	anonymous	As I've said at the moment I have a car and I can get to the surgeries I'm asked to go to no probs, but in the event of no car well it's buses. At the moment with the surgery on my door step I can walk
194	anonymous	Less mobile people will struggle to attend other areas. Availability will be harder and once a service is removed it will never come back
195	anonymous	Increased patient waiting times for appointments because more patients have to attend the three remaining surgeries as all patients residing in Ynysybwl have experienced over the past three years

ID	Name	Responses
196	anonymous	There will be no show appointments or arriving late. Care parking is awful at other surgeries get you stressed before the appointment time. Why Ynysybwl? We are a village on our own we need a self sufficient village which includes a surgery. The infrastructure is awful.
197	anonymous	Decrease in people visiting Ynysybwl and spending in local businesses. Terrible for the elderly and immobile patients. Bad for the already dire parking issues in Dewi sant and Rhydyfelin
198	anonymous	You couldn't even get my middle name correct ton this letter how can I trust you to do the right thing for our community
199	anonymous	Not able to get there
200	anonymous	The patients that can only get there by foot and therefore would struggle to attend other surgeries
201	anonymous	The village is already an aged community and getting older. Concerns of attending appointments on time will become unattainable.
202	anonymous	Access to Ynysybwl would mean I/we could walk to appointments. The other issue could be appointment times. Currently it is taking up to 3 weeks to get an appointment for any clinci.
203	anonymous	Ynysybwl - Glyncoch - 3 miles but 2 buses and main road to surgery all uphill Ynysybwl - Dewi Sant - 4.5 miles and 2 buses as surgery up very steep hill. Pontypridd to Dewi Sant bus once an hour. Long wait if miss buss due to late first bus or overrun appointment. Ynysybwl - Rhydyfelin - 6 miles - again 2 buses (£14 taxi fare)
204	anonymous	We have, and was prepared to put up with the inconvenience of attending other practices, hoping that Ynysybwl would re-open. This is a blow to the community of Ynysybwl who have been served well in the practice for years. People may just have a "can't be bothered" attitude and then illnesses will worsen and be irriversible because of being left too long. Doctors used to have a personal touch with patients and could relate to them and their illness in order to treat them accordingly.
205	anonymous	Older people will have problems getting to any of the other surgeries if they have not got their own transport, they will have to catch a bus to get to any of the other surgeries. This could be difficult if they have mobility problems.
206	anonymous	For those with access to a car:- cost of fuel, no parking at Rhydyfelin, limited parking at Glyncoch adn Dewi Sant. For those without access to a car:- cost of public transport, horrendous bus service (very often they do not turn up) 2 buses to Rhydyfelin, Glyncoch and Dewi Sant. Mobility issues at Dewi Sant (getting uphill, lift often not working) Patients more likely to ask for call outs, increased pressure on ambulance service and A&E depts.
207	anonymous	Possibility of not being able to drive to an appointment if I am very ill. Or being able to get on a bus as my mobility is not always good because of my health condition.

ID	Name	Responses
208	anonymous	Vulnerable patients are less likely to seen appointments due to the need to travel
209	anonymous	Would have to use public transport to get to the surgery that is catching 2 buses which are not reliable so time taken for an appointment would be increased
210	anonymous	Neglect
211	anonymous	I feel you are abandoning the older generation who rely on you. Also people with no friends or family around to take them by car would have to try and navigate public transport. Imagine an ill 80 year old with mobility issues having to try to get to Glyncoch or Dewi Sant surgeries!? Very poor show.
212	anonymous	Reducing the level of services for the village. Transport links are poor to the village so harder to get to other site. Other sites have little to no parking available.
213	anonymous	In order to get to the other surgeries I have to get 2 buses. The bus service is being taken over by stagecoach on 1st April, not in its present form. It will be Aberdare, Pontypridd, Ynysybwl with potential problems for delays and cancellations. It could take up to 2 hours if a connection is missed. Waiting at bus stops in cold wet weather when unwell is really not ideal
214	anonymous	At present I drive but when I stop the logistics of getting to Pontypridd/Rhydyfelin - 2 buses. Disabled access as no parking.
215	anonymous	Difficulty accessing a GP within close distance of my home. When you need a doctor if you are unwell the thought of having to access public transport (which is unreliable) is awful!
216	anonymous	cost of accessing another surgery which would be miles away and only accessible by car or public transport
217	anonymous	Travel transport to another venue without the access to prive vehicle. Q - has any of the practice trield to travel to the other venues on public transport? Then consider that the person will be old/infirm/mobility issues/with young children/pram E-consult is not a viable answer
218	anonymous	It's the older people I feel for - and we will be there one day in the same position - and maybe unable to travel elsewhere. So would need local services
219	anonymous	Appointments are difficult to obtain as is, weeks of waiting for routine appointments (including life saving appointments such as screenings)

12.

Please tell us if there is anything you feel could be done to resolve your concerns.

192 responses **192** Responses

ID	Name	Responses
1	anonymous	Re-open and treat our community with the respect it deserves. Ynysybwl is not a small community anymore, so it requires its facilities to be improved, not shut down. Use it for training up staff if it means it stays.

ID	Name	Responses
2	anonymous	Easy keep the surgery open. Even if it's a case of 3 days a week
3	anonymous	Keep the surgery open!
4	anonymous	Keep the practice open so the community of Ynysybwl can go to their own practice then free up other patients spaces elsewhere
5	anonymous	Keep the surgery open
6	anonymous	More government support for the NHS
7	anonymous	Better recruitment
8	anonymous	Keep the practice open
9	anonymous	Keeping the practice open
10	anonymous	Yes, keep the surgery open even if it is for part time rather than full time. This would ease surely the burden on Dewi Sant and Rhydyfelin.
11	anonymous	No - the closure would meaning having to pay to use public transport. My husband works and they are no evening appointments so I would have to catch two bus which would take an hour or so each way out if my day. I work in Ynysybwl so would be able to walk for the appointment and not have to take an afternoon off
12	anonymous	Keep the doctors open
13	anonymous	Keep the surgery open!
14	anonymous	Keep the surgery going.
15	anonymous	keep surgery open
16	anonymous	keep it open
17	anonymous	just open the surgery even if its 1 Dr 1 nurse + 1 receptionist. please don't close the surgery.
18	anonymous	open the ynysybwl surgery
19	anonymous	keep the ynysybel branch open for its residents
20	anonymous	the last bus to ynysybwl if it runs is 6:55pm for a patient to attend any of the other sites it would take 2 buses. there is no parking at rhydfelin or at glyncoch (the location of this surgery is not ideal for venerable patents in the dark and cold)
21	anonymous	GP training and recruitment
22	anonymous	yes keep the surgery open
23	anonymous	open ynysybwl surgery

ID	Name	Responses
24	anonymous	keep it open
25	anonymous	keep ynysybwyl surgery open
26	anonymous	possibly one surgery a month for the aged/disabled/or immobile patients
27	anonymous	keep ynysybwyl surgery open
28	anonymous	keep open the surgery in ynysybwyl
29	anonymous	none
30	anonymous	keep the surgery open buses dont come cheap
31	anonymous	N/A
32	anonymous	keep the surgery open
33	anonymous	keep the surgery even if for a few days a week
34	anonymous	keep surgery open
35	anonymous	Keep the surgery open
36	anonymous	keep it open
37	anonymous	keep surgery open
38	anonymous	nothing
39	anonymous	by keeping the surgery open even just on certain days
40	anonymous	keep open
41	anonymous	obviously keep it open
42	anonymous	There is only one resolution and that is to open Ynysybwyl surgery - The cost of all these meetings and letters would have been better spent on renovation work required on the existing building.
43	anonymous	keep the practice open
44	anonymous	no not close the surgery
45	anonymous	have two or three days in ynysybwyl and two or three days in glyncoch
46	anonymous	Keep the surgery open, improve parking at Rhydyfelin and Glyncoch.
47	anonymous	work with local community transport provided make sure your reception staff can support those who need transport
48	anonymous	keep surgery open

ID	Name	Responses
49	anonymous	Why not keep Ynysybwl surgery open but reduce opening hours e.g mornings only or 2-3 days weekly.
50	anonymous	cancel closure
51	anonymous	why cant you keep both open by opening them on a two day opening, and three day opening
52	anonymous	keep ynysybwl surgery open or only for a few day a week
53	anonymous	keeping ynysybwl surgery open
54	anonymous	do not close the ynysybwl surgery
55	anonymous	keep local surgery open
56	anonymous	keep surgery open
57	anonymous	i really do not know it just a massive shame - lots of businesses etc closing a bit since could
58	anonymous	keep our branch open
59	anonymous	if closure is essential, a house in the village adapted to a surgery - as in the beginning of taff vale would benefit everyone
60	anonymous	keep it open
61	anonymous	keep surgery open
62	anonymous	not really make appts more flexible with time
63	anonymous	keep the surgery open
64	anonymous	keep surgery open
65	anonymous	employ more doctor
66	anonymous	leave it open
67	anonymous	keep the surgery open
68	anonymous	keep open ynysybwl surgery
69	anonymous	open the practice
70	anonymous	keep the surgery open
71	anonymous	i understand why the surgery need to be shut down but for the elderly peoples sake keep it open
72	anonymous	keep it open
73	anonymous	KEEP IT OPEN

ID	Name	Responses
74	anonymous	keep the place open
75	anonymous	close other surgeries instead
76	anonymous	keep ynysybwyl surgery open
77	anonymous	Access to a doctor at least once a week in alternative premises in Ynysybwyl
78	anonymous	yes, keep surgery open
79	anonymous	yes. Do not shut our surgery. Is there any way you can use the other surgery in Ynysybwyl for blood tests, taking urine samples?
80	anonymous	Re-open Ynysybwyl
81	anonymous	Keep Ynysybwyl surgery open. Have regular consultations with same GP
82	anonymous	i think only by keeping Ynysybwyl Surgery open can the aged and disabled and people with young children and babies be fairly treated in this practice.
83	anonymous	Keep the surgery open
84	anonymous	We feel as a household of 3, 2 over 70 and 1 disabled our concerns can only be resolved by getting Ynysybwyl surgery back open
85	anonymous	Ynysybwyl surgery should eb open say 3 afternoons or evenings every week, as this would help the elderly
86	anonymous	Would it not be possible for the practice in Ynysybwyl to be open even if would be twice a week which would help
87	anonymous	No as I don't feel they will be listened to
88	anonymous	Would it be possible to open the surgery just on certain days or move to a smaller premises if it is more cost effective?
89	anonymous	Keep Ynysybwyl Surgery open and close one of the others
90	anonymous	Deaths will be more regular without medical aid being more easier to deliver
91	anonymous	Keep surgery open at least once a week. Employ locum if necessary. Ynysybwyl forgotten village again
92	anonymous	More doctors at the surgeries for more appointments. Ynysybwyl to re-open and this would ease pressure at Dewi Sant and RHydyfeling. Will thing about changing doctors if it comes on the way it is.
93	anonymous	Keep it open. More doctors appointments
94	anonymous	doctors actually seeing patients would be good! Closure of a surgery just leads to even more waiting time
95	anonymous	Keep Ynysybwyl surgery open. It also has better parking facilities and easy bus access

ID	Name	Responses
96	anonymous	Don't close Ynysybwl Surgery
97	anonymous	Please keep Ynysybwl surgery open if only for 3 days a week
98	anonymous	Keeping Ynysybwl Surgeyr open
99	anonymous	manage the station yard surgery as before
100	anonymous	Keep it open it was only open a few days a week but it was and is essential to our community and environment. When you're ill in need of a GP you don't always or feel able to drive so far to see them. Ynysybwl practice was an excellent service to our community
101	anonymous	stop putting money and politics over the safety of your patients
102	anonymous	Do not close Ynysybwl surgery
103	anonymous	Keep it open
104	anonymous	Re-open Ynysybwl Surgery
105	anonymous	Yes, keep Ynysybwl Surgery open and put people's health first
106	anonymous	Keep our village surgery open - its patients deserve a local surgery, reduce the Glyncoch practice and utilise the manpower in Ynysbwl - any surgery is better than none
107	anonymous	if public transport out of the village is unavailable for what ever reason could the practice supply a taxi free of charge
108	anonymous	I would be interested in seeing a full financial breakdown of the merits of closing the Ynysybwl surgery and also to known what the plans are for the building afterwards. Will the appointments that would have taken place at the Ynysybwl surgery now be available as additional appointments at the other locations i.e. no doctor service required at Ynysybwl, they can be made available, permanently at other locations
109	anonymous	Keep Ynysybwl surgery open and stop thinking of profit over patients! You can't even get the names correct on the letters you sent out to every single resident of Ynysybwl and you expect us to believe you care what we think and will continue to provide a medical service to use * middle names were completely wrong
110	anonymous	Why are you considering closing Ynysybwl? Why not Glyncoch, Dewi Sant or Rhydyfelin. The parking in Rhydyfelin and Glyncoch is extremely difficult as are the public transport links. Have you decided to close Ynysybwl because you will have less complaints and confrontation??
111	anonymous	Keep Ynysybwl surgery open! Why Ynysybwl and not Glyncoch being closed? How are residents expected to attend appointments if they cannot drive with poor transport (public) 2 buses just to get to Rhydyfelin and Glyncoch!
112	anonymous	parking facilities for those that need it, it is not available in either Rhydyfelin or Cilfynydd. There is scope for extending Ynysybwl by building upwards, if necessary

ID	Name	Responses
113	anonymous	You could look at the parking facilities open to staff and patients. This is not available at either Rhydyfelin or Cilfynydd. Glyncoch also is not easily accessible even travelling by bus, you end up walking on the road as cars are parked on the pavements.
114	anonymous	RE-open Ynysybwl Surgery which operated in a totally satisfactory manner with appointments available at more frequent and convenient times. During the period of surgery closure at Ynysybwl, doctor consultation has been very difficult and unsatisfactory.
115	anonymous	close one of the other practices
116	anonymous	keep ynysybwl opwn and reopen as soon as possible
117	anonymous	Don't close the surgery
118	anonymous	Ynysybwl needs a surgery
119	anonymous	more appointment times and face to face appointments
120	anonymous	keep it open
121	anonymous	keep it open
122	anonymous	keep practice open sort out public transport if you can't
123	anonymous	tell doctors to work for a living, before covid there was no problem but after covid they don't want to work anymore
124	anonymous	keep Ynysybwl open
125	anonymous	home services
126	anonymous	Keep the Ynysybwl site open.
127	anonymous	Yes don't close the surgery
128	anonymous	I'm hoping the Ynysybwl surgery does not close
129	anonymous	I think that is your problem not mine
130	anonymous	Pressure from the public patients and local councillors and NHS Wales to keep it open
131	anonymous	N/A
132	anonymous	Not closing Ynysybwl branch or open it at least for part time
133	anonymous	Not closing Ynysybwl surgery
134	anonymous	District nurse to come out to take my thyroid blood test and doctor to call out if needed to
135	anonymous	Not closing Ynysybwl branch

ID	Name	Responses
136	anonymous	Keep Ynysybwl surgery open
137	anonymous	Only one thing and the surgery must stay open. It's a lovely building and we need it
138	anonymous	Don't close the surgery
139	anonymous	Keep the surgery open
140	anonymous	Leave ynysybwl open
141	anonymous	Keep ynysybwl open for the sake of your patients heath and the community
142	anonymous	Keeping ynyshybwl open please
143	anonymous	See answer 11
144	anonymous	Stay open
145	anonymous	Keep the surgery open
146	anonymous	Keep the branch open
147	anonymous	Keep surgery open
148	anonymous	What about opening two or three mornings or afternoons?
149	anonymous	Open our surgery
150	anonymous	Put train line in or don't close Ynysybwl practice
151	anonymous	Yes, keep it open
152	anonymous	It would be more beneficial especially for me to keep the surgery open
153	anonymous	Yes to get a better bus service
154	anonymous	Basically, don't close the surgery
155	anonymous	Keep Ynysybwl surgery open
156	anonymous	Open Ynysybwl
157	anonymous	Back to how it was
158	anonymous	Keep Ynysybwl surgery open
159	anonymous	Keep Ynysybwl surgery open even part time 1/2 days per week would help
160	anonymous	Please don't close Ynysybwl surgery
161	anonymous	Keep practice open
162	anonymous	Keep it open, Get people to come up from Glyncoch to go to the surgery

ID	Name	Responses
163	anonymous	Keep Ynysybwl practice open
164	anonymous	Keep our surgery open and close one of the other surgeries.
165	anonymous	Keep Ynysybwl open. As a village we moved on from our surgery being in a small house in Robert Street to our own purpose built surgery. Ynysybwl seems to be forgotten about. We seem to be going backwards not progressing with time.
166	anonymous	Perhaps open part time surgeries in Ynysybwl at a smaller venue to save on costs. A lot of staff from Ynysybwl work at the surgery so it would save them having to travel everyday as well.
167	anonymous	A fixed opening times with part time employees. Ensuring the residents of Ynysybwl that they will still be able to attend but only on certain days.
168	anonymous	Well I am a 84 year old patient and I was one of the first patients to join the Taff Vale practice so this village was the first t start this practice off so I don't feel you have treated your patients fair. I am disabled and cannot get on a bus as I have to wait for my son to try and get me to Pontypridd
169	anonymous	It was already said to us in the meeting so there's not much I can say about the matter
170	anonymous	If the surgery were to remain open even on a skeleton basis then the foundation will remain and could be built on in the future. One day a week would be better than complete closure.
171	anonymous	Make arrangements for the patients of Taff Vale practice who reside in Ynysybwl to be registered/transferred to Eglwysbach GP practice who have a surgery open in Ynysybwl.
172	anonymous	Keep surgery open I know why it is proposing to close but I don't think the argument is strong enough
173	anonymous	Better parking facilities at the remaining sites at the very least
174	anonymous	Keep it open it's needed in our community, we have a lot of elderly and a lot of young families who need this service
175	anonymous	Yes keep the surgery open even if it was 3 days/ week or so
176	anonymous	hold surgeries at Glyncoch - Dr attending 2-3 times a week. Provide space for other surgeries/services i.e. chiropodist, health, incontinence, blood taking, childrens services, deafness
177	anonymous	Yes, leave the surgery open
178	anonymous	Keep Ynysybwl Surgery open even if it means reduced opening times, especially for the elderly, young children and people suffering with debilitating illnesses.
179	anonymous	Just keep the surgery open, even it is was for 3 or 4 out of 5 days. We realise not every service can be catered for, and don't understand why a doctor and nurse and receptionist cannot be spared to deal with patients.

ID	Name	Responses
180	anonymous	Keep Ynysybwl open, even if it is only a few days a week.
181	anonymous	Keep the surgery open!!! Eglwysbach are NOT taking any new patients!!
182	anonymous	Keep Ynysybwl Surgery open
183	anonymous	make home visits
184	anonymous	Keep Ynysybwl open
185	anonymous	Compromise - have the site open 3 days a week? or only morning/evenings?
186	anonymous	Keep Ynysybwl surgery open even if its for 2 or 3 days a week or half days. Why should the people in Ynysybwl be treated differently to the other patients covered by Taff Vale. Glyncoch is nearer to Dewi Sant way - is that surgery remaining open? Surely it makes more sense to close that and keep Ynysybwl open as it is the furthestmost away.
187	anonymous	Keep Ynysybwl Surgery open. Staff park elsewhere in Dewi Sant to allow patient parking.
188	anonymous	Please keep Ynysybwl Surgery open - we are a large village without decent access to public transport. Why have you chosen Ynysybwl to close rather than Glyncoch - there is parking and easy access
189	anonymous	Keep our community surgery open
190	anonymous	Let Ynysybwl and Coed-y-Cwm have another doctor/practice take over existing, and let NHS Wales look at the numbers of all Taff Vale Practice patients are allocated to new practice
191	anonymous	Just don't close the surgery - lots of elderly and disabled may and have problems getting elsewhere and you can't rely on public transport to get you from A-B these days.
192	anonymous	Keeping open a vital surgery for local residents instead of making getting seen even more of a challenge. Add more Drs/nurses to surgeries so that pressure is lifted from the ones who are there already, so that patients can speak to a human instead of e-consult, to be asked to make an appointment anyway

15.

Is there anything else you would like us to know or consider regarding this proposal?

146 responses **146** Responses

ID	Name	Responses
1	anonymous	Yes, I only found out via Facebook originally, why? Consider the size of our village compared to, say, Glyncoch? Why us? It's easier to travel to Ponty Dewi Sant from Glyncoch. Ynysybwl does not have an easy transport system for people to get to other surgeries

ID	Name	Responses
2	anonymous	Actually listen to residence. Because when people see consultation it's normally a forgone conclusion that the decision has already been made and you are only doing this because you have to.
3	anonymous	Your questions are very 'leading'. Q2 - I would not attend any of those surgeries, I'd go to Ynysybwl! This closure will have a detrimental affect in Ynysybwl, people will try and leave the Practice to join Eglwysbach, and in turn this will affect those patients! This has not been thought out properly
4	anonymous	It is appalling we have to fight to keep the surgery open peoples lives are at risk due to not getting gp appointments when needed when they are ill
5	anonymous	Why have you chosen Ynysybwl and Cilfynydd and not Glyncoch when Glyncoch is nearer Pontypridd than both of the other two. This does not make sense at all. I have not answered question 2 as the surgery I am forced to attend to see a Dr depends on where this is an available appointment slot. You have not in any way given the opportunity for people to tick Ynysybwl. This questionnaire is leading and flawed and quite frankly not fit for purpose. I believe no matter what information is given by people you will close the surgery.
6	anonymous	If taffvale practice feel that they can no longer offer a service in this village then the village's medical provision should be offered to an alternative GP who can manage it. The community should not be expect to fit in with their plans for their convenience. This plan will cause a barrier to patients receiving medical care.
7	anonymous	Not a good a service from this practice we'd be better off with a different doctor. No trust and a lot of people unhappy.
8	anonymous	The parking at the ynysybwl surgery is easier and better than Rhydyfelin or Dewi Sant.
9	anonymous	three people living at this address under T/V/P if this is carried out on a vote process then this should be a TRIPLE VOTE. Absolutely disguising that people are being forced to attend other surgeries such as dewi sant parking is a nightmare and to use public transport is a joke and forcing patience to extra costs with taxi's.
10	anonymous	just keep it open because there will be more waiting time because other surgeries will be over run with patients and we got to travel in just not good enough to close the ynysybul surgery. why close perfectly goof surgery with good parking facilities to send us on 2 bus rides away. lots of older people live in ynysybul, and young mothers with young children. what happened to love in the community.
11	anonymous	why should taff vale practice have 3 surgery's in the pontypridd area? parking is horrendous (when you can park) DISGRACE!!!
12	anonymous	why not upgrade ynysybwl into a community health center. its location is ideal, safe and convenient. i do not understand why glyncoch is being kept open when it is old and in an undesirable location. Rhydyfelin is not patient friendly at all. no parking especially for the inform, disabled and those which children.
13	anonymous	they are not putting ynysybwl patients first

ID	Name	Responses
14	anonymous	ynysybwl is a forgotten community. no money is ever invested, only look at places like glyncoch. dont forget ynysybwl
15	anonymous	face to face contact with patience needs to return. you cannot expect someone to diagnose a patient on a pc or over the phone we need these small practices to stay open. disgusting behavior.
16	anonymous	all doctors have the use of ears all old people dont or have given us? driving
17	anonymous	the other surgery in ynysybwl will be over due to residents changing GP surgeries.
18	anonymous	this affects myself and my wife
19	anonymous	very sad this its closing
20	anonymous	the surgery should stay open no matter what
21	anonymous	appointment have been available via telephone etc which is better. need to travel by car to AU sites already. so this will make little impact if any
22	anonymous	i dont understand the reason for closing down the surgery
23	anonymous	we are very sorry to hear that this very important surgery will be closeting, as a family with a disabled adult we feel every visits becomes more difficult when you have to travel that bit further we strongly urge you all to consider for the sake of people in ynysybwl who have no means of transport, or young children, elderly and disabled thank you.
24	anonymous	it will affect a lot of people terrible decision
25	anonymous	accessibility to the other surgeries due to poor public transport
26	anonymous	please keep open
27	anonymous	I am very disappointed that those of us in the community that need the services the most are having to go so far, I am 85 and unsure how long I will be able to get to the appointments this way.
28	anonymous	it will be very inconvenient for this surgery to shut i would definitely change surgeries
29	anonymous	consider the well being of elderly residents having to travel
30	anonymous	the where issue was been badly handled
31	anonymous	The negative side to closure of Ynysybwl surgery is that many will suffer in silence resulting in undiagnosed conditions, untreated conditions, self medicating - we speak of mental health conditions extensively - Do you not see that this proposal is adding to the anxiety and stress of the patients. There is no positive result from this closure except to the surgery itself. This profession should be a caring profession with the patients at the forefront of everything it does.
32	anonymous	it will affect all the oap of ynysybwl

ID	Name	Responses
33	anonymous	I understand your reasoning for closure but the impact of Ynysybwl - a village with a lot of old people and families with no transport impacts on their ability to access services. You cant park close to Rhydyfelin or Glyncoch each of the other surgeries id 2 bus rides away and they are uphill. If Glyncoch surgery was at the bottom of Glyncoch it would be more accessible as only one bus ride but that isnt the case. We feel disenfranchised and I fear that there will be a rise in unavoidable conditions as people wont go for check ups as they should if it is too difficult, time consuming and painful.
34	anonymous	There are a lot of elderly people and young families with no transport, bus services are not always reliable taking 4 buses (to and from) in all weathers when feeling ill wont really satisfactory if appointment is missed due to the bus. i could wait 4-5 weeks for another one plus 3 missed a appointments and patient is removed from the practice.
35	anonymous	yes why should it be ynysybwl and not glyncoch,
36	anonymous	will close a surgery with no recourses for ynysybwl
37	anonymous	i don't agree with an argument from taff vale practice that ynysybwl surgery is not fit for a higher purpose when it has far better faculties of a higher standard than those at glyncoch and rhydefelin
38	anonymous	will this consultation be considered or has the decision been already made
39	anonymous	years ago doctors were part of the local community, who were local, who knew the people and cared for people in their homes not from a distance or by phone
40	anonymous	this is filled in for 2 patients of ynysybwl surgery
41	anonymous	i joined the surgery because it was convenient and i dont think going to any surgery
42	anonymous	with public transport unreliable, and older people or young families struggling to reach the other surgeries, it maybe a time to put yourselves in others shoes
43	anonymous	how life would become soo difficult to go to a surgery if these discissions were made
44	anonymous	having been to both rhydfelin and glyncoch surgery in the past 12 montha honestly to say that ynysybwl is in a better condition than both other surgeries
45	anonymous	the practice was created in ynysybwl but we were a rich village while lady windson colliery open, now we are the forgotten village
46	anonymous	please think again about closing us down
47	anonymous	think of the impact on the elderly
48	anonymous	NO
49	anonymous	keep it open
50	anonymous	n/a

ID	Name	Responses
51	anonymous	why is ynysybwl closing
52	anonymous	we need it
53	anonymous	its just not good enough
54	anonymous	See above.
55	anonymous	decision already been made
56	anonymous	Well it just stinks. What more can i say.
57	anonymous	We all find it very difficult to see a doctor and feel ignored and give up very often and just suffer
58	anonymous	Again as a household of 3 we feel it's very important to keep it open
59	anonymous	I think the decision to close has already been made. Just going through the motions now.
60	anonymous	Like I stated to my wife the patient has mobility problems and even Glyncoch surgery is only accessible with the aid of others P.S. saving you money returning both questionnaires in one envelope.
61	anonymous	As I implied before, people and not only old will die within this area. 70 and paid national insurance all working life
62	anonymous	Ynysybwl is a vibrant village with older population as well as young families. Many have lived in Ynysybwl all their lives. How are they supposed to get to Dewi Sant if not able to drive? It is a major problem for everyone.
63	anonymous	It can take up to 2-3 weeks to have an appointment. Recently I had to wait 3 weeks for a blood test! It's the only surgery where you can park easily outside. Dewi Sant is mostly full car park. Rhydyfelin doesn't even have a car park
64	anonymous	When you can't see a doctor and end up in hospital because of so much pain. Being told not emergency and suspected ovarian cancer but not an emergency! Even begging for an appointment and crying in pain on the phone. Doctors need to see people.
65	anonymous	If your minds made up about closing the surgery, then theres nothing else to say
66	anonymous	There are so many people in Ynysybwl from diabled, OAPs, young families, babies who really need this surgery
67	anonymous	Doctors surgeries should be run for the patients. Every surgery that closes makes it much more difficult to get to see a doctor
68	anonymous	No, as I feel you've already made your mind up and its a waste of ink!
69	anonymous	Not very comforting to receive a letter from your doctors surgery and they put completely different middle names for every resident of Ynysybwl. Made yourself look like a joke.

ID	Name	Responses
70	anonymous	Yes have you made up your minds already? And is this just a formality sending the questionnaires out? What will happen to the Ynysybwyl Surgery if closure?
71	anonymous	I feel Taff Vale Practice has not treated their Ynysybwyl patients fairly - we were not informed regarding the situation of the surgeries availability and since covid it has been almost non-existent It would have saved many a walk down there only to see the gates locked. not ideal I think you'll agree
72	anonymous	spare a thought for those people without any form of transport apart from public transport who would really struggle to attend one of the other practices
73	anonymous	i can't help thinking that this is something else that is being blamed on covid, but was possibly being considered long before this
74	anonymous	Concerns as I get older and my mobility is restricted as to how I will be able to access GP/Nurse services. If you have no support network, how do you get to see a GP?
75	anonymous	If you are unwell, I feel having to travel on public transport will be detrimental to other people's health (as well as the environmental cost)
76	anonymous	This proposal seems to have been made with little or no thought to the patients, especially as we were not informed of any public meetings. I am also concerned that my name is incorrect and am aware that I am not only one as several people I have spoken to have had the same problem
77	anonymous	It would help if the names of the patients were accurate. My middle name is not Wyn. I am by no means the only one, who have the same problem. I was not made aware of any public meetings
78	anonymous	The closure of Ynysybwyl surgery means already that GP consultations are not available in a satisfactory lead time and does give me as a genuine patient cause for anxiety
79	anonymous	we were told last year about ynysybwyl surgery was closing, but this Saturday we had questionnaire through our door im in a lecky wheel chair 24/7 i find it hard getting 2 dewi sant if i go on public transport i find it hard crossing the roads when getting off the bus if i have a taxi that will cost me 50-60 if i go up dewi sant i cant walk on the pavements as theres no drop curbs 4 me 2 get off i find it upsetting when i have 2 go on the reads all the drivers are shouting + swearing at me
80	anonymous	i am against closure but im sure it will go ahead anyways not point of this questionnaire
81	anonymous	the closure of the historic of station surgery that was sympatholytic converted giving patients
82	anonymous	you are trying to close 2 sites at present but we do not know if in the future you will close another surgery
83	anonymous	this is madness
84	anonymous	community feels let down

ID	Name	Responses
85	anonymous	stupid idea
86	anonymous	n/a
87	anonymous	no
88	anonymous	none
89	anonymous	Scrap the closure plans and keep a local surgery local !!
90	anonymous	no point is there?
91	anonymous	N/A
92	anonymous	why is it shutting
93	anonymous	not now!
94	anonymous	This proposal is a betrayal of the duty of care this practice had to the community of Ynysybwl. You're making it harder for a significant population of the south Wales valleys to access primary care and to receive the medical care they need, your arguments as to why you need to do this are suspect as they don't make any sense based on the evidence that you've presented. I would ask you to reconsider this or to find a site that gives easy access for those who don't drive and can't walk very far, both glyncich and dewi saint are up hills and rhydfelin doesn't even have a car park meaning you need to park miles away.
95	anonymous	Yes stop this stupid idea
96	anonymous	N/A
97	anonymous	N/A
98	anonymous	A lot of elderly people live in Ynysybwl with no access to transport and poor mobility
99	anonymous	Confirmation that the surgery will re-open
100	anonymous	Why is the surgery closing?
101	anonymous	Regard all patients issues mainly the distance and transport
102	anonymous	Consider your patients' wellbeing. It's an issue now trying to get an appointment, always telephone consults. No good
103	anonymous	Please try not to close the surgery for the health and wellbeing of all your patients
104	anonymous	I think as long as transport between ponty bus station and Dewi sant hospital is improved for the elderly / vulnerable patients then the closure should go ahead but it's an issue that needs resolving first
105	anonymous	Taff vale surgery started in Ynysybwl (keep it open)

ID	Name	Responses
106	anonymous	The size of the village the amount of elderly that can not get to other surgeries
107	anonymous	Don't close Ynysybwl surgery
108	anonymous	As you can tell I am not at all happy about this
109	anonymous	You didn't even get my name correct, how can I trust you will do what's best for community?
110	anonymous	No
111	anonymous	N/A
112	anonymous	How does this benefit Ynysybwl
113	anonymous	I would like the practice to seriously consider if there is a need to close the Ynysybwl surgery - How will this be "providing good quality accessible family health care from surgeries based in your communities"?
114	anonymous	i am getting older and my need for a local doctors surgery is increasing. This decision to close the Ynysybwl surgery will have a negative impact on my health
115	anonymous	I feel this will have a detrimental affect on a lot of elderly patients'/mothers etc who cannot travel to other practices. I feel by closing this practice a lot of peoples mental health will suffer and more people dying or terrible causes as they can't get to other practices so will suffer in silence. Not good.
116	anonymous	It doesn't really matter what the people of Ynysybwl say in this consultation because this is just a tick box exercise to say that you've consulted with the people of the village.
117	anonymous	A lack of GP surgery may discourage people moving to Ynysybwl.
118	anonymous	Why does it have to be the Ynysybwl branch that has to close? It's always the same, we have less and less here. I think it's a forgone conclusion though. Already been decided. No point in this letter.
119	anonymous	And not only do they want to close our surgery, they can't even get the names of their patients correct. The majority of these questionnaires' sent out had incorrect names on them
120	anonymous	For those who have to rely on public transport will be very problematic.
121	anonymous	Just consider the people who aren't able to travel outside of their village due to health or mental issues. And why Ynysybwl? Why not the Glyncoch practice or the Rhydyfelin one? Bus service isn't the best and would need to get to their closest GP
122	anonymous	Same as above
123	anonymous	The only thing I will say is this surgery was started in Ynysybwl you have opened 5 other surgeries so its your fault that you have taken on more than you can handle so why Ynysybwl. Which is the first one you opened so why not the last one you opened and so on as they do in redundancy last in first out.

ID	Name	Responses
124	anonymous	I think we have a duty to the future generations to protect our infrastructure and provide the best community services we can. Once lost this will never return.
125	anonymous	The hardship elderly, infirm, disabled and parents with young children will experience / are already experiencing having to access Rhydyfelin, Dewi sant and/or Glyncoch surgeries of Taff Vale GP practice
126	anonymous	Please please do not close. We have put up with the inconvenience too long and we need a surgery in Ynysybwl for the peoples welfare, mental health and wellbeing.
127	anonymous	no
128	anonymous	No point
129	anonymous	Taff Vale started originally with Dr Strawbridge at Robert Street. He would be very upset with this result
130	anonymous	I am not happy that it is recommended that we can go to another practice - it appears quite flippant. I also understand that all practices are very busy and may not have the room to take on your patients! so much for loyalty. This is completed and my husband and on behalf of the Ynysybwl community. I/we would say that this is a complete and utter disgrace.
131	anonymous	i feel as though I am going through the motions by filling in this form as I believe the decision to close won't be reviewed regardless of the effect on the Ynysybwl patients. I hope I am wrong.
132	anonymous	it would be a dreadful loss to the community of Ynysybwl. The infrastructure does not lend itself for us to be just left on our own!
133	anonymous	Why is the surgery closing? Is it just cost?
134	anonymous	Many patients are elderly, have mobility problems or have young families. The current surgery is ideal as it means no travelling outside the village which is costly and reliant on being able to park or using an inefficient bus service. We have a RIGHT to our own surgery. This closure is abhorrent and should not be allowed to go ahead.
135	anonymous	Our surgery is much needed, the elderly and people on low income will and have found it difficult to travel.
136	anonymous	Why should we travel when we have a surgery in our village. Opening the surgery could save lives.
137	anonymous	improve transport links to all other surgeries from Ynysybwl
138	anonymous	Until we pay GPs the salary they deserve for the hard work and commitment they make to keep the public healthy. We will continue to lose and newly qualified doctors to Australia. I know of 2 doctors that have gone for 2 years. We must save our NHS.
139	anonymous	Do the right thing for the community and keep it open

ID	Name	Responses
140	anonymous	Question I ask - if we would register at another practice if Ynysybwl were to close - I wonder if this is the goal to shed patients and make practice smaller due to problem with number of doctors.
141	anonymous	Ynysybwl bus service is unreliable for patients who do not drive or if need to get to surgery in short notice. Many would be unbale to causing extra anxiety.
142	anonymous	Why should the people of Ynysybwl not have their surgery in their village? Particularly people who cannot drive.
143	anonymous	Ynysybwl is a small community on which I feel another service out of our community will cause further problems and issues not just to me but my family and the community
144	anonymous	Unfortunately I don't believe that this questionnaire will achieve anything and is a paper exercise to justify a decision already made
145	anonymous	Just think it will put more pressure on other surgeries and appointments will become less and less. It is bad enough now trying to get an appt. Sometimes you get appointment way after your illness time - which is NO good really - so keep open!!!!
146	anonymous	This closure will have a negative effect on the elderly persons who can't drive/ people who struggle to leave their homes. This surgery is and always has been a vital service to the community and its patients.

Proposed Closure of Ynysybwl Branch Surgery Consultation Questionnaire

281 Responses

51:01 Average time to complete

Closed Status

1. Please tick one of the boxes below: I am...

A patient	268
A carer/relative/friend respondi...	9
Prefer not to say	0
Other	0



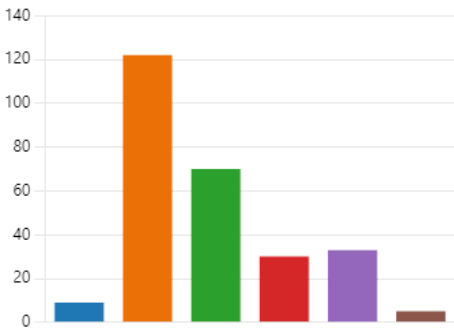
2. Which surgery do you normally go to for your appointments?

Dewi Sant	168
Rhydyfelin	73
Glyncoch	39
Not applicable	43



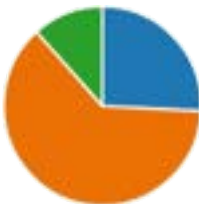
3. Prior to Ynysybwl branch surgery temporary closing how often in the preceding 12 months would you visit for an appointment or service

Never	9
1-3 times	122
4-6 times	70
7-9 times	30
10+	33
Not applicable	5

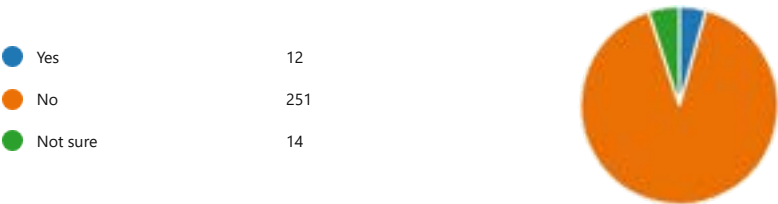


4. Do you understand the Practices need to close the Ynysybwl surgery?

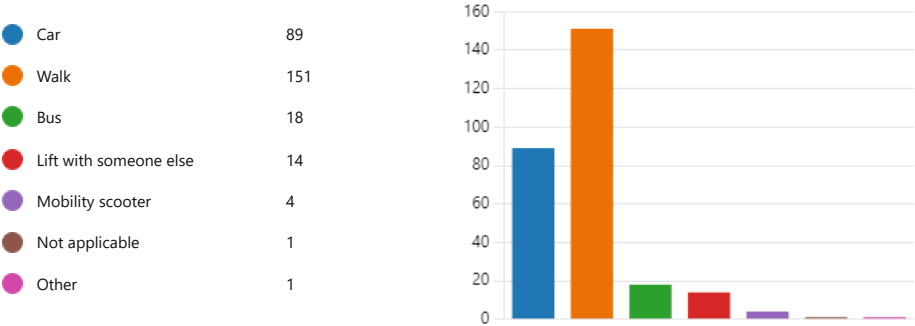
Yes	71
No	172
Not sure	32



5. Do you support the closure of Ynysybwl surgery so that services can be brought together at Taff Vale other sites?



6. How would you normally get to Ynysybwl Surgery?



7. In the event of Ynysybwl surgery closing how would you access GP services?



8. If other, please specify

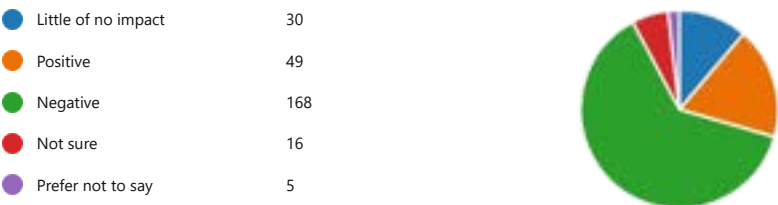
19
Responses

Latest Responses
"by bus - but if too ill to travel?"

5 respondents (26%) answered **buses** for this question.

access to GP
concern during this cost
minute appointment
patients from our practice
Eglwysbach Surgery
house
surgery
bus stop
bus is unreliable
buses
Rhydyfelin
buses are not
uphill
horse & cart
Glyncoch
Glyncoch/Ponty
appointment in Rhydyfelin
friend
ideal solution
car
Glyncoch

9. Thinking about the proposed closure of Ynysybwl surgery, what impact do you consider this will have on you?



10. Please tell us the reason for your answer:

235
Responses

Latest Responses

"Ynysybwl Surgery is my local and closest surgery. I should not have to atten...
"We would travel to another nearby surgery - Dewi Sant normally as on bus ...

101 respondents (43%) answered **surgery** for this question.



11. Please tell us what concerns, if any, you may have regarding the proposed closure of Ynysybwl surgery?

219
Responses

Latest Responses

"Appointments are difficult to obtain as is, weeks of waiting for routine appoi...
"It's the older people I feel for - and we will be there one day in the same pos...

75 respondents (34%) answered **surgery** for this question.



12. Please tell us if there is anything you feel could be done to resolve your concerns.

192
Responses

Latest Responses

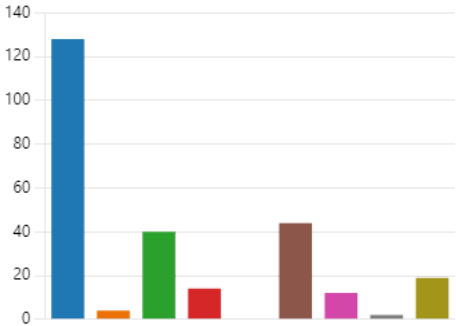
"Keeping open a vital surgery for local residents instead of making getting se...
"Just don't close the surgery - lots of elderly and disabled may and have prob...

61 respondents (32%) answered **surgery open** for this question.



13. How did you become aware of this patient consultation?

Letter from the practice	128
Information in one of the Taff Va...	4
A friend of family member told ...	40
A voluntary/community organis...	14
Newspaper	0
Social media (Facebook/Twitter)	44
Public consultation event	12
NHS or Council website	2
Other	19



14. If other, please specify

25
Responses

Latest Responses
"head of household letter"

8 respondents (32%) answered **Local councillor** for this question.



15. Is there anything else you would like us to know or consider regarding this proposal?

146
Responses

Latest Responses
"This closure will have a negative effect on the elderly persons who can't driv..."
"Just think it will put more pressure on other surgeries and appointments will..."

30 respondents (21%) answered **people** for this question.



11.

Please tell us what concerns, if any, you may have regarding the proposed closure of Cilfynydd surgery?

260 responses260Responses

ID	Name	Responses
1	anonymous	Extra pressure put on local residents to get to surgery. Its a pain for me with a car so dread to think how people without transport will cope. Imagine having to wait for a bus in the middle of winter when you're already ill... A caring NHS???
2	anonymous	We as a community need this surgery kept open, not just for us our household but for the elderly. If they don't have a car it's difficult for them to get to other surgery's. It states in the letter which we received today, that there was a flood in the Cilfynydd surgery, so the damage caused surely would have been covered by insurance? You also stated that there's not enough clinical gp cover, so why can't we keep the surgery open maybe twice a week, to help elderly and people with no transport.
3	anonymous	As above, the distance from Cilfynydd is a nightmare even with a car. The roundabout in pontypridd cannot be avoided and what was a 5minute walk had turned into a 50minute drive for any appointment after 4pm. My parents have put off making appointments because they rely on me for a car and i work, they simply can't get there on public transport when they're ill and cannot afford private taxis.
4	anonymous	It is unfair and unjust to close our local surgery when often you call and have to travel far out of the way to access healthcare especially for the older generations that do not have access to cars. We have noticed a massive increase in prescription issues since the surgery has closed often causing multiple trips to either a surgery or the pharmacy. Additionally public transport only take you so far and for example the elderly would be expected to walk from the bus station up hill to Dewi Sant. I have a teenage daughter who would be able to access healthcare in the village but requires transport to any other surgery which results in either myself or my wife missing work to take her.
5	anonymous	I have already avoided making appointments as I cannot get to Dewi Sant or any of the other surgeries without a lift. My family work full time so am limited. I was able to walk to Cilfynydd surgery and could get a bus to Ponty when we had the surgery at Bridge street. Moving up the Graig was in no way for the benefit of those you are meant to be looking after.
6	anonymous	As i said, i can walk to Cilfynydd but cannot afgord to get to the other surgery
7	anonymous	Cilfynydd Surgery is something the needs to stay in Cilfynydd, every other village in the borough has their own practice, so why can't we? It's absolutely ridiculous that we have to try find lifts, depend on public transport (often 2 buses) just to get to see a gp, when there's a perfectly good surgery in our village. There's a lot of elderly people live here too which depended greatly on this surgery as accessing other branches is very inconvenient. Also those who are lucky enough to drive who can easily get to the other branches, have terrible trouble parking! Especially at Rhydfelin surgery & Dewi Sant. Trying to get to a late afternoon appointment at Dewi Sant is also a major headache due to the amount of traffic that builds up on the Broadway in Ponty. Just makes no sense to close a perfectly good surgery (well, it was until covid). I'm sure rct council

ID	Name	Responses
		could spare a few pounds to fix a water damaged ceiling! Especially if they spent a few less pounds on this silly Eisteddfod (not everyone speaks welsh)
8	anonymous	The amount of vulnerable and elderly residents that would have to rely on insufficient transport links (1-2hour commute) whilst poorly, to see a dr. No real reasons provided for closure of surgery. Renovation costs and provision of GP's should be maintained on an evidence based need.
9	anonymous	To get to the other surgeries within the group is quite difficult. I am considering registering with a different surgery because of this
10	anonymous	This is a stupid question because it is already closed anyway yes I can drive elsewhere but it's ridiculous when we have a perfectly good building just down the road I have read that it was flooded that's covered by insurance so make the claim and get it open there is no good reason to close the more venues available the more appointments you can offer surely
11	anonymous	My concern is that people will not bother going to the doctors when needed and many things would go undetected. This could be fatal in some cases. People will find it hard for transport. If it's a routine appointment it's not so bad but if you are ill and need an emergency appointment people can't get to other surgeries as the last thing they will feel like being ill is standing about waiting for buses.
12	anonymous	I do not drive, I am a student so I cannot afford these public transport journeys
13	anonymous	A loss of services in the village Difficulties for the elderly who don't have their own transport to attend especially if they're not well What will happen to the disused building- it is sad to see a building not being utilised
14	anonymous	EASE OF ACCESS FOR CILFYNYDD RESIDENTS
15	anonymous	We will need to catch 4 buses (2 there, 2 back) to attend any of the other surgeries. There is poor transport connectivity to these places - the bus to Dewi Sant is only one every hour, buses to Rhydyfelin are frequently cancelled. We have already had the miserable experience of having to leave the house at least 2 hours before any appointment to ensure we're there on time and by the time you make the return journey it's taken 4 hours or more. This is not ideal if you are feeling unwell. It may only be a short distance in a car but public transport is another matter. A taxi is out of the question as it would cost a minimum of £35 there and back and that's excluding excessive waiting time.
16	anonymous	The community who is predominantly elderly would most likely find it difficult to travel to another surgery, and therefore would either miss appointments, or delay seeking help on time, which would negatively impact on their health and wellbeing. Speaking with some elderly neighbours, the prospect of losing the surgery is already worrying and stressing them.
17	anonymous	To get to any other surgery I would have to catch 2 buses. A taxi would cost too much. The parking at Dewi Sant and Rhydyfelin is hard to find.
18	anonymous	Reduction of services and lack of support by Welsh government.

ID	Name	Responses
19	anonymous	As detailed above getting to your other surgeries is nigh on impossible on public transport and if I were to drive there's no parking ever available - even prior to Covid centre being set up in Dewi Sant it was impossible to park there and there's nothing near Rhydyfelin. I have elderly parents one with COPD and the other with arthritis who would struggle from bus stops to the surgeries anyway if I can't drop them off. Having the surgery in cilfynydd, a thriving community I would like to add is a necessity. Dr Strawbridge set it up BECAUSE of the demand and considerations of elderly patients etc. You can not blame flooding at property or COVID when you've been under funding the Cilfynydd surgery for years and reducing operating hours
20	anonymous	To use public transport is not conclusive due to transport not running,or running late not being able to catch other buses to get up the steep hill to dewi sant or connecting transport to Rhydyfelin or other Surgery, You can't always get appointments that join with public transport,
21	anonymous	It's hard and time consuming to get appointments to dewi sant or Rhydyfelin or your other surgery by public transport it's hard enough getting an appointment at a time to suit the patient at anytime as it is
22	anonymous	The travel to the other surgery's is not easy. It would take at least 2 buses. It would be easier to register with another practice and just take the one bus. For workers it would include taking more time off work due to the travelling. For disabled or elderly, it causes a real detrimental impact, again the travelling would be ridiculous and take too long. And parking at Dewi Sant is a nightmare. For someone that needs regular appointments, it is awful they would have to travel so far when there would be a surgery almost on the doorstep. All in all it is really unfair to all that use cilfynydd surgery, expecting everyone to travel by 2 buses, or cost of taxis or being unable to park, just to get an appointment with a GP. I cannot see a positive in this decision whatsoever. And I believe many will leave the surgery if this decision goes ahead. The detrimental impact on patients has not been considered at all
23	anonymous	The older people and mothers with children are the most badly affected. Dewi Sant is in an awful place with little or no parking. The bus station is the other side of town and the hill is as steep as it gets - how someone could say it takes 15 mins is beyond me. Chemist is the other side of town, nowhere near Dewi Sant. People will need to use public transport, potentially spreading infections. Imagine a mother taking her child with Chicken Pox on a public bus - more reason to keep me taking my car and avoiding public transport.
24	anonymous	People like me who do not have anyone to take them to appointments will put off making them or make them and not turn up as can't get there. I have always been able to walk to Cilfynydd surgery and chemist, I live one street away. I and others will not be able to catch two buses or be fit enough to walk to any of your surgeries. Even when I was able to get a lift, there isn't a chemist nearby so I wouldn't be able to collect my prescription until the next day, in most cases. This is a deprived area. The demographic in this village are mainly elderly and poor people who either cannot afford to travel or who are just not well enough to travel. They are also the groups who are unable to use econsult so will be excluded from gaining the health care that they are not only entitled to but that they deserve. I appreciate that closing this branch suits the needs/wants of the managers at Taff Vale Practice but it certainly does not suit the needs of those in

ID	Name	Responses
		its care. It does not take into account the social implications of such a move. Less people will seek out your care, leading to more serious illnesses and filling up of hospitals. The amount of extra travelling, is not good for the environment, Pontypridd roundabout is already one of the most polluted areas in Wales and you will be adding to that problem. The economic cost to those who are already struggling to put food on the table in a cost of living crises will be forced to make the decision not to seek out help or take their children when they are ill. I strongly suggest that the times that you have given on your information pack are incorrect and misleading. It does not take 9 minutes on the bus to Pontypridd from the top of Cilfynydd and it certainly does not take 15minutes to walk from the bus station to Dewi Sant. I don't know who you had testing this but it certainly wasn't the "average" person living in Cilfynydd. There will be many people living in the village that will not get around to filling in this questionnaire, the elderly or those that are working and currently don't use the doctors that often so do not yet know the ramifications of such a poor decision. I hope you take that into account.
25	anonymous	As mentioned above, the traffic to get from Cilfynydd to Dewi Sant is atrocious. Last week alone, my daughter had an appointment for 4.45 and despite leaving the house at 4pm, we were still late for the appointment. She could have walked, if "our" surgery was still open. My daughter does not drive so I am expected to finish work early (losing time) every time she needs to see the doctor. Unlike most of the village, she is able to catch a bus and walk the hill to Dewi Sant but due to her financial position, she cannot afford £2.45 each way from Cilfynydd to Ponty so it is left to me to drive her. She is also a student so does not have the time to invest in catching a bus and walking (which would take over an hour). My concern is that if this is the position of my daughter, it must also be the position of others in the village and the implications of this is that they won't come for treatment. I know she has cancelled important appointments as she just cannot get there in time. Additionally, after the appointment we were given a prescription for anti-biotics and cream yet we had to travel to collect the prescription, adding to the carnage that it Ponty traffic. Why isn't there a chemist in the building? Cilfynydd has one opposite. You should be promoting good health, walking to our local surgery and chemist is what you should be promoting, not catching buses, taxis and driving. Nor sitting in polluted air around Pontypridd town centre. I appreciate that you are having trouble recruiting GP's but it boils down to the fact that the number that you currently have, can work out of any site. There isn't a shortage of nurses in the area so they could still go to Cilfynydd for blood tests, etc. The health and well being of your patients should be your number one concern and the "excuses" that you used in your information pack are just not good enough. You are using the flood as an excuse. Surely you had insurance to pay for any works so that does not make any difference. I think that you had every intention of shutting these sites, one by one, as soon as you acquired Dewi Sant. I recently had a blood test at Rhydyfelin and the place is falling apart, Glyncoch is no better. You have made no investment in any of these buildings. Dewi Sant seems to be the venue of choice with little regard to those of us using the service. The managers/partners at Taff Vale Practice need to be reminded that when you become a GP you take an oath, this includes: Make the care of your patient your first concern. Provide a good standard of practice and care Take prompt action if you think that patient safety, dignity or comfort is being compromised. Protect and promote the health of patients and the public. Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Never discriminate unfairly against patients or

ID	Name	Responses
		colleagues. Never abuse your patients' trust in you or the public's trust in the profession If the doctors in the practice are agreeing to these changes then they need to stop and reflect. If you genuinely believe that closing Cilfynydd surgery does not go against those principles then how can you sleep at night? My father recently passed away from cancer so over the last few years, we as a family have spent many hours with the medical profession and the NHS is such a valuable resource. Without the support of his family, I fear that we would have lost him earlier as he had no means of transport and could never have walked or got on a bus. Hasn't covid taught us that if you put barriers in peoples way when they require medical help, they won't visit the GP and therefore, societies health goes down hill? I hope that someone is keeping statistics of the health of these forgotten villages so that one day we can see who was on the wrong side of history. The decision seems to have already been made and this is a fight that I fear is futile. However, I hope you do reflect on this impact on us.
26	anonymous	I find that i need the surgery in cilfynydd as i am disabled and found that going to cilfynydd surgery was so much easier than using two buses
27	anonymous	Unable to make appointments that I can get to Feeling like a burden to my family I can walk to our surgery but can't walk to Ponty - poorer for my health When my family do drive me, we struggle to park I cannot walk from the bus station so I will need to take two buses, I have social anxiety and this really upsets me and makes me feel more unwell than the reason I need the doctor. You have already taken a lot of my independence away but having the surgery closed for this long. I definitely think this has aged me and been detrimental to my health.
28	anonymous	My concern is as I get older and perhaps not have access to my own car; getting to other locations will take 2 buses. When you're not well that is asking a lot. Not all of us have family or the means for travel. Transport links to and from Cilfynydd are not ideal. Yet another service moving out of the village. Cilfynydd seems to be the forgotten village!
29	anonymous	Although the closure will not currently impact me, those without transport of their own or elderly patients have always relied on the local surgery. Public transport is unreliable and often not always available making it difficult for people to attend a different location. Not everyone has someone that is always able to take them to appointments
30	anonymous	The older I get, the less mobile I will become, and travelling back and fore will become harder. We'll unless you
31	anonymous	People with small children and elderly people that struggle to travel and people that can't drive/use public transport will suffer
32	anonymous	As above. Also- people can't get to you without use transport Poor can't afford it People won't go and get more ill
33	anonymous	If recruitment is a major factor in closing cilfynydd, don't you think the dis-repair of the remaining surgeries is a factor. Both Glyncoch and Rhydyfelin are falling down. Can you assure us that the plan isn't to run these down and close those too! Any potential doctor would be put right off from working in those. Why haven't you invested?? Cilfynydd was one of the better surgeries

ID	Name	Responses
34	anonymous	The effect of closing our surgery isn't realised until you need to use it. When you have failing health you realise the importance of being able to walk to get help. If i am effected by this and i only require blood tests, imagine those with chronic illnesses. Think about the patients.
35	anonymous	How will i access care without transport. I struggle to make appointments anyway, i don't like using the phone or social interactions. Seeking help is difficult for me. If i can find an excuse not to make an appointment i will. You are adding more barriers for people. I don't need appointments very often but now i probably won't ever get around to sourcing one. I use econsult occasionally but not everyone has access to this, especially the elderly.
36	anonymous	There has always been a doctors surgery in Cilfynydd until Covid. I fear for the elderly patients and parents of young children. They would have a long time consuming journey to get to Dewi Sant. It also puts off my family and older people from using local public transport, as this would be the main method of ill people getting to doctor appointments. Pontypridd town centre is already a pollution hotspot - this will add more cars to the roads as patients have to pass through the congested roads.
37	anonymous	People like me just won't seek the help the need. I am a middle aged, fairly fit woman and if I'm having problems accessing services then the elderly, disabled and poor are all going to be struggling and missing appointments too.
38	anonymous	My journey to the doctors now takes an hour (if the buses turn up at all). If I take my child, they will miss at least half a day of school where as if the village surgery was still open, they would lose an hour. This decision affects education, health and the environment and isn't just about Taff Vale Practice and suiting the dr's preferred place of work. I think it's shameful.
39	anonymous	How will the permanent closure improve services? Since the surgery has been shut the waiting times for appointments face to face and telephone appointments has increased markedly, how will that change by permanently closing the surgery? If improvements are promised how will they be monitored? How will they be communicated? What happens if the improvements do not materialise? Where is the accountability? Consider the knock on effects for elderly patients especially who need to get public transport to attend a surgery, what happens if as a result of this closure they are unable to attend and their health suffers as a result? Where is the accountability? Parking is difficult at Rhydefelin and Dewi Saint, what will be done to ease this problem for patients who now need to drive to attend an appointment? Is this a fait accomplis and this process is merely a box ticking exercise? Please provide evidence that enough steps, and the right steps have been taken to attract new doctors and partners to the surgery, just stating you have is not enough. Will the income the partners take from the practice increase or decrease as a result of these closures? Is this just a way for the partners to increase their personal income at the expense of patient services and what evidence can be provided to the contrary? Has the practice considered selling the surgeries to a different practice and allowing the affected patients to transfer?
40	anonymous	Public transport is unreliable to get to other surgeries. reliant on others to support with lifts is not always possible.

ID	Name	Responses
41	anonymous	Ageing and not being fit enough to drive. If ill having to catch 2 buses that are not reliable so hanging around if you are ill and waiting for connecting buses.
42	anonymous	Elderly residents of the village will struggle to attend their appointments therefore compromising their health and others.
43	anonymous	I am eighty years old and I would have to catch buses to collect my tablets.
44	anonymous	If closed I will have to catch bus to Pontypridd and then walk up Graig hill to Dewi Sant or catch 2 buses to another surgery.
45	anonymous	It's always been vital to the village
46	anonymous	That the chemist may have to close and it's hard enough getting appointments less surgeries means less appointments available.
47	anonymous	Delayed prescription. Too much back and forth to not having a local doctor to sign can take over two weeks now. We're also expected to chase our own prescription as the chemist can't walk across the road to check. Again, adding to our cost and time. This has to be done during work hours, so taking more breaks in work so affecting performance.
48	anonymous	The village has been treated very poorly and the fact that attending any doctors appointments involves 2 bus rides if you don't drive, this particularly concerns the elderly infirm and families with children. Buses are very irregular in this area too.
49	anonymous	Getting to another surgery, my wife and I would need to catch at least two buses, at 77 and 80 years of age this will not be easy
50	anonymous	Just for the community of Cilfynydd
51	anonymous	The fact my husband is housebound and because he can not use public transport he has been hospitalised 3 times in the last 6 months.
52	anonymous	Ourselves and other vulnerable people would have accessibility issues having to travel to other surgeries, costly fares and inadequate transport routes.
53	anonymous	My main concern is about the elderly people who have no personal transport and will find it stressful and time consuming to use another practice site.
54	anonymous	The village has had a surgery for over 50 years if this was lost it would have a detrimental effect on peoples health and well being and financial
55	anonymous	None
56	anonymous	What will happen to my prescription delivery service if I'm not registered there
57	anonymous	In a few years time, hopefully I will reach the age of 80. I am still working part time. I have paid my national insurance contribution for good NHS provision.
58	anonymous	I am worried I will be too ill to drive so I won't be able to get to a surgery

ID	Name	Responses
59	anonymous	I find it most inconvenient as I have to catch 2 buses to both venues or ask a neighbor to take me
60	anonymous	Not everyone has a car and our buses are not always reliable. To go to Dewi Sant I would have to get a bus to Pontypridd and then a Bridgend bus to come up the hill.
61	anonymous	The practice doesn't give a monkeys uncle about the patients of Cilfynydd. They don't care about the problems of attending appointments. What they are offering us is a second class service compared to those living in Rhydyfelin and Glyncoch. Parking if you have a car is limited and that's if you can even find space. Waiting times to get through on the phone adds stress before you even get told there's no appointments and have to go through it all again.
62	anonymous	as above
63	anonymous	none
64	anonymous	Having to travel to other surgeries. Taking the option of walking away and offering a missive struggle to find a parking space at the other branches
65	anonymous	As previously stated issues getting to another surgery. If got a lift parking in Dewi Sant and Rhydyfelin is a complete nightmare
66	anonymous	Time to get to Rhydyfelin, traffic problems, road closures, weather impact, no parking
67	anonymous	The others are too far away
68	anonymous	Go to chemist not all tablets done unless you've got a car you have to wait another couple of days when in Cilfynydd you could go down and get another prescription. Never had to wait 6 weeks to see doctor
69	anonymous	As above
70	anonymous	Having to travel to other surgeries at times of rush hour especially having to go through Pontypridd town
71	anonymous	Oaklands estate is further away still and many people will have trouble getting to a surgery
72	anonymous	I do not get regular check ups for my diabetes or any help with my pain issues
73	anonymous	Concerns as above also thinking about elderly and those with young children with no transport having to catch 2 buses there and back to Dewi Sant or Rhydyfelin having impact on finance and health
74	anonymous	All surgeries require two buses from Cilfynydd if needed to go and couldn't drive
75	anonymous	There many concerns to consider the main one There are a lot of elderly people who can't get out far
76	anonymous	That it may have significant effects on the village chemist and that closes too.

ID	Name	Responses
77	anonymous	If it's sold off what will go there as our street is a nightmare for parking and it's on bus route
78	anonymous	If you close the surgery what will happen to the elderly who rely on the surgery and find it difficult to use public transport
79	anonymous	Community surgery are so important for all ages
80	anonymous	It is not always easy to find transport. The winter months are especially difficult
81	anonymous	My main concern is how elderly people would manage to get to other surgeries as public transport only covers certain areas
82	anonymous	I think it is going to effect peoples heath worrying about getting to a surgery
83	anonymous	Cilfynydd yet again being let down by the NHS. Doctors putting profits first
84	anonymous	The negative impact on patients with mobility transport issues
85	anonymous	I live in Richard Street, travelling outside the area as it would be for many older people can be difficult
86	anonymous	As above only takes 10 mins walk to Cilfynydd surgery but to get to other surgeries would be 2 - 3 hours trip
87	anonymous	The elderly and vulnerable patients will find it harder to see a GP elderly patients travelling by nus to see a GP
88	anonymous	Prior to covid we could see a doctor within a day or so now it's a pointless phone call or a 3-4 week wait
89	anonymous	I'm concerned if our health and well being isn't good
90	anonymous	Inconvenience
91	anonymous	The elderly will suffer as they will not be able to visit other surgeries
92	anonymous	I am concerned for the elderly members of the village who don't have access to transport and for those who are too ill for long journeys
93	anonymous	How will I be able to attend Dewi Sant or Rhydyfelin by public transport
94	anonymous	Elderly less fortunate can't get a lift
95	anonymous	I feel for older people especially that don't drive. Cost of travelling elsewhere, increased waiting times for appointment, increased emissions by having to travel
96	anonymous	Elderly residents in the village who don't drive and who may find using the bus difficult what happens to them?
97	anonymous	None
98	anonymous	Getting to distant locations as I'm 76 my driving days may be numbered

ID	Name	Responses
99	anonymous	I am old age and I cannot always get to another surgery
100	anonymous	I am waiting for knee surgery therefore I would have to travel and rely on others
101	anonymous	There has been a surgery in Cilfynydd all of lives with one doctor
102	anonymous	My illness getting worse
103	anonymous	Elderly people with no transport like myself have to travel miles to see a GP
104	anonymous	Not getting appointments to suit around childcare. Not guaranteed to get there on time or at all. Not guaranteed an appointment
105	anonymous	Dreadful for low income people not being able to afford bus and taxis. people with mobility problems with no family
106	anonymous	Poor public transport, elderly or people unable to drive making their appointments, especially in bad weather. Once Cilfynydd has closed, which other surgeries will close next ie Glyncoch, Rhydyfelin?
107	anonymous	Access, services for local people, the future use of the building
108	anonymous	This is my local surgery, it needs to stay
109	anonymous	Would have to travel to Dewi Sant as we do at this moment in time found to be very difficult for parking at Dewi Sant. Buses would take us at least an hour to go from Cilfynydd and same on return journey
110	anonymous	Many elderly people live within the Cilfynydd community, this will have a huge impact on them, public transport cannot be relied on
111	anonymous	There are a lot of elderly people live in Cilfynydd and it is a lot easy to go to the surgery especially if you haven't got transport
112	anonymous	I live in the village, so it is a lot easier for me to visit
113	anonymous	The lack of a vital service. The cost and difficulty in travel. The problem with getting to and from other surgeries
114	anonymous	N/A
115	anonymous	Answer same as above
116	anonymous	Concerned about elderly patients and those with young children needing to catch 4 buses in all for journey to and from surgery
117	anonymous	I still have family ties to the village and i'm concerned that closing Cilfynydd surgery will have a negative impact on the community
118	anonymous	People who can't drive rely on transport which is not very reliable at times
119	anonymous	I am concerned about my health
120	anonymous	Keep Cilfynydd open

ID	Name	Responses
121	anonymous	i am concerned about the effect on local elderly/disabled people who may find it difficult to make other arrangements
122	anonymous	i am concerned that elderly residents and other residents of cilfynydd will find it difficult to visit another surgery site due to the reliability and frequency of buses.
123	anonymous	no concerns
124	anonymous	See above re Dewi Sant also trying to park, even without covid vaccine center is a nightmare. Traffic to get to Dewi sant also problematic. No parking available in Dewi sant or Rhydyfelin no matter what time you go. Glyncoch surgery isn't somewhere I'd want to leave my car for any period of time unattended
125	anonymous	Longer journey by public transport as an elderly person
126	anonymous	The others being busier
127	anonymous	It is difficult enough to get an appointment without all the extra patients being moved to Rhydyfelin surgery, the impact on them will be huge
128	anonymous	I am more concerned for patients who have limited access to a less than perfect bus service and will find it difficult and costly to access services elsewhere
129	anonymous	The more taxes we pay the less services we get (not fare)
130	anonymous	None
131	anonymous	As I get older I will probably have mobility issues, so a surgery one street away would be most beneficial.
132	anonymous	My concerns are that if Cilfynydd surgery closes I will be unable to attend another one as I do not drive and my family are unable to take me
133	anonymous	The elderly and disabled people in the area will need to catch a bus, which is not reliable or Taxi which are expensive.
134	anonymous	see above
135	anonymous	My main concern is the elderly people in the village who use to rely on the doctors being right on their doorstep.
136	anonymous	as above, cost and inconvenience
137	anonymous	Travelling, particularly in bad weather and adding to emissions from vehicle.
138	anonymous	People with young children / elderly people who don't drive may not be able to travel to other surgeries. Public transport for people who have to pay struggle for money isn't cheap, and people may have to take more than one bus like myself. I also have to pay for my oldest child so it's more money. It's harder to travel when you have poorly children or are ill yourself. Elderly people will suffer.
139	anonymous	concerned regarding needing to change practice because of the need to travel. Even more concerned for elderly people and those with young children needing to travel.

ID	Name	Responses
140	anonymous	Please keep Cilfynydd surgery open for all patients
141	anonymous	For many years that Cilfynydd surgery has been here for people who cannot get to other surgeries or for an emergency. It's a DISGRACE!!
142	anonymous	Keep surgery open
143	anonymous	What will happen to the buiding? We already have the empty hotel falling down and being an eye sore. I think too, if people don't drive it is 2 buses to get to the surgery. Not good for the elderly and people with Children.
144	anonymous	None.
145	anonymous	None
146	anonymous	I don't know where other surgeries are. I will have to drive there. Are there parking facilities? Will it be easier or harder to get an appointment?
147	anonymous	Less availability of appointments
148	anonymous	Public Transport to other Taff Vale Surgery.
149	anonymous	Went to Cilfynydd for blood test and reviews for my diabetes and asthma. Found that to be very convenient.
150	anonymous	When I can't drive, I will have to get a Taxi - others too far for the elderly.
151	anonymous	Elderly people will have to travel further and rely on other people to take them. Public Transport is not reliable which means they have to plan hours ahead and would get shouted at by the Doctors if they are late.
152	anonymous	In an aging population of people with health issues who may not have their own transport it i just making their lives unnecessarily difficult.
153	anonymous	Lots of people in Cilfynydd cannot travel.
154	anonymous	Pensioners will struggle attending further surgeries especially in Winter. Keep surgery open for the vulnerable.
155	anonymous	Getting to the surgery if I had no transport.
156	anonymous	I have to go to Dewi Sant every 8 weeks for my B12 injection. I am sure there are enough people that need injections and blood tests that you could have a nurse there 2 days a week.
157	anonymous	A local surgery closure is a major concern. The other sites are some distance away. Parking at Dewi Sant is virtually impossible - I have arrived at various times eg:-8.45 in the past, found no spaces I have had to drive to Sardis Road to park and walk to Dewi Sant.
158	anonymous	I'm concerned about the elderly having to travel elsewhere.
159	anonymous	The elderly people relying on the Doctors being easy to access.

ID	Name	Responses
160	anonymous	Elderly people having to travel far on buses.
161	anonymous	Lack of availability of appointments in only 2 sites for me. The impact on those who bring me to appointments
162	anonymous	See above, access to immediate primary healthcare is a fundamental right to all
163	anonymous	Elderly people and disabled people depend on a local surgery and catching buses when ill spread illness and germs and is the last thing you want when you are ill is to wait for transport in the cold and rain
164	anonymous	If you are elderly, living on your own, not driving is very difficult to get to Dewi sant
165	anonymous	as above and fares
166	anonymous	Other people accessing surgery, less amenities in local area
167	anonymous	Concerns as above - also grave concerns for the elderly of the village and those with babies and young children getting to the surgeries not to mention the cost of 4 buses to get there and home(unacceptable)
168	anonymous	I won't go to the doctors unless i am really ill and by the time I can get an appointment at one of the surgeries it could be too late. Last appointment I had to wait 6 weeks before I could see a doctor!!
169	anonymous	It's going to be difficult for people to travel like it already is, especially for the elderly.
170	anonymous	It will affect an entire community.
171	anonymous	Not being able to drive or get public transport.
172	anonymous	I feel concerned for those people in the village who already struggle to visit Cilfynydd surgery (If this can get quick appointment)
173	anonymous	I have mobility trouble. I have to rely on people to help me. Since COVID I have not been on a bus.
174	anonymous	Not enough GP practices as is, difficult to get appointments at the best of times. The closure of this GP practice and others will end up putting more pressure on an already over stretched understaffed A&E because if patients can't see a GP they will go to A&E
175	anonymous	Cilfynydd covers a large area and includes the Oaklands estate. We need a LOCAL surgery to cover this area.
176	anonymous	None
177	anonymous	Travelling to another surgery
178	anonymous	Cilfynydd and the surrounding area is too large to move to another area. Not enough parking, availability issues & less personal services. Loss of jobs and more houses being built, therefore, more need for GP surgeries.

ID	Name	Responses
179	anonymous	Patients would have to travel further and may not have transport
180	anonymous	Should not happen
181	anonymous	I do also have elderly in-laws and they need to access GP services on a regular basis. If I can't drive due to my illness, they would not be able to get to a surgery elsewhere. This is the case for a lot of residents of Cilfynydd!!
182	anonymous	Access, parking
183	anonymous	must not close
184	anonymous	I have a husband with a disability with walking he has to rely on people to go further afield. He does not use a bus. Since covid his confidence has gone
185	anonymous	- Limited appointments available. - Travelling distances I have to travel. - Parking - Elderly patients in my village not being able to access services. - Wasted building in our village.
186	anonymous	As above
187	anonymous	Having to travel to Dewi sant or Rhydyfelin surgery is not fair on elderly or disabled patients
188	anonymous	As written above.
189	anonymous	None
190	anonymous	None
191	anonymous	Lot of elderly won't bother attending a GP surgery
192	anonymous	Poor service if needed at see GP - unable to attend unless relying on others for transport
193	anonymous	As above
194	anonymous	As explained above I will never be able to see doctor
195	anonymous	For elderly or non drivers going to Dewi sant or Rhydyfelin is challenging ie 2 buses to get there that's not pt orientated care
196	anonymous	No concerns
197	anonymous	No GP in Cilfynydd
198	anonymous	Nearest surgery is 3 miles away
199	anonymous	Having to catch 2 buses in order to get to any other surgery turning a five minute journey into 2 hours or more
200	anonymous	I have Pneumoconiosis and have trouble on hills
201	anonymous	Inconvenient for local patients who do not drive and rely on bus or lifts

ID	Name	Responses
202	anonymous	What choice have people got
203	anonymous	What ever people say Cilfynydd is closing
204	anonymous	What choice have I got keeping Cilfynydd surgery open
205	anonymous	No concerns
206	anonymous	It concerns me as it is a village surgery and very much needed for everyone
207	anonymous	The people in Cilfynydd are quite elderly and may not be able to travel easily to other surgeries. Travelling on public transport is bad enough at the best of times. I dread to think what it's like if you feel unwell
208	anonymous	What guarantee can patients be given that sufficient appointments will be available? Patients with mobility problems will struggle to travel further afield to see a health professional. Will there be opportunities for multi-disciplinary combined appointments?
209	anonymous	All the above
210	anonymous	Difficulty in getting to see a Dr, in getting transport, we cannot travel by public transport.
211	anonymous	Do not have to rely on anyone else to get there
212	anonymous	Access, no bus service, no perking at other places
213	anonymous	Myself, family and others would find it difficult to attend other areas at certain appointed times. Village will become isolated, people will not consult GPs due to problems attending, no direct bus route, expensive taxi fares etc causing delays in diagnosis or treatments.
214	anonymous	My wife and I will be able to travel by car to Dewi sant, having appointments at different times due to lack of parking, many older people have to travel on public transport causing many other problems.
215	anonymous	Of course there are concerns. I for one are leaving health concerns that should be looked at by doctor, because of access to surgery. This is also a huge problem for the elderly, less mobile families with young children. Surely you have a duty of care, it'd discriminatory against a segment of society,
216	anonymous	The closure of Cilfwydd surgery means it is hard for older people and working people
217	anonymous	Local people without cars are put out trying to get to other surgeries. People may suffer in silence as worried how they can get to other surgeries
218	anonymous	People will not be able get to other surgeries. The time it takes to get to other surgeries, the inconvenience it causes if you miss your appointment time because the bus or connection doesn't turn up, having a local surgery would prevent all this , care in the community should be there for all not just the select few, having a local surgery phone number that gets answered quickly so you are3 not hanging

ID	Name	Responses
		on for over 1/2 an hour to an hour. Hearing a friendly voice instead of an exasperated one.
219	anonymous	The impact it will have on the elderly and people with no means of transport or with disabilities.
220	anonymous	Hanging a bout waiting for public transport and missing appointments especialy for us older people and people with young children
221	anonymous	Difficulty accessing convenient appointments Not seeing staff that know the patients and their medical history. W e access appointments now at anyone of three sites seeing different people
222	anonymous	As above . Any urgent appointments means travel. What future would the chemist have
223	anonymous	Local community and elderly would absolutly be disadvantaged if this surgery closes. Car or bus is the only way for the elderly to attend. Else where huge inconvenience for Cilfynydd as its the only surgery in the village as im aware
224	anonymous	As I am working , fit and quiet healthy. I am able to travel for an appointments however many others are are not fortunate have no cars jobs therefore no money to spend on public transport which is infrequent expensive and difficult to manage for older/ disabled people.
225	anonymous	What's wrong, by keeping our own surgery
226	anonymous	There are many elderly patients in Cilfynydd surgery that do not have access to a car and are now forced to use public transport, which to some practice sites , is not convenient
227	anonymous	As above other residents in the village would struggle to use other surgeries. the bus service.
228	anonymous	People who dont drive have to take more than one bus which is low those that drive traffic is terrible so you have to leave early and then wait when you arrive, you should be promoting healthy actions like walking to the surgery, you are asking us using a surgery that is already closed really stupid no good to re open to keep it closed
229	anonymous	We can not get to all appointments and this is a cause for concern!
230	anonymous	Not having a surgery in Cilfynydd will have and has had a lot of negative impact on the village especially the elderly and parents with young children
231	anonymous	The obvious, not going to get three buses. I cant grip anything with my hands. Safety issue
232	anonymous	I am very concern, how are older people be expected to get to Dewi Sant from here when feel ill is worrying. Also if you cant get a lift or the bus then what! No wonder the hospitals cant cope.
233	anonymous	For those who dnt drive I believe it will be quite detriment. My mum for instance would have to catch a bus to town +walk to Dewi Sant . Not idea for the poorly

ID	Name	Responses
234	anonymous	Our ageing population would find it close to impossible to attend other surgeries. if you had not closed Ynysynhard road this might not have been the situation. If Cilfynydd closes who is to say the new pharmacy owner would make the same decision. Presently life is more than difficult for money and to lose the surgery for good is crushing , we have been patients with you to see if the re-opening but for the issue to end in closure is not acceptable.
235	anonymous	Older im getting and need more things to be coinvent surer in the village will definitely be more help than traveling to other villages
236	anonymous	Anyone who doesn't drive would have to take public transport to different surgeries but I do think its unfair on any elderly and valuable patients having to catch public transport, having elderly parents I wouldn't like to think how my parents would manage catching different buses to different surgeries. If I wasn't able to take them. My parents are fortunate to have family who can drive to take them to appointments but there are other patients who do not have this and as a results in them going to different surgeries
237	anonymous	Could not get to another surgery could have kept it open
238	anonymous	As above very concern for the elderly of the village and those with babies and young children UNACCEPTABLE to expect them to catch 4 buses not forgetting the cost
239	anonymous	The patient that dnt have transport to get to other surgeries especially the elderly
240	anonymous	Difficult access by public transport for those with mobility issues Time involved to get there and attend and ge t home afterwards A really awkward situation for the elderly and families in the village Additional cost to attend different surgery it will make it almost impossible for some who may choose not to attend leading to far worse outcomes for some
241	anonymous	People who live in Cilfynydd will have to find a way to get to another surgery. I need to drive and worry about parking close by.
242	anonymous	Not attending the GP services when it's needed due to the inconvenience of not having a GP service local.
243	anonymous	I have raised the idea with our local councillor about parking permits in our street but he isn't interested all he cares about is kicking everyone elses arse and picking up litter in the lanes with ransomers because he has no mates and neither do they, shame really
244	anonymous	Elderly residents of the village, especially those with little to no family who are able to support them, will struggle tremendously due to the travel required to get to different surgeries. This will add to the NHS's struggle of constant missed appointments and could be detrimental to the health and well-being of residents in the village as they may not be able to attend appointments due to how far they would need to travel/physically not being able to travel to the surgeries.
245	anonymous	See above
246	anonymous	See above

ID	Name	Responses
247	anonymous	Relying on public transport, unable to get appointments or get there on time, cost of getting to appointments due to relying on public transport, being unable to get to emergency and routine appointments due to having a child in school.
248	anonymous	Patients will find it difficult getting to other sites due to traffic and public transport problems. There is no reason why a service can not be provided at the Cilfynydd site.
249	anonymous	It is unimaginable to think of the village and community to be without a local surgery. I grew up in the village and always had access to medical care. There are many people who will have difficulty accessing care if the surgery closes permanently. It is a sad and disgraceful decision.
250	anonymous	My daughter will not go on public transport
251	anonymous	See previous answer. Doctors have a duty of care towards their patients on the NHS not to private patients
252	anonymous	Not getting appropriate appointments, not being able to get to other surgeries due to the lack of public transport running on time.
253	anonymous	I will have to have the doctor to the house more often which I feel may be avoided if there was a local surgery.
254	anonymous	Parking isn't easy at Dewi sant or Rhydyfelin, often having to park streets away. Buses are unreliable getting from Cilfynydd so cannot guarantee getting to appointment on time. Given the length of time needing to wait for appointments you want to ensure you can get to it.
255	anonymous	more difficult to get to, parking, extra cost
256	anonymous	There are a lot of older people in the village and for them to get to a surgery would be a nightmare if they haven't got a car or cannot get a lift it would be hard to get to the surgery.
257	anonymous	All other surgeries need 2 buses and I have mobility problems
258	anonymous	It would mean that we might lose the local chemist as it would mean less business for them
259	anonymous	Removal of the doctors priority to patient welfare and to the community it serves. Removal of access to medical care (eg nurses station etc that previously been provided at Cilfynydd surgery) no longer being available. Ease to see a GP. If more sites close, then appointment slots reduced, if only 3 sites rather than 5 holding appointments.
260	anonymous	Time spent going to and from appointment can be 2-3 hours whereas just a 5 min walk to Cilfynydd surgery. I am not getting any younger so this will impact an future health issues. As Cilfynydd surgery only opened 20 hours a week, you are effectively putting more than 1500 patients to excess time spent, cost of transport for some whereas 1 doctor in their car would be less inconvenienced. The last thing you need when unwell is a long journey to see a doctor on public transport. In some cases infecting others you meet on your journey.

12.

Please tell us if there is anything you feel could be done to resolve your concerns.

229 responses

ID	Name	Responses
1	anonymous	1 Keep the surgery open. The fact you have not addressed the issues caused by the alleged flood suggests that the decision had already been made to close the surgery, I'm sure you hold building and contents insurance so cost is going to be excess only. Invalidates your excuse of cost of repairing the building in my opinion. 2 Provide transport for patients who need it. 3 Improve parking at all sites.
2	anonymous	Keep cilfynydd surgery open, we need this service as a community
3	anonymous	Keep cilfynydd surgery open, even if it's on a part time basis. You could have sessions with just the nurse so those requiring blood tests, etc aren't expected to travel. Covid injections should be scheduled for cilfynydd like the flu injection, expecting the elderly and vulnerable (who were the only ones called) was ridiculous. As i have been late for every appointment due to traffic around Pontypridd, allow for this instead of telling us to make a new appointment.
4	anonymous	Keep the surgery open it is a vital part of our community and is greatly missed.
5	anonymous	Keep Cilfynydd open, even if it means closing Dewi Sant. Move Dewi Sant back down to Ponty. Pay for transport to get us to other surgeries.
6	anonymous	Don't close cilfynydd
7	anonymous	Fix the water damaged ceiling
8	anonymous	Yes. Non closure of the surgery and maintaining provision within Cilfynydd
9	anonymous	Reopen the surgery again
10	anonymous	Yes re open as soon as repairs are done 5 days a week and a Saturday morning , offer blood tests like you did before and doctor appointments
11	anonymous	Yes keep the surgery open. As regards with the surgery just being a shell, they must of been insured so would have had the money to put the surgery back to how it was. As I believe it is being used for a storeroom for canoe's. Disgusting!!!
12	anonymous	Keep the surgery open
13	anonymous	Possibly a different practice taking over the surgery or TVP prioritising Cilfynydd as an area with a lot of elderly people
14	anonymous	KEEP CILFYNYDD SURGERY OPEN
15	anonymous	Centralising services is for the benefit of the practice only - the patients haven't gained anything from this to date during the "temporary" closure of Cilfynydd. The population of Cilfynydd warrants having a surgery in the village.

ID	Name	Responses
16	anonymous	If the surgery must be closed, home appointments should be made a priority to elderly and disabled patients in the area, also transport should be made available to meet appointments
17	anonymous	If you cannot reopen Cilfynydd surgery, you should open one in the centre of town, rather than Dewi Sant. That would mean only 1 bus.
18	anonymous	Investment understanding by government. Welsh government must work harder to attract Gaps. Not good enough
19	anonymous	Keep the surgery open
20	anonymous	Yes keep cilfynydd surgery open ,
21	anonymous	Keep cilfynydd surgery open if only on a part-time basis 3 times a week between mornings and afternoons
22	anonymous	Keep cilfynydd practice open to your patients within this area.
23	anonymous	Re-open our village surgery. At very least move it somewhere more suitable to get to.
24	anonymous	Keep the surgery open. You are not going to pay for people to travel to a surgery further away, you are not going to be able to counteract the damage to the environment or come out and do house visits to those who can't get to you. Keeping the surgery open is the only option.
25	anonymous	Do not close down any of the village surgeries as they are the hub of the area. You have a responsibility to ensure the best health for your patients. Many will not come, due to being too ill, not having transport or simply can't afford it and those that do could be spreading illnesses around a bus. Don't make these people travel any further than is necessary.
26	anonymous	Do not close cilfynydd surgery
27	anonymous	We need a local surgery. I have found it a struggle to get to any appointments and have cancelled and missed many. I had to catch two buses to get my covid injection. I cannot imagine doing this if I am not feeling well, especially in winter.
28	anonymous	Better transport links
29	anonymous	Reopen the surgery even if only for reduced hours/days
30	anonymous	Well if you can keep Cilfynydd surgery open or run public transport more efficiently, I would be a satisfied patient!
31	anonymous	Open the surgery a few days a week would be so helpful
32	anonymous	Do not close the surgery, let us walk to our local surgery
33	anonymous	Keep it open part time. This is bigger socially than just health

ID	Name	Responses
34	anonymous	Keep nurses working in the building, use the building one certain days of the week for clinics such as diabetes, etc. Find a way to support the people who need your care
35	anonymous	I was at the meeting to discuss issues tonight. If you are having trouble recruiting it could be because your Rhydyfelin and Glyncoch sites are not attractive to young dynamic doctors. I work for the university and almost everyone here is contracted to work at sites across south wales, from Pontypridd to Newport (not just a few miles away). I work over two sites every week. This does not affect recruitment as all sites are pleasant places to work. You have not invested in your satellite sites and they are crumbling. Is it your plan to shut them all eventually because you don't seem to be investing in maintenance.
36	anonymous	Keep Cilfynydd surgery open, even partially. Find a more suitable surgery with transport links, that is nearer to Cilfynydd
37	anonymous	Keep the surgery open, even if you can't staff it with a doctor. Bloods and other nurse led procedures could still go on in there. Rather than employing extra doctors, which your letter suggests is the main issue, employ other health professionals. You could also close Rhydyfelin or Glyncoch one day a week and send the staff that would normally cover there to Cilfynydd and Ynysybwl for the day. It makes no difference what site your staff work at if they are working at one of the smaller sites. I work over two sites - 4days in one and 1day in another every week. The difference is I work in well maintained, welcoming buildings. The reason that your doctors don't want to move around is because you have made no investment in any other buildings, It feels as though you are letting them get in to disrepair in order to have an excuse to close those too. Your patients are becoming very suspicious of your intentions and I think that is an awful position for those that are meant to be looking after our health.
38	anonymous	No one believes these surveys will make any difference but I hope you read every one of them and understand that you are making a big mistake. An hour to access health care is not acceptable!!
39	anonymous	Greater transparency with the details provided and more evidence what is proposed is for the benefit of patients not the partners. More details on how services which have become less efficient will actually improve. Further details of the debacle of letters being sent out with the wrong names....how and why did this happen, just saying technical difficulties is not enough detail, especially as it has happened more than once. What is being done/has been done to make sure this doesn't happen again and ensure other more serious breaches of information disclosure will not occur?
40	anonymous	Keep the surgery open
41	anonymous	Open the surgery if only a few times a week for initial assessment.
42	anonymous	Yes, keep the surgery open even if its limited days a week.
43	anonymous	Yes, Keep Cilfynydd Surgery open
44	anonymous	Staggered opening times week and also a Saturday.

ID	Name	Responses
45	anonymous	Keep the surgery open
46	anonymous	Keep the surgery open, or pay for our travel costs/time we have to make back in work. Let another practice take over.
47	anonymous	Yes open Cilfynydd Surgery. If only for a restricted service but of course full service much better
48	anonymous	Keep Cilfynydd open
49	anonymous	Yes, keep Cilfynydd Surgery open or let another doctors have the surgery and we can transfer to them.
50	anonymous	No direct bus route to Dewi Sant have to rely on other people or inadequate public transport
51	anonymous	Don't close Cilfynydd practice please
52	anonymous	The closure would have a tremendous impact on the residents of Cilfynydd and Pontshionorton problems would be to visit another surgery as distance would come into play
53	anonymous	No
54	anonymous	Keep the surgery open
55	anonymous	Complete the internal repairs of our solid, modern purpose built surgery which serves our large community. Internal repairs can be easily addressed
56	anonymous	Yes, keep Cilfynydd surgery open
57	anonymous	Keep Cilfynydd surgery open
58	anonymous	I don't know how the older people are going to manage to catch 2 buses there and back and also waiting for the buses to come. People are in danger of missing appointments that they have been waiting 4 or 5 weeks for
59	anonymous	Keep Cilfynydd open. Last June they had 10 doctors, adequate to serve all surgeries. Close the other surgeries for a day each week, open ours. Repair the building which should have been done last year. You had the insurance money for repairs surely. Where has that gone. you can't run a surgery without insurance. If it wasn't taken out during the Temporary closure then it says a lot about the running of the practice.
60	anonymous	Stagger opening days - 3 per week
61	anonymous	nothing
62	anonymous	Keep the surgery open. All buildings need regular maintenance
63	anonymous	Keep Cilfynydd open. A lot of elderly people in the village. We no longer drive so almost impossible to get there
64	anonymous	Keep Cilfynydd surgery open

ID	Name	Responses
65	anonymous	Do not close
66	anonymous	Open our practice if only for 2-3 days you have plenty of receptionists, even if it's 2 mornings and 1 evening surgery
67	anonymous	Keep the surgery open - even if it's for 2 days each week
68	anonymous	Other than keeping Cilfynydd surgery open, can't see any way to resolve my concerns
69	anonymous	Please keep Cilfynydd surgery open
70	anonymous	I need regular checks for my diabetes and it's difficult to get to Dewi Sant surgery
71	anonymous	Open the Cilfynydd surgery for at least a couple of days per week
72	anonymous	Yes, keep the surgery open
73	anonymous	Public transport which is not very reliable
74	anonymous	Not really, I think it's likely to happen for the reasons you have highlighted
75	anonymous	Keep the surgery open even if it's just for the elderly
76	anonymous	Looking after the medical service they find money for other causes. The chemist in Cilfynydd is excellent service
77	anonymous	Taxis could be good, but they are expensive
78	anonymous	I hope they will re-think the closure
79	anonymous	Don't close it
80	anonymous	Re-open the surgery
81	anonymous	Yes keep Cilfynydd surgery open
82	anonymous	Keep Cilfynydd surgery open so elderly and vulnerable patients don't have to travel out of the village to see a GP
83	anonymous	I can see that the damages to the building is very serious and closure is inevitable. If management was more accessible maybe things could improve
84	anonymous	Yes by having piece of mind of a local doctor
85	anonymous	The village needs the surgery for the elderly no travelling
86	anonymous	To Have the surgery open 2 mornings and 2 afternoons a week or 2 full days a week. To give working people a chance to visit the surgery.
87	anonymous	Other than massive funding support form the local government, no
88	anonymous	To maintain some services at Cilfynydd surgery for at least two days per week

ID	Name	Responses
89	anonymous	Keep it open, simple or rotate days with Glyncoch ie mon, wed, fri - Glyncoch Tu, Thur Cilfynydd, community would get the surgery ready volunteers would paint it
90	anonymous	Keep Cilfynydd surgery open, Even if hours of opening were decreased
91	anonymous	yes, re-open it immediately and open it every day it was your choice to only open 20 hours not the residents, you deliberately made it an underused resource
92	anonymous	No
93	anonymous	A bus service nearer my house at the very top of Cilfynydd
94	anonymous	Keep Cilfynydd surgery open
95	anonymous	Find someone who can keep Cilfynydd surgery open
96	anonymous	Cannot get through on phone lines
97	anonymous	Keep Cilfynydd surgery open
98	anonymous	Keep surgery open even for any certain medical need like diabetic clinic / to see children and elderly
99	anonymous	Keep it open please for the residents elderly and infirmed
100	anonymous	Re open the surgery and offer other services there. Offer paid services you don't have to wait for
101	anonymous	Yes for Cilfynydd surgery to remain open
102	anonymous	Do not close this surgery
103	anonymous	Please keep the surgery open
104	anonymous	You could keep the minimum 20 hour service as before you have the full amount of staff, local pharmacy, less travel
105	anonymous	N/A
106	anonymous	Would be easier to access Cilfynydd surgery if it is open
107	anonymous	It would help if a doctor could be at Cilfynydd surgery at least part of the week, it seems there are a number of GPs now
108	anonymous	You could look more at the impact on older and infirm patients would have using public transport
109	anonymous	One regular doctor plus receptionist, maybe a nurse?
110	anonymous	Keep the surgery open
111	anonymous	So we will have a GP in Cilfynydd

ID	Name	Responses
112	anonymous	lease with transport companies to discus regular bus services to and from cilfynydd allowing patients to have appointments at a convenient time to fit in with bus schedules
113	anonymous	nothing
114	anonymous	Well you can't build a carpark in Rhydyfelin or improve parking in Dewi sant so only thing would be to keep Cilfynydd open. I have elderly parents who regularly have to attend costing a fortune in taxis from Cilfynydd to Rhydyfelin as can't rely on buses when I can't give them a lift
115	anonymous	Keep Cilfynydd surgery open
116	anonymous	Jobs being fulfilled
117	anonymous	Keep Cilfynydd surgery open
118	anonymous	Surgeries should be kept open and doctors put on a rota
119	anonymous	Open the GP as normal
120	anonymous	Modernise the current Cilfynydd Surgery
121	anonymous	Keep surgery open.
122	anonymous	Improved availability for appointments by closing multiple sites, I'm now made to wait 3 months to be seen
123	anonymous	Re-open Cilfynydd Surgery.
124	anonymous	reopen Cilfynydd surgery
125	anonymous	Rota all surgery opening days/times.
126	anonymous	Open up Cilfynydd surgery
127	anonymous	YES! Please keep Cilfynydd Surgery open!
128	anonymous	Yes, open the surgery after repairs are done and get it into daily use to help our community. You say it is not suitable, I disagree. Surely you have insurance to pay for the flood repairs.
129	anonymous	Having a closer GP
130	anonymous	None
131	anonymous	Keep open
132	anonymous	Re-open the surgery if only a few days a week. There are a lot of elderly people in the area. You have a surgery in the council houses at Glyncoch. Why not Cilfynydd?
133	anonymous	Not close Cilfynydd Surgery.

ID	Name	Responses
134	anonymous	Open Cilfynydd Surgery again. The population of the village is growing all the time and it is needed a lot of older people find it difficult to travel elsewhere.
135	anonymous	Keeping the surgery open maybe 2 or 3 mornings and 1 afternoon.
136	anonymous	I understand that the NHS is under great stress. I also feel that the closure of Cilfynydd surgery is a foregone conclusion. Keeping a surgery open for limited hours is expensive & possibly not cost effective. But my views on the permanent closure are undecided.
137	anonymous	Re-open Cilfynydd Surgery.
138	anonymous	Re-open Cilfynydd Doctors.
139	anonymous	Re-open Cilfynydd Surgery.
140	anonymous	Keep the practice open. Have more appointments outside 9-6 or at weekends to make it easier to get people to bring me to appointments
141	anonymous	Keep the surgery open
142	anonymous	Re open Cilfynydd Surgery
143	anonymous	Remain open, even part time
144	anonymous	Open Cilfynydd Surgery
145	anonymous	Open up the Cilfynydd surgery especially for the elderly of the village. Open it up for a couple of days a week, if not able to open up every day as before.
146	anonymous	I think it should be reconsidered as it's unfair to the community
147	anonymous	Keep the surgery OPEN.
148	anonymous	By keeping Cilfynydd Surgery open. There has always been a surgery in Cilfynydd as long as I can remember. I think it would be a real shame for the people of Cilfynydd if we lost our doctors surgery, even if it was to open three days a week.
149	anonymous	Keep surgery open.
150	anonymous	Keep all 4 surgeries open and rota closures of 1 on a weekly basis, be fair to the people in Cilfynydd
151	anonymous	Don't close the surgery.
152	anonymous	PLEASE RE-OPEN CILFYNYDD SURGERY!
153	anonymous	N/A
154	anonymous	Re-open the surgery in Cilfynydd OR Organise bigger areas to park a car. Buses not viable.
155	anonymous	Keep the surgery open

ID	Name	Responses
156	anonymous	Leave it open
157	anonymous	KEEP THE SURGERY OPEN!
158	anonymous	Resume Cilfynydd surgery
159	anonymous	open up again
160	anonymous	I feel Cilfynydd has been forgotten about
161	anonymous	OPEN UP CILFYNYDD SURGERY. I registered in this surgery and I've never been able to get an appointment - NOT ONE!!
162	anonymous	Open it back up, simple
163	anonymous	N/A
164	anonymous	N/A
165	anonymous	N/A
166	anonymous	Keep it open
167	anonymous	Keep surgery in Cilfynydd open or look for different buildings to use in the village to service local people
168	anonymous	Keep Cilfynydd surgery open even limited days
169	anonymous	Keep Cilfynydd open for older patients
170	anonymous	Don't know
171	anonymous	Keep GP in Cilfynydd
172	anonymous	Keep Cilfynydd surgery open
173	anonymous	Keep Cilfynydd Surgery open even if it is on part time basis
174	anonymous	Keep Cilfynydd Surgery open
175	anonymous	Keep Cilfynydd open please
176	anonymous	Please keep Cilfynydd open
177	anonymous	Please keep the surgery open
178	anonymous	Nothing to say thank you
179	anonymous	Yes, please take into account how much we need this for peace of mind, locality, chemist is there it would be a travesty to make us go elsewhere
180	anonymous	Re-open the surgery

ID	Name	Responses
181	anonymous	The only thing that would resolve my concerns is for Cilfynydd surgery to remain open
182	anonymous	Employ less people who are not GPs. Stop looking at cutting cost and start looking at peoples health and well being. Stop wasting money on these type of exercises and start listening to the people who love and use the surgery
183	anonymous	Open up the Cilfynydd surgery even if only for a couple of days per week.
184	anonymous	Could have kept it open
185	anonymous	Re-open cilfynydd
186	anonymous	Keep surgery open for easier access to health ca're for all local people. alternative buildings could be sort to facilitate a local surgery
187	anonymous	Keep the surgery open
188	anonymous	Keep the surgery open. If not full time, a smaller service with a nurse. More acute illness would be less as people would be helped before it got to an acute stage.
189	anonymous	what choice have people had
190	anonymous	Older generations catching two buses
191	anonymous	Open Gilfyndd surgery
192	anonymous	Give us back our surgery to alleviate the need for public transport every time, give us back a choice.. Give us one or two doctors who can actually give continuity of care instead of us having to repeat everything at every visit. You have 11 doctors so we aren't asking for much stop only thinking of yourselves think of us and our needs for a change.
193	anonymous	Keep the surgery open There is a need for the surgery by both young , old and middle aged patients . WHY CLOSE A SURGERY THAT WILL BE USED AND WILL made the life of local residents easier
194	anonymous	Please keep Cilfyrydd Surgery open
195	anonymous	Keep the surgery open . I understand a need to make the practice efficient and that to concentrate on certain some of the services are needed but for general appointment's. Cilfynydd surgery is in my opium needed
196	anonymous	To keep the surgery open part time say three days a week ie Monday Wednesday , Friday
197	anonymous	Thank you for taking the time to consult. Please listen to the responses and carefully consider possible alternatives to closure.
198	anonymous	Have a Dr at the surgery on a PERMANET BASIS , a receptionist and a nurse

ID	Name	Responses
199	anonymous	Keep the Cilfynydd surgery open. The flood (as it has been described) Most have been due to water must have due to water pipes freezing / lack of maintenance of the unoccupied building
200	anonymous	As above other residents in the village would struggle to use other surgeries. the bus s ervice can be unpredictable so would other means of transport
201	anonymous	Yes repair, reopen Cilfynydd as soon as possible , possibly the rooms so that its better for more appointments and have it open everyday for doctors appointments, baby clinics blood tests ect.
202	anonymous	Reopen Cilfynydd surgery
203	anonymous	keep the surgery open
204	anonymous	Not worth saying anything, you have already made up your mind
205	anonymous	Give us the service that people has paid into during our working lives. Its not right that a big village like ours has not got access to a doctor.
206	anonymous	I think that perhaps opening the surgery a couple of days a week for the valuable patients would put many minds at ease
207	anonymous	Run Cilfynydd as a wholly owned sub surgery of TVP have two nominated Doctors, nurses and receptionist with access to all the services of other sites as required a EG wound clinic may be in in Dewi Sant for all sites. THIS WAY WE RETAIN A LOCAL POINT OF contact TVP already receive funding for Cilfynydd residents on the patient list. If Cilfynydd can not afford to correctly staff the Cilfynydd surgery perhaps a younger /newer Gp may want to start their career here and buy the practice and in the mean time do not close the surgery.
208	anonymous	Open Cilfyndd mornings only to start with or 3 days
209	anonymous	Perhaps open Cilfynydd part time for the elderly patients in the village if they need to have to see a nurse for jabs bloods ect then they wouldn't have to travel on public transport. Also patients with babies and children cold be seen there instead of traveling to other surgeries
210	anonymous	1. keep the surgery open please if only for 2 or 3 days per week 2. Register with another GP surgery in POnypridd which would only need 1 bus to get there
211	anonymous	We would like you to consider keeping the surgery open for the village patient
212	anonymous	It certainly gives the opinion of any public consultation being a tick box exercise and that the decision has already been made
213	anonymous	Keep Cilfynydd surgery open.
214	anonymous	Parking permits in the street
215	anonymous	Keep the surgery open, even if it's just for limited days a week. And actually seriously consider the impact that the closure will have on residents in the village, especially since a large amount of them are elderly.

ID	Name	Responses
216	anonymous	Keep the Cilfynydd surgery open
217	anonymous	Keep Cilfynydd surgery open
218	anonymous	Keep it open especially for the elderly and certain clinics
219	anonymous	For CTMUHB to reject this proposal and to have a look at other options to provide a service. Explore the option of 3 mornings a week.
220	anonymous	To listen to the local people and reopen the surgery and offer the service the community deserve
221	anonymous	Keep the surgery open or provide a free bus to Dewi sant
222	anonymous	keep the surgery open even if its just for certain days and/or for different clinics such as diabetes clinic, asthma clinics etc
223	anonymous	Keep Cilfynydd surgery open.
224	anonymous	Keep the surgery open
225	anonymous	Keep surgeries local
226	anonymous	Not really
227	anonymous	Keep the surgery in Cilfynydd their insurance should cover all the damage that has been done
228	anonymous	The Taff Vale Practice has made little effort to resolve their problem to the patients benefit. They are only seeing the problem from their perspective to the detriment of the patients.
229	anonymous	Yes, keep Cilfynydd surgery open to service the community.

15.

Is there anything else you would like us to know or consider regarding this proposal?

170 responses **170** Responses

ID	Name	Responses
1	anonymous	Disagree with closure.
2	anonymous	I can only assume from personal experience, that this is a tick boxing exercise and a decision has already been made. However, I would ask that you put yourself in our position, we're going from being able to walk to our doctors surgery and crossing a road to our chemist. Not only do we now have to use our cars/taxi/two buses but there isn't even a chemist next to Dewi Sant so require travelling again for the prescription. This not only costs money, pollutes the environment, potentially spread diseases/viruses and is worse for our health but stops many from even making an appointment as they can't get there. I understand the pressure that all GP surgeries are under but the priority should be to ensure that those that you are caring for are being looked after. Dewi Sant was always a poor choice for the practice, the areas that you look after are no where

ID	Name	Responses
		near there and each area using the service Cilfynydd, Rhydyfelin, Glyncoch and Ynysybwl all have to travel across a town that cannot cope with the level of traffic. I imagine this contributes to the amount of missed appointments. Keeping our small practice open, even on restricted days/times is the only way of ensuring the elderly, poor, etc can get the care that the need.
3	anonymous	No
4	anonymous	Please do not close this surgery. People like me will not be able to get to you and will avoid seeking help. I already have problems that I should come to you about but i cannot catch two buses or walk up the Graig hill
5	anonymous	Why did you move the surgery to Dewi sant? I feel we were conned. Whilst we still had Cilfynydd it wasn't an issue. If i had known you were thinking about closing it, i would have made a big fuss about it. Whoever made the decision to move from Ponty to there should hang their heads in shame. It feels as though you have completely forgotten that your patients are your priority and you are really letting a whole village down. The people most affected by this closure are the elderly, they are also the least likely to fill in this survey. The government wants everyone to stop using their cars as often yet you are expecting us to travel, as this is our only option. As with the decision to move to Dewi sant, this decision only suits you, not the community you are serving, the environment or wellbeing of this village. If you wanted to make it work you could. Whatever the level of GP's, you could still work out of the same number of sites. The flood at cilfynydd is just an extra excuse to shut it, surely it was insured?? Rhydyfelin and Glyncoch are virtually falling apart, it's as though your aim is to close them all and centralise to Dewi Sant. The management there have completely let us down. People like me will refrain from booking appointments and this will be detrimental to our health, which had a knock on effect for society. Shame on you!
6	anonymous	Please take everyone's opinions into account!
7	anonymous	I feel extremely apprehensive that the decision to close the surgery has already been made. I fear that this consultation is only giving us the opportunity to know about the impending closure and that our responses won't impact the final decision.
8	anonymous	It was my understanding that the surgery was closed temporarily because of Covid-19 and it would reopen. Which has not happened.
9	anonymous	The health board gave wasted so much money making Dewi Sant look pretty and I believe this is at the expense of cilfynydd the minute COVID started you closed it I believe from then in you were determined to close cilfynydd permanently . Public money went into building that facility you are stealing from the community by closing it , I think you should be held accountable in a court of law it's totally dishonest
10	anonymous	I believe the decision has long been made and this is just to make it easier for the people at the top. As for recruiting new doctors, you would only need one in the surgery. And a nurse a couple of times a week. You can't get an appointment for weeks as it is in other surgeries. Also why have we only received one

ID	Name	Responses
		questionnaire when the household has two patients at the practice. Everyone should have one.
11	anonymous	This return is being made on behalf of 2 senior adults. Please ensure these numbers are logged. The form was addressed to the Head of the Household - there should have been a section on the form to record the number in the household. Otherwise, how can a decision be made without knowing how many people may be negatively impacted by this proposal? Or doesn't it matter? The option to attend another Taff Vale branch surgery may be a short-term measure if the proposed closure of Cilfynydd Surgery goes ahead.
12	anonymous	The tone of these questions suggests that no matter what happens you'll close the surgery. The fact you've sent just 1 letter to our house when there's 6 adults here registered with you suggests you're going to use a lack of response as another means of making your case. Disgusting behaviour and if Dr Strawbridge were still with us I'm sure he would be most vocal against your plans!
13	anonymous	I think you already know the feeling of people who use cilfynydd surgery ,and you don't really care you are just going through the motion as you have no intention of opening cilfynydd surgery again
14	anonymous	I feel taff vale practice ,have no interest in keeping cilfynydd open ,I wouldn't be surprised to see the site sold and a house built
15	anonymous	Please note I wrote this on behalf of myself and 2 others in the household that are registered with the practice.
16	anonymous	I feel as though the Covid closure has prompted this decision by forcing the village to lose its surgery. Obviously its easier and cheaper from a single base but it completely ignores and disregards all its patients issues.
17	anonymous	Why did you decide to move the surgery to Dewi Sant? Taff Vale Practice has always looked after the patients from Cilyfnydd, Rhydyfelin, Ynysybwl (also going to close permanently) and Glyncoch. You are not best placed for any of us. You now serve the areas of Graig, Treforest and Penycoedcae. It appears to me that if any of your current patients decided to join a different practice, you would not care in the slightest. I think there wasn't a great deal of fuss when you moved from Pontypridd but that was only because we all had our local surgeries that we could use. If we had known what was on the cards, people would not have allowed this move without a fight.
18	anonymous	Can you assure the wider areas that you do not intend to shut the other surgeries. If so, what work are you planning on these crumbling buildings or are you hoping for more floods to have an excuse to shut those too?
19	anonymous	I feel that closing cilfynydd surgery would put the people of cilfynydd at a disadvantage especially the elderly the disabled and people without a car
20	anonymous	A quote from the government - "Ministers in the Senedd have been promoting sustainable travel - such as cycling or walking - after Wales declared a climate emergency in 2019 and aims to become carbon net zero by 2050." How is closing local, walkable surgeries helping this initiative? Having a surgery that we

ID	Name	Responses
		can no longer walk to will go against this policy and stop elderly from going to appointments as well as taking their independence away.
21	anonymous	As per previous response
22	anonymous	Due to the news, myself and my family are considering moving surgery as if we have to travel we will look to go to one where it is easier to get an appointment
23	anonymous	This is a bigger issue than just location. Public health of those who live all around Pontypridd is at risk if we do not lower the amount of traffic around town. They are not even part of this consultation. Nobody in this village can possibly see a benefit in this closure so this is a selfish, not in the public interest or in the interest of our health and wellbeing.,
24	anonymous	I have spoken to many who cannot afford the bus/taxi to get to you. They are missing out on the care they are entitled too. I am considering moving surgery before i lose my job
25	anonymous	You have already decided to close, the health board is supporting this, you are not going to care about the opinions of those filling in these forms. We can only hope those making the final decision will. I feel as though you should have asked our options before proceeding with this closure not after. The health board should have taken our opinions and answers on here into account before deciding to support you - this is a very flawed system, weighted in your favour.
26	anonymous	It appears that Taff Vale prioritises Dewi Sant as its base, especially after taking over the 3000 patients of Dr Gail Davies and having an increase in overseas students at the university but please don't sacrifice the service provided to Cilfynydd. Ynysybwl has other doctor surgeries but we have no others. There are at least 3000 people in the village - half apparently seem to be at medical practices outside of the village. There are only two reasons for this - poor service from Taff Vale or that they left because of the lack of an open village surgery. Keep the village surgery open and drive to increase numbers - I'm sure that at least 2000 is achievable.
27	anonymous	I attended the meeting at Cilfynydd community centre this week and felt very dis-heartened as it feels as though this is done deal, as much as you deny it. You have already decided to close, the health board supports this so the panel won't go against you no matter what we say. The health board were always going to support you, they just want to save money on the running costs of both buildings. This is just a tick box exercise and a waste of our time and your money. Why didn't you send out these questionnaires when you were trying to find solutions? I'm sure between all the those that will respond, there will be many good and workable solutions but you've made your mind up now so these suggestions are falling on deaf ears. The mistake was made when we didn't fight you on the move from the health centre to Dewi Sant - that was phase 1 of your plan. We're entering phase 2 and I'll eat my hat if phase 3 isn't shut Glyncoch followed by Rhydyfelin. You have, greedily, taken on all the patients from Ynysangharad surgery when that closed instead of suggesting that they be distributed evenly around the other surgeries in Pontypridd. You are now the main doctors for all the international students arriving at the university as you are the nearest to their main campus. You have more than enough patients, losing those at Cilfynydd mean nothing to you, we're just numbers on a list. It feels as though you have

ID	Name	Responses
		sold us out. I have been with the surgery since I was born, under Dr Ajaria. I'm now having to make the decision to move as you have made it impossible for me to stay. I just hope you realise that you have let this village down and there will be many that end up with long term illnesses that could have been prevented had they had been able to access the care they deserve.
28	anonymous	What alternatives have been considered? Why was action on the surgeries re the suggested flood damage etc. not tackled and resolved sooner? Why does it take so long to get an appointment yet when I go to the surgery it is invariably empty, with more staff than people waiting and they just seem to be sitting around chatting? Prove to me these measures will improve patient services, reduce waiting times and is for the patients benefits not a way for the partners to take a higher income from the practice. Explain the consequences of services not improving as a result of these closures. Where is the accountability?
29	anonymous	I think priorities need to be taken when considering the well being of the community and our council tax is paying for this service that we all need.
30	anonymous	Don't make excuses, keep it open
31	anonymous	No
32	anonymous	The elderly people of Cilfynydd cannot walk up the hill to Dewi Sant Surgery.
33	anonymous	To actually listen to the community as we want it open.
34	anonymous	If Taff Vale continue to desert the good people of Cilfynydd surely the Health Board should step in insure a desperately needed service.
35	anonymous	The village needs to surgery. This will help all to receive a positive service and help with medical problems.
36	anonymous	Yes, I feel this closure is solely about money and greed and there is not any patient consideration or welfare
37	anonymous	A village without a local surgery is not acceptable
38	anonymous	This questionnaire is to give the health board the opportunity to close the surgery it is a paper exercise
39	anonymous	What will the site be used for in the future?
40	anonymous	Cilfynydd needs this surgery
41	anonymous	You stated - "ther practice has introduced virtual chronic disease management." "home visits would continue to be provided..." recently my friend was told to take her gravely ill 90 year old mother to your Rhydyfelin surgery. She was terminally ill and died a month later.
42	anonymous	If you're short of doctors put a practice nurse in, a good practice nurse would take some patients off a doctor
43	anonymous	I am OAP with form of transport and suffer with COPD

ID	Name	Responses
44	anonymous	If the surgery was open a few days a week for people without transport, this also affects some people with young children that don't have cars. The bus fare would be very expensive.
45	anonymous	The service of Taff Vale practice has got decidedly worse over the last few years and reducing local services for some of it's patients is reducing choice to the point the service they offer is limited, restrictive, if ill how do they expect you to use a limited public transport system if you have no other option. The choice they say they offer is not available to everyone and having to wait 3 to 4 weeks for an appointment is ridiculous and when you do turn up, you find maybe one or two if lucky other people waiting in the surgery. They need to stop coming up with excuses especially citing the pandemic and give it's patients the actual service each and everyone of us deserve. The pandemic and recruitment / Retention is a non viable excuse. Patient numbers haven't increased that drastically you have 5 surgeries of patients now trying to fit into 3 instead of the 5 so can cite increase patient numbers because if patients only have the option of 3 surgeries then obviously there is an increase attendance at those surgeries. Patients want choice and options not added stress. Keep Cilfynydd open - Offer the efficient and sustainable service by keeping all 5 surgeries open because if what you intend to offer not accessible to all it is not a service your patients deserve in the 21st century. All that has been incited is only advantages to you and your staff not the people you deem to serve. The closure is only compelling to you not us. The people who truly matter, your patients. Without us you wouldn't have a job, so instead of only considering yourselves and what you want for an easier life, think about what is best for us.
46	anonymous	no
47	anonymous	no
48	anonymous	Thank you for giving us the chance to listen to our concerns but regardless i think the decision has already to close the branch as with ynysybwl branch.
49	anonymous	There are 4 of us in this household registered at TVP. My children have filled their forms in online. Very braced questions, no opportunity to give number of patients per household. Will seriously consider registering at another practice due to transport issues. For those patients who need to book a taxi we are paying £10 each way to Rhydyfelin, not everyone can afford this, also bus times can be unreliable from Cilfynydd and it is 2 buses each way to Rhydyfelin and a walk up a very steep hill to Dewi Sant. Disgraceful treatment of patients.
50	anonymous	I am 88 years of age. I can't get to Rhydyfelin, but neither can young families either. We are a community that needs their own surgery.
51	anonymous	This should be seriously relooked at and it should not close
52	anonymous	We fort hard to keep our doctors in Clifynydd elderly, youngsters and people don't want to catch 2 buses to see doctor when they could walk down their village. Think of the environment, put our money back in to the village
53	anonymous	Why has this problem come to fare since a) covid b) flooding in surgery

ID	Name	Responses
54	anonymous	Getting to Pontypridd is easy, but getting a connecting bus could mean a wait of 30 mins to an hour depending on departure time of other routes
55	anonymous	My wife has breast cancer and also has mobility problems. I feel its very unfair to close the surgery for the whole of the village
56	anonymous	The people of Cilfynydd are very sad and disappointed with the closure of our surgery
57	anonymous	When will this be decided?
58	anonymous	Cilfynydd always has a surgery
59	anonymous	N/A
60	anonymous	N/A
61	anonymous	Why take our surgery from us when a village needs it
62	anonymous	I feel the surgery is an important part of the community and more personal and friendly
63	anonymous	Yes employ more people and stop putting money before people
64	anonymous	The surgery closure would mean one more less of service/amenity to a village that has already lost a great many
65	anonymous	Think of elderly patients who cannot get to a GP if they are unable to travel by bus
66	anonymous	Improving waiting times and give up useless phone calls. A doctor needs to see his/her patients
67	anonymous	Yes please think about patients who need a local surgery
68	anonymous	Yes think of those who can't or have no transport
69	anonymous	With an increasing aging population health care facilities need to remain local
70	anonymous	Why Cilfynydd?
71	anonymous	There is no other surgery in the village. Why not rota surgeries? as it is I have been 54th in the queue awaiting a reply when calling that is not unusual a wait on the rare occasion I need to call. Add that the the extended waiting for a face to face
72	anonymous	I am appalled that during lockdown you allowed the building to fall into disrepair you closed it without any thought for the community who depend on it I'm so cross and you wasted so much money on doing up Dewi Sant disgusting.
73	anonymous	No
74	anonymous	The older and disabled people of Cilfynydd will suffer as there is no direct bus service to either Rhydyfelin or Dewi Sant

ID	Name	Responses
75	anonymous	Being older patients we would be concerned about catching more illnesses on public transport
76	anonymous	There are 3 adults in this household who would use Cilfynydd Surgery
77	anonymous	Keep the surgery open even just one day a week and consider using it for medical clinics such as diabetes clinic etc
78	anonymous	How many other surgeries will also be affected by these proposals
79	anonymous	I notice that you mentioned that patients can apply to be patients at another surgery, however this does not resolve their issue as they still need to catch or use public transport to attend appointments this can be difficult for the elderly
80	anonymous	N/A
81	anonymous	There has been no improvement in the service provided since the surgery has been closed. Big is not always better no drop in facility not everyone is on the computer. There is no local surgery for minor injuries, no local knowledge of the patients, will only one questionnaire whilst we are 2 patients
82	anonymous	N/A
83	anonymous	Yes other than older people young families with a few children would have to get a bus or taxi if they didn't have car which would prove expensive
84	anonymous	Very sad about this proposal. Years ago Dr Strawbridge managed to get the surgery up and running for Cilfynydd residents
85	anonymous	I'm concerned about the pharmacy at 19 Richard Street Cilfynydd will still be open?
86	anonymous	N/A
87	anonymous	Dr Strawbridge started the practice in Cilfynydd because there was a need for it. That need hasn't gone away
88	anonymous	N/A
89	anonymous	Think about pensioners they work and provide for this country and now we are making their lives more and more difficult.
90	anonymous	None
91	anonymous	A surgery in your locality should be available for everyone.
92	anonymous	Closing this doctors is going to have a massive impact on this village.
93	anonymous	Yes I am not at all happy with the news that Cilfynydd surgery permanently closing
94	anonymous	Many of Taff Vale patients are very very concerned and sad at the proposal
95	anonymous	Please keep Cilfynydd surgery open

ID	Name	Responses
96	anonymous	NONE
97	anonymous	I think what you are trying to do is not in the best interests of the people and I am annoyed by the wall art at Dewi Sant which we did not ask for and do not want.
98	anonymous	No.
99	anonymous	N/A
100	anonymous	None
101	anonymous	Older people who don't drive or have no family will find it difficult to go to other practices
102	anonymous	I took into consideration getting older the Doctors Surgery at the bottom of the lane, parking and a Chemist when purchasing my property.
103	anonymous	You are making it inaccessible, I lose out on money from work as it is no longer local so I have to lose money by driving to a further practice as I have to take the time off work and petrol is expensive.
104	anonymous	The population of the village is greater now than it has ever been. We feel the closure of the surgery would have minimal savings but the inconvenience to the residents would be considerable.
105	anonymous	if you are adamant you are going to close the surgery you need to have people on the phones make that a department of it's own. The time you have to wait is terrible, half an hour a time.
106	anonymous	Why has Cilfynydd Surgery not been fully repaired from insurance cover? In page 1 of your questionnaire you detail Rhydyfelin, Dewis Sant & Glyncoch, but page 7 of your letter refers to transport to all four other sites. Has Ynysybwl re-opened?
107	anonymous	It will have a massive impact on the village if it stays closed.
108	anonymous	It will have a massive impact on the village.
109	anonymous	Please listen to the responses and keep cilfynydd surgery open
110	anonymous	The surgery must have had insurance to cover the work if so have they claimed this money and not used it for the work it was meant for which is fraud
111	anonymous	No
112	anonymous	This is going to have a huge impact on Taff Vale practice as many many patients will now transfer to an alternative practice which will be easier and cheaper to attend
113	anonymous	I believe this is only about the doctors saving money not lives. The NHS pays GP's per head of patients. If the patients can't see a doctor, it's money Taf Vale shouldn't be having.
114	anonymous	Consider all of us who have relied on the surgery for years.

ID	Name	Responses
115	anonymous	see 12 please
116	anonymous	There are a large number of elderly people who might need a doctor at sometime. It is not fair to expect them to travel an hour or more to a surgery especially as doctors do not make house calls any more.
117	anonymous	Closure would be a considerable loss to the community of Cilfynydd Trallwn, and common
118	anonymous	This is a paper exercise. The decision has already been made based on financial needs and greed.
119	anonymous	No
120	anonymous	This is a very community sparked village and to take away such important services would be detrimental to it.
121	anonymous	Taking away community services from community
122	anonymous	I have lived here 55 years in the past you could always get an appointment at Cilfynydd surgery now you have to wait 2 or 3 weeks for one somewhere else
123	anonymous	Just don't close it! There are so many people in this village who need this service, both elderly and the young. I also have a seven month old daughter, she was ill in November as well as myself being ill, my mam had to take her to Rhydfelin to be seen. No doctor call outs and the weather was awful.
124	anonymous	Impossible to get appointments anyway, useless
125	anonymous	Consider the impact this will have on others!
126	anonymous	No
127	anonymous	No
128	anonymous	Transport for frail patients
129	anonymous	Peoples service should be kept local
130	anonymous	None
131	anonymous	No
132	anonymous	No
133	anonymous	Keep GP in Cilfynydd
134	anonymous	I think it's wrong we need a surgery in Cilfynydd
135	anonymous	No
136	anonymous	No
137	anonymous	No

ID	Name	Responses
138	anonymous	No thank you
139	anonymous	As my wife has RIA it is not good for her to be travelling, to see a GP we have a surgery please lets use it.
140	anonymous	I'm old enough to know that the decision has already been made to close Cilfynydd surgery and nothing anyone says or does will change that
141	anonymous	This is a cost cutting exercise there has been a surgery in Cilfynydd for as long as I can remember (68)
142	anonymous	We are very sad about proposal to close surgery
143	anonymous	Not patient friendly practice
144	anonymous	Keep Cilfynydd served as a village with it's own needs
145	anonymous	Please let the people of Cilfynydd keep their surgery. We are made to feel second class patients by Taff Vale practice.
146	anonymous	If you are receiving money for Cilfynydd surgery why are you not giving us the opportunity to attend there, Why hasn't the insurance money been used to repair the surgery. I f you are taking this money but not giving the service it is ment for then surely this is fraudulent use of money. As you intend and have intended the surgery to be permanently closed why keep receiving this money, get rid of it stop being contradictory . We want and need this surgery its not about you and what you want its about us your patients the people of Cilfynydd, not the rich suburban areas but one with an aging population as well as lots of young families on low income. We want to be able to attend surgery that dose not take the best part of a day to get there when we eventually get an appointment . The e-consult is a waste of time as most of the time we still have to phone you. Everyone should receive the same treatment but you have created a two tier system, them that live near a local surgery that you will keep open because of the higher registered numbers and us that are expected to travel regardless - No choice yet some of those registered close to Cilfynydd. Stop using COVID as an excuse . Your numbers have only increased at the 3 remaining surgeries because you're closing two obviously .
147	anonymous	We have had a DR on call; in the village for 100 yrs. Please consider the elderly having to travel so far
148	anonymous	There seems to be a feeling that this is all about economies and not ness health care provision for Cilfynydd
149	anonymous	While I think this is a money saving exercise. I think the practice is not giving any thought to the village
150	anonymous	My concerns are not about the quality of provision being reduced. I have always been well treated, supported and helped by the docs at the practice. My concerns are logistical for the aging population
151	anonymous	Keep our surgery, you built a new one , so why get rid of it more money wasted
152	anonymous	N/A

ID	Name	Responses
153	anonymous	Local councillor
154	anonymous	If less money was spent on refugees we wouldn't be having this conversation. I have paid 50 years of taxes and national insurance and look at the state of this country
155	anonymous	I would like to know if filling in these forms is going to make any difference. dose anyone listen or care
156	anonymous	When TVP tok the practice over we were assure that it would not close in a buy up. This proposal has clearly illustrates TVP attitude to the to the residents of the village and it is a concern that a doctors business has little regard for us.
157	anonymous	If you close the surgery how are old people going to manage We are the forgotten people
158	anonymous	It's hard enough to get an appointment at the moment due to not enough appointments and too many patients. Opening Cilfynydd surgery again will help this.
159	anonymous	Everyone seems to have used other doctors since it's been closed so why the big hoo ha now to have it open
160	anonymous	Consider the impact this will have on many residents and their health due to not being able to attend other surgeries. GP appointments are extremely difficult to come by as it is, therefore the need for a surgery in the village is imperative.
161	anonymous	Make sure all patients are aware of what's going on. Have more appointments available that are more suitable for people who haven't got child care or working
162	anonymous	Public Transport - Poor Parking at other sites - Poor Cost of transport - Expensive Keep the surgery open
163	anonymous	Parking at other sites is ridiculous
164	anonymous	Yes, get the doctors to face up to their duty of care
165	anonymous	Try and inform patients properly by sending out the correct letters. Have more appointments available for all patients.
166	anonymous	people before profit
167	anonymous	Many older residents in Cilfynydd who find it difficult on buses and do not have car or drive not always able to get lift
168	anonymous	Consider all the elderly people who cannot get to the other surgeries if they cannot get transport.
169	anonymous	Look at all options. Why did they take on extra space at Dewi sant rather than utilising existing premises. They previously had said site not fit for purpose due to flooding issues. They would have had to be insured, so why did they not use the insurance money to restore site. They are only using the flood as an excuse to close the surgery,

ID	Name	Responses
170	anonymous	The effects on the community. The practice state their difficulty recruiting doctors, nut then not even advertising to obtain doctors to fill shortfalls. However in the meeting on 16 January they said use locums (which I assume are much more expensive than employing a doctor)

Proposed Closure of Cilfynydd Branch Surgery Consultation Questionnaire

296 Responses

07:25 Average time to complete

Closed Status

1. Please tick one of the boxes below: I am...

A patient	286
A carer/relative/friend respondi...	7
Prefer not to say	0
Other	2



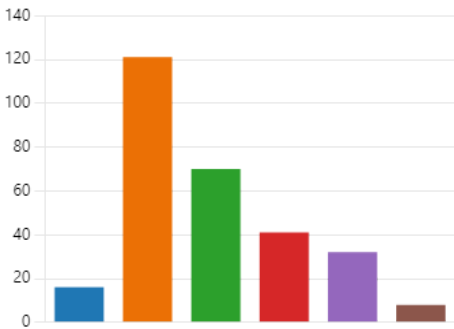
2. Which surgery do you normally go to for your appointments?

Dewi Sant	210
Rhydyfelin	124
Glyncoch	15
Not applicable	29



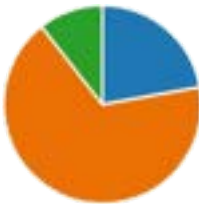
3. Prior to Cilfynydd branch surgery temporary closing how often in the preceding 12 months would you visit for an appointment or service

Never	16
1-3 times	121
4-6 times	70
7-9 times	41
10+	32
Not applicable	8



4. Do you understand the Practices need to close the Cilfynydd surgery?

Yes	65
No	197
Not sure	31



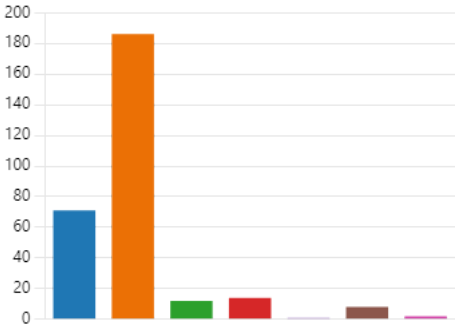
5. Do you support the closure of Cilfynydd surgery so that services can be brought together at Taff Vale other sites?

Yes	22
No	254
Not sure	16



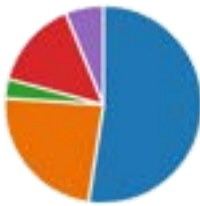
6. How would you normally get to Cilfynydd Surgery?

Car	71
Walk	186
Bus	12
Lift with someone else	14
Mobility scooter	1
Not applicable	8
Other	2



7. In the event of Cilfynydd surgery closing how would you access GP services?

Attend another Taff Vale site by ...	151
Attend another Taff Vale site by ...	68
Attend another Taff Vale site by ...	9
Register at a different GP Practice	42
Other	18



8. If other, please specify

45
Responses

Latest Responses

11 respondents (24%) answered **bus** for this question.



9. Thinking about the proposed closure of Cilfynydd surgery, what impact do you consider this will have on you?

● Little of no impact	41
● Positive	48
● Negative	180
● Not sure	16
● Prefer not to say	6



10. Please tell us the reason for your answer:

253
Responses

Latest Responses

"I have only attended this surgery on a few occasions and that was when we ...
"I would have to catch bus to Pontypridd. The x38 from the commercial 8:41 ...
"I would be forced to use a somewhat unreliable public transport service to g...

62 respondents (25%) answered **buses** for this question.



11. Please tell us what concerns, if any, you may have regarding the proposed closure of Cilfynydd surgery?

260
Responses

Latest Responses

"Time spent going to and from appointment can be 2-3 hours whereas just a...
"Removal of the doctors priority to patient welfare and to the community it s...

108 respondents (42%) answered **surgery** for this question.



12. Please tell us if there is anything you feel could be done to resolve your concerns.

229
Responses

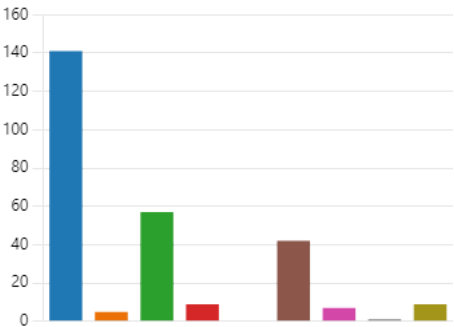
Latest Responses

"Yes, keep Cilfynydd surgery open to service the community. "
"The Taff Vale Practice has made little effort to resolve their problem to the p...

79 respondents (34%) answered **surgery open** for this question.



13. How did you become aware of this patient consultation?



14. If other, please specify

26
Responses

Latest Responses

"Local councillor "
"Local councillor "

3 respondents (12%) answered **social media** for this question.



15. Is there anything else you would like us to know or consider regarding this proposal?

170
Responses

Latest Responses

"The effects on the community. The practice state their difficulty recruiting do...
"Look at all options. Why did they take on extra space at Dewi sant rather th...

26 respondents (15%) answered **patients** for this question.



Public Engagement Event

Ynysybwl Community Centre Tuesday 23rd January 2024

Welcome and Introductions

Daniel Price, Regional Director, Cwm Taf Morgannwg Llais, opened the meeting and gave a brief introduction into the role of Llais with regard service change. Before handing over to the Health Board and Taff Vale Practice he drew attention to the patient questionnaire surveys highlighting the following: -

- The engagement period has been extended to Friday 8th March 2024.
- In agreeing the timeframe for engagement, it had already been agreed there would be sufficient time between the meeting today and survey closure date, to allow for individuals to consider what has been discussed and to provide further comments and concerns.
- Patient concerns can be directed to Llais Cymru. Contact details available in the leaflets provided.

The Process

Sarah Bradley outlined the process thus far explaining the anomalies on the recently circulated patient questionnaires and apologised. She went on to explain an application had been received from Taff Vale Practice to permanently close two of their branch surgeries Ynysybwl and Cilfynydd. This application was considered by Contract Variation Group, comprising senior members of the Health Board, the Local Medical Committee (local BMA and Professional Representative Body for GPs), Lay Member and Llais Cymru. Llais Cymru are not part of the decision-making process but they have a significant role in ensuring that a fair, open and transparent process is followed when changes to services are proposed, and this includes patient engagement. The proposal submitted by the practice was not made lightly. The collective panel agreed to support the proposal in principle **subject to** the undertaking of a formal engagement process. The decision to support the application was based on real concern regarding practice sustainability and ability to provide services across 5 sites at a time when the increase in patient demand is considerable. A report would be prepared based upon the findings of the consultation and submitted to Exec Board for the final decision. Sarah Bradley introduced Dr Jonathan Finnegan to share the background to the application.

Background

Dr Finnegan explained to attendees increasing difficulties the practice was facing, particularly in relation to the increase in patient demand post covid. The decision to apply to permanently close two branch surgeries had not been an easy one and came to a head after many years of deliberation and discussion. Going forward it was accepted spreading the partners and team over 5 sites was not going to work. Post covid more consultations were undertaken by telephone, Last year the practice was taking up to 200 calls/day on some occasions. The idea of one GP in a small branch dealing with everything is not the way primary care is going. Idea is having GPs with special interests and a multi-disciplinary team approach. Recruitment and retention issues were increasing and although to date the Practice had been more successful than most in Cwm Taf, the practice had to work a lot harder at recruitment and retainment. Some of the new GPs coming on board talking to them about

partnership and long term are discouraged by the idea of being in a practice thinly spread, working in isolation during the week, making partnership an unattractive proposition.

Practice appreciates transport issues but feels the benefits now outweigh the negatives. The decision was not taken lightly and had been the subject of debate for many years.

The floor was opened for questions/concerns.

Questions and Concerns

- 1. Paramedics are facing burn out being stuck outside hospitals and inappropriate referrals. Patients dial 999 knowing key words to respond. Some patients use 999 if they cannot get an appointment with their GP. In some cases, they only need antibiotics, when we attend, we cannot prescribe and have to take them to hospital. What will be the impact on WAST if you cut services in the community?**

We are only closing the building, we are not cutting service provision. The practice is not changing list or the catchment area. We can deal with a lot of enquiries over the telephone. Any patient who needs a face-to-face consultation will be seen, if they cannot get to us, we will do a house visit. Our acute on-call is working well despite the numbers and we are seeing the vast majority of patients.

- 2. Why close Ynysybwl and why Cilfynydd, we are not being treated equally? For some patients who have no car closing the Ynysybwl branch will mean patients will have to catch 2 buses for a doctor's appointment.**

This was not an easy decision to make. Having to pull staff away from back-office tasks means other tasks get held up. Geographically some places are much harder to get to. Glyn Coch is a very deprived area. List size in Glyn Coch, Ynysybwl and Cilfynydd are similar, each approximately 1500-1600 patients. List size at Rhydyfelin is approximately 5,000 and over 7,000 at Dewi Sant. Decision partly based on population density and trying to figure out where we can get to by closing the least number of branches.

- 3. Are you doing anything about car parking? Elderly population with mobility problems. Car parking in Dewi Sant is non-existent and Rhydyfelin is problematic. Have you thought about this? It could take up to 2 hours to travel to Dewi Sant.**

This is a concern and has been discussed since the beginning of the engagement process. Trying to resolve, particularly at Dewi Sant. Also need to explore at Rhydyfelin. Unfortunately, there is no easy solution. Dewi Sant is a complex site with multiple occupancy. Covid vaccinations have put a further strain on car parking. A temporary solution was utilising parking available at Sardis Road. Glyn Coch does have more parking space and will remain open. Additional car parking space is being explored at the Rhydyfelin site.

- 4. No faith in the process. Believe decision has already been made and the surgery will close. Survey is flawed and not fit for purpose. Believe**

this meeting to be a tick box exercise. Ynysybwl has pockets of deprivation too. Not acceptable to take sick children on a bus which is unreliable and can take up to 2 hours. Pontypridd is not 15 minutes away.

- 5. You have 10 GPs in your practice. How will that be accommodated over remaining sites? Is it not possible to have a satellite surgery open for say 2 mornings/week? Is this to do with retaining services or are the building costs too much for you to run. CTMUHB is always looking for community services from which they can run satellite services. You need to think outside the box.**

The points you raise are valid but not all our GPs work full-time, not every day, then add in additional services such as teaching, mental health etc. Some not all of these services can only be provided with a doctor on site. Finding sufficient doctors to keep 5 branches open is no longer viable.

- 6. Has the Health Board considered making use of those buildings? The HB could provide a locum GP. My concern is a lot of residents cannot travel.**

We simply cannot make it fit. Previously we had routing appointments and 2 slots for emergency. Now it has turned on its head with up to 200 calls per day on emergency. On-call requirement has increased significantly. It is easier for GPs to work through lists by working from the same premises.

- 7. If Health Board reject your proposal, what are you going to do?**

SB explained the decision has not been made and yes, it is possible the application will be turned down. Feedback from the public engagement together with issues raised will form part of a full consultation document presented to Exec Board. Risk for the Health Board is the practice will not be able to sustain services and will hand their contract back. We have to consider our options. One cannot underestimate the value of having an independent contractor. If you put locums in you will not get the commitment. The risk is we will lose a good practice. Patient feedback with regard the service provided is extremely positive. We oversee 44 practices and Taff Vale access is one of the best.

DRY said It is not just about the GPs. Staff turnover has been high this year, with 5 receptionists leaving. Backroom staff are essential providing unseen services such as admin, emails, prescriptions etc. We are not closing branches to make our lives easier. We need to consolidate and become more efficient. Two of our GPs are over 60 and we are concerned if we do not change, we will not be attractive to new partners. 4 of our salaried GPs sourced employment elsewhere.

GPs do not want to work in isolation. By working together over fewer sites trainees feel more supported, this is better for retention and recruitment, providing longer term sustainability. The doctors are compassionate and have debated options over a number of years, they accept it is not ideal to have to close a branch.

8. Why cannot the new GPs work in the main practice before they are required to work further out?

We have discussed all options at length internally for many years. Now out of sheer necessity unless we do something there will be no practice in the future.

9. Can Ynysbwl not be a hub like before? You will have more deaths on your hands.

For acute emergencies you must always call 999. At the moment at Glyn Coch there is a GP every Tuesday and Thursday morning.

10. We feel penalised living in Ynysybwl. Semi-rural, poor bus service. Why close in such a remote community. If you have to close Ynysybwl why can't we go to Glyn Coch

One of the main reasons for closing Ynysybwl is patient list size. You are welcome to attend any branch for a routine appointment. However, acute unwell do have to be seen at Rhydyfelin as this is where the Emergency Care Team is in place.

11. If we have to go to a bigger practice with lots of GPs, we will lose the personal touch.

Sadly this is inevitable. Dr JF explained with the increase in demand the personal touch has been affected. The danger level for on-call doctors is 70, anything above is considered as more likely to make a mistake. The practice is currently averaging at 150.

12. We do not have a choice where we are seen.

For a routine appointment you should be offered where and when you want to be seen.

13. You are rushing patients. Sometimes we have more than one condition yet we are told to make another appointment.

Patient demand is increasing. We would prefer to have more time to treat every ailment but it is just not possible and we have to be able to offer as many patients as we can appointments. Doctors do not want to be rushed but it is sometimes necessary to ensure patient care can be provided. Bringing everything together will allow us to deliver a safer, more sustainable service for all patients. We will be able to concentrate more on patient care rather than be talking about buildings.

14. The pavement to get to Dewi Sant are difficult. They are narrow and not suitable for wheelchair/pushchair. The bus service is non-existent, there are no dropped kerbs and a taxi cost around £26.

We will pick these points up. Patients should have a choice of where they wish to be seen for routine appointments. Transport and parking issues are concerning.

15. Are Eglwysbach Surgery aware of your intentions.

Yes, they have been made aware. Likewise, they are facing pressures and

are surprised we have managed to keep 5 practices running for so long. This may put an extra strain on Eglwysbach; however, we are confident many patients will remain registered with Taff Vale. Our experience suggests patients will travel to see the GP they want. 75% travel to doctor whilst 25% based on location.

16. I am a patient at Eglwysbach and have the greatest of sympathy for these patients. I am concerned how this will impact on services at Eglwysbach and would urge the Health Board to think carefully as the strain will be significant.

We do not consider this application in isolation and all views, particularly of impact on neighbouring practices will be fed back. The Health board will continue to monitor the situation.

17. If CTMUHB close the branch will another GP work in the village?

The list size would only support a single-handed GP, this is not considered best practice and we would be highly unlikely to find a GP to base themselves in an isolated practice. A single-handed GP would need to bring in locums to cover sickness absence and annual leave, it would not be feasible. Many smaller practices are closing down or merging with larger practices.

18. Part of the attraction of village life is having local facilities e.g., local GP etc. As I get older the thought is now terrifying. Where do we go from here? Why not close Glyn Coch which is nearer to Pontypridd?

We have tried to avoid having to do this for a number of years, we still consider everyone to be our patient.

19. I am part of Eglwysbach. They know they may not get additional patients who will join them but what if they choose to close their branch. Would you support them?

We will consider their position should that occur. We accept it is not sustainable to continue to run services over a number of sites. Putting locum cover in to support practices is expensive and we simply do not have the resource to be able to do this. We also need to ensure parity across the patch.

20. You mentioned disadvantaged communities.

We cannot turn the clock back. We have to secure young doctors. Practices can destabilise very quickly. Many GPs are approaching retirement. Across Wales we are seeing practices merge some with over 40,000 patients. A good practice can turn to no practice in a relatively short period of time.

21. You said you have 44 practices across CTMUHB, there is more pressure being put on hospitals rather than issues being dealt with in the community. Can you look at best practice models?

We monitor GP practices and how they are coping on a weekly basis. As of yesterday 12 practices were reporting Level 3 (significant demand and working under pressure) and 11 practices reporting Level 4 (significant pressure and having to change the way they deliver services). Pressure is being experienced across the system. We have a hub operating in the

daytime reviewing calls coming into the ambulance service. We have to do what we can to keep practices functioning.

Although there are a higher number of GPs joining the service less are willing to take on a partnership opportunity. We have to make General Practice as attractive as possible; we need GP partners to invest in the practice. Every GP who works in TVP has either been a trainee or we know them. Many would not apply due to the number of sites.

22. Will we get to see the report?

The consultation report will be presented to Executive Board which is a public meeting. The report is published 7 days in advance of the Board meeting. SB agreed to share links with the community.

23. How will the decision be conveyed to patients

A letter will be drafted and circulated to every patient affected following the Exec Board decision. This is approximately two weeks after the Board meeting.

Next Steps

SB explained that patient concerns have all been noted and reports will be consolidated with discussions from the Cilfynydd Branch public meeting. Key themes note to date have been transport and access issues. Patients can submit further concerns, in writing, directly to the Health Board or via enquiries at Llais Cymru.

Public Engagement Event

Cilfynydd Community Centre Tuesday 16th January 2024

Welcome and Introductions

Daniel Price, Regional Director, Cwm Taf Morgannwg Llais, opened the meeting and gave a brief introduction into the role of Llais with regard service change. Before handing over to the Health Board and Taff Vale Practice he drew attention to the patient questionnaire surveys highlighting the following: -

- With regard anonymity of the mailed surveys additional copies are readily available this evening and at the public engagement event next week, in each surgery and with community representatives.
- In agreeing the timeframe for engagement, it had already been agreed there would be sufficient time between the second meeting and survey closure date, to allow for individuals to consider what has been discussed and to provide further comments and concerns.

The Process

Sarah Bradley outlined the process thus far explaining an application had been received from Taff Vale Practice to permanently close two of their branch surgeries Ynysybwll and Cilfynydd. This application was considered by Contract Variation Group, comprising senior members of the Health Board, the Local Medical Committee (local BMA and Professional Representative Body for GPs), Lay Member and Llais Cymru. Llais Cymru are not part of the decision-making process but they have a significant role in ensuring that a fair, open and transparent process is followed when changes to services are proposed, and this includes patient engagement. The collective panel agreed to support the proposal in principle **subject to** the undertaking of a formal engagement process. Sarah Bradley introduced Dr Jonathan Finnegan to share the background to the application.

Background

Dr Finnegan explained to attendees increasing difficulties the practice was facing, particularly in relation to the increase in patient demand post covid. The decision to apply to permanently close two branch surgeries had not been an easy one and came to a head after many years of deliberation and discussion. Going forward it was accepted spreading the partners and team over 5 sites was not going to work. Post covid more consultations were undertaken by telephone, The idea of one GP in a small branch dealing with everything is not the way primary care is going. Idea is having GPs with special interests and a multi-disciplinary team approach. Recruitment and retention issues were increasing and although to date the Practice had been more successful than most in Cwm Taf, the practice had to work a lot harder at recruitment and retainment. Some of the new GPs coming on board talking to them about partnership and long term are discouraged by the idea of being in a practice thinly spread, working in isolation during the week, making partnership an unattractive proposition.

Practice appreciates transport issues but feels the benefits now outweigh the negatives.

The floor was opened for questions/concerns.

Questions and Concerns

- 1. It is difficult to get a F2F appointment if 2 branch surgeries are closed how do you propose accommodating loss of appointments over 3 remaining sites? Cannot understand how number of appointments offered will increase.**

Due to an increase in demand the practice has to have 2 GPs on call, effectively pulling 1 GP from routine appointments. Previously on call GP may contact 30 patients and these patients would be seen at Rhydyfelin. Numbers are now 150 calls per day which is a challenge. The number of appointments does not change.

- 2. You do not have enough GPs**

We have sufficient GPs; we are also a training practice and have taken on extra trainees. From a sustainability perspective training practice is in a far better position with recruitment achievable in-house. Newly qualified GPs prefer to be part of a team spread across less sites.

- 3. You only have 3 sites?**

- 4. What is the optimum number of GPs?**

The traditional model was 1 w.t.e. GP to 1,500 – 2,000 patients. This is an arbitrary figure.

- 5. If you were to have the right number of GPs in the practice, how would you accommodate over 3 sites?**

We could not triple our numbers.

- 6. Is this not about the amount of money you offer people?**

- 7. Staff Retention has been mentioned. Why don't they like working for you?**

Our retention is better than most practices. GP receptionists manage difficult patients, who may have mental health issues. This can be very stressful.

- 8. My conversation with staff is they enjoy working out of Cilfynydd.**

On call can mean over 70 patients every day. Finding GPs willing to do that is difficult. Some nurse practitioners cannot work independently on site unsupervised. They need a GP to be on site. There are restrictions amongst the team, mix of differing abilities.

- 9. Income from Service Level Agreement with Health Authority. You are paid per capita. How can this be if we do not have a surgery within walking distance? If you cannot provide a service to the community your income will drop.**

Contract is complicated made up of a number of funding streams, GMS, patients registered, enhanced services offered.

10. Are you saying patients in Ynysybwl and Llynrd are receiving a service? You are not providing a service.

I would say this is not true.

Physically it is not possible to have a service in every community. Reality is there is going to be more centralisation with larger practices. 10 years ago, CTM had 69 practices. We now have 43 practices. This is happening across the UK.

11. Transport is an issue

We understand that.

12. I am a recently retired nurse specialist. Nurses can do an awful lot.

There is a good treatment room in Cilfynydd. Do not insult our intelligence. In terms of transport nothing has changed. You cannot change car parking at Dewi Sant. The path is narrow. How many patients could have been seen in the village? Even phlebotomy services? Access to care is difficult. There must be another way?

I agree a lot with what you have to say. It is not straight forward and not easy. However, we cannot physically manage the demand.

13. You do not always need a doctor in the room to undertake certain procedures.

Absolutely respect the nursing staff. However, there are restrictions with regard what they can do without a GP on site.

14. How many patients are being told to trek to alternative sites. Why cannot a lot of the day-to-day work be undertaken at Cilfynydd?

Rota is drawn up every week. If staff are on annual leave or sickness absence it is difficult to manage.

15. Why cannot you provide more nurse led clinics

Not just the nursing team. We have pharmacists, physiotherapists, Health Care Assistants, the majority of which have to work with a GP in the building.

16. Dewi Sant. Where is the nearest chemist? What will happen to the chemist in Cilfynydd?

17. I have been looking on line for evidence of GP recruitment in Taff Vale. I cannot find anything. If the problem is a lack of GPs, where are you advertising?

We have to consider staff and patients. Working over fewer sites helps with both recruitment and retention.

18. I work in retail; I have to travel to different branches. I have to catch two buses to get to the surgery and two buses to get home. Travelling on public transport increases the risk of passing infection. I have to wait 6 weeks for a routine appointment and often entails taking a whole day off work.

We try to deal with as much as we can over the telephone, thereby reducing

the necessity for patients to travel.

19. From a patient perspective we see services being offered by Taff Vale narrowing not expanding.

There are services offered by community pharmacy who can treat common ailments. A number of alternative ways to manage patients are being introduced to manage demand appropriately.

20. When is this being passed to Executive Board? You said the subject has been decided.

The Board make the final decision.

21. Why Cilfynydd and Ynysybwl, the two areas most affected by lack of public transport?

The biggest factor is the number of patients registered. 7,000 Dewi Sant 5,000 Rhydyfelin and > 1,000 Cilfynydd and Ynysybwl

22. If you choose Rhydyfelin how much easier is it for them to travel to Dewi Sant?

Other factors were also considered e.g., building size

23. Could you not attract patients to Cilfynydd? If that goes, we have no alternative

We are not making any changes to our practice boundary area. Patients register with the practice; they may register with a number of alternative surgeries.

24. Sounds like you say you have made the decision. If this has been discussed with the practice, can we see your considerations. Has this been objectively documented in partnership meetings etc.

Decision making process will form part of the final report.

25. I am a long-standing patient with the practice. Very disappointed Taff Vale want to pull out. What efforts have you made to find an alternative solution? Building was gifted to you.

The building was not gifted. The GPs took a loan out and this was reimbursed to provide a GMS service. The property is owned by the GPs and they can choose to do what they want with the building in the event services are no longer provided.

26. Are you still receiving money for the building?

Yes but the payment is not solely related to GMS, there are on-going running costs e.g., maintenance, insurance regardless of whether the building is open or closed.

27. If the decision is made to close the practice can the Health Board put in another GP or buy the premises?

Health Board is not in a position to buy the premises. A patient list size of 1,500 will not support an incoming partnership. The reality is it is hard to

attract GPs into a small practice.

28. Eglwysbach might want to take the practice over?

All neighbouring practices are aware of the position.

29. Seems we are here under false pretences. Decision made. Why has the application been supported?

Most GPs are choosing to work in larger practices. Example of practice in Ynysybwl where practice was taken over by Taff Vale, could not recruit into a small practice.

30. Why did you take on patients when you cannot look after the ones you have?

For the community. Without Taff Vale there would have been no service to the community.

31. Taking this service away is dangerous for the patients. Stressful, increasing elderly population. All this needs to be taken into account. Transport issues for elderly/vulnerable etc. Please take this into account.

32. Surgery has been closed for some time. Where are patients registered?

Explore the detail

33. Why close sites when struggling with space across 3 sites?

Issue is not just about GPs but the whole of the multidisciplinary team. We have only a finite pot to fund additional staff.

34. How many GPs do you have?

Not all of our GPs are full time. There are 11 on the list but 2 are committed to on-call. It is not just about the GPs we have prescribing clerk, pharmacy team, mental health nurse etc.

35. Would money not be better spent on more GPs?

It is all a balance. Can get more people for the cost of a GP. As a GP we pick up all medical issues but also, we are social workers, manage chronic pain, prescribers, we are seeing more inappropriate referrals which could be better managed by way of a multi-disciplinary team.

36. Pathways difficult, sent from one to another, then have to make another appointment for a different issue to be addressed (examples given BP check, phoning for an emergency appt. despite presenting to the surgery).

Accepted

37. Why only one questionnaire sent. Letter to Head of Household insulting.

Take on board comments.

38. If you have finite resources, why did you spend so much on Dewi Sant?

The Health Board resources Dewi Sant. We needed larger premises after taking on Dr Gail Davies practice. Accommodation was a major issue.

39. Clearly not going to answer my question. The original proposal in Executive paper 1.6 states 8-week consultation period. Whole thing is a sham.

40. If recruitment/retention such a problem, why can you not put together a business case to increase your funding?

Every GP practice has set contract which dictates the resource coming into the practice.

41. Recruitment. You say you are having difficulty. Then you tell us you are not recruiting because you cannot afford it. You are pulling the wool over your eyes. Please provide clarity around recruitment.

42. The engagement process should be stopped.

The process is robust. All information/questionnaires will be collated and form part of a full report presented to the Executive Board who will make the final decision.

Llais Cwm Taf Morgannwg
Ty Antur
Navigation Park
Abercynon
CF45 4SN

Llais Cwm Taf Morgannwg
Ty Antur
Parc Navigation
Abercynon
CF45 4SN



18th July 2024

Mr Paul Mears
Chief Executive Officer

Re: Taff Vale Practice proposal to close branch surgeries at Cilfynydd and Ynysybwl.

Dear Mr Mears

As yourself and Board members will be aware, our role in service change differs from that of our predecessors, the Community Health Councils in Wales. Our role in Llais Cymru is to ensure that the views and experiences of the public are used by decision-makers to plan and deliver better health and social care services. In undertaking this role, we will consider the following when reflecting on any engagement and/or consultation process we are involved in or that has been brought to our attention:

1. Have the people likely to be affected by the proposals been given enough chance to have their say.
2. Have decision makers/service providers thought carefully and properly about what people have said about the proposals made.
3. Have decision makers/service providers answered the concerns raised by people and used what people have said to change plans where it needs to.
4. Have decision makers/service providers come up with the best way forward.

Cadeirydd | Chair: **Professor Medwin Hughes, DL**
Prif Weithredwr Dros Dro | Interim Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**
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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

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In relation to this specific proposal, Llais have been actively involved in the engagement process from beginning to end. Therefore, the following are representations we are able to make to the Board when forming it's final decision on this proposal and the future of the Cilfynydd and Ynysybwl surgeries.

The engagement process

In order to set the context for discussions, it should be pointed out that the activity undertaken in regards to the Taff Vale Practice was engagement and not consultation as is alluded to in document 3.1c Final Consultation Report and also in the UHB Board Cover Report. The latter of the two would require a much more intense programme and also a full public consultation document, the contents of which are outlined in the Welsh Government 'Guidance on changes to health services' published in May 2023.

Throughout this process opportunities for potential criticism have presented themselves but on each occasion it can be reported that the Practice and Health Board representatives took prompt action to ensure that individuals had the time and means to contribute their views to the engagement process. Examples are detailed below:

1. Early advisement was that there should be individual meetings in the two communities affected. Unfortunately the initial plan taken forward was to arrange a single central meeting in Pontypridd that was met with the same criticism that was to be expected of the proposals themselves, therefore suggesting that the engagement process would not be accessible and inclusive.

When this was communicated to the public and stakeholders, the response was as expected despite attempts to identify an accessible venue in close proximity to public transport links. The Practice and Health Board did respond by extending the engagement from the single meeting to individual meetings in both communities but this approach had already contributed to a growing feeling of animosity amongst the affected population.

2. The approach to letter distribution taken initially was to send to 'head of household' in the affected communities, an approach that is accepted as the

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standard, default position in regards this type of service change. However, this was met with negativity in the communities and to ensure the engagement process was as wide-reaching as possible, a further commitment was made to send the letter and surveys to every person aged 16+ residing within the Cilfynydd and Ynysybwl wards.

3. During the Cilfynydd meeting individual members of the public raised concerns over the timeframe of the engagement process, initially planned for 6 weeks, as there are reported UHB Board minutes that indicated that there would be a minimum of 8 weeks engagement and that every patient would be contacted from the outset, rather than 'head of household'. In response to these concerns the engagement period was extended to ensure that it met with the earlier commitment made by the Board.

During the engagement events themselves, and as identified in the responses to the survey, there was a strong feeling shared that this engagement process was a pointless exercise and that the decision had already been made. This feeling was exacerbated by the fact that there was a temporary closure in place that served as a visible pre-cursor to these proposals to permanently close. Whilst it is acknowledged that there were reasons put forward and accepted for the temporary closure, it has to be accepted that this also contributed to the way in which the communities responded.

Listening & responding to the views shared

It is testament to the communities affected that the response rate to the distributed survey sits at 18% or 577 individuals, with additional avenues also used for feedback to be provided but not included in this figure so to avoid double counting. We would also point to the fact that 147 people attended the two public meetings during cold, dark winter evenings to share their views which demonstrates the passion felt by these communities. The level of investment in these events is also welcomed from the Practice and Health Board, who were open to all comments and questions and responded in great detail and with patience to ensure understanding.

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We ourselves took records of the meetings, to offer an independent reflection aside from the production of the engagement report by Health Board Staff and can confirm that the issues/concerns/impact reported are an accurate reflection of what we heard. Therefore, we have no unreported issues to raise in this representation.

The greatest test that should be applied by the Health Board when forming its decision is whether the individuals engaged have been listened to and whether their concerns answered and views were used to change the plans where needed. It is clear that the overarching plan to close these 2 surgeries has not been changed as a result of the engagement but what is evident in the report provided, reflecting on what we heard independently, is that the Practice and Health Board representatives have clearly laid out all concerns raised and have then developed an action plan (Doc 3.1c, pages 19-26) to address each and every one, which we would take as a commitment to develop their services to meet the needs of their patients under the proposed new structure.

In summary, we welcome the open approach the Health Board and Practice have taken in regards engagement around this proposed service change and note that this is an approach shared across multiple Care Groups based on our recent experiences. That said, it should also be noted that this is a proposal that, if agreed, will create a great sense of loss to the affected communities, alongside increased difficulties for a number of people to access core General Medical Services, and it is therefore recommended that the Board retains public oversight on the delivery of the mitigations outlined within the report and take decisive action should progress stall or commitments not be delivered upon.

Yours sincerely



Daniel Price
Regional Director

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Agenda Item

6.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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	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	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
MS	Members of the Senedd
MP	Member of Parliament

Q&A	Question and Answer

1. 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

Since the last public Board meeting in May there has been a significant amount of work to address some key challenges and opportunities which the Board has been focused on.

Our joint session with Public Health Wales identifying how our working together can respond to the increasing problem of obesity and diabetes, along with local action in CTM, is our opportunity to do more to support and improve public health. I want us to shift gears in how our health system gets into the preventative and community space. We know a lot of work has been done already and the ambition is there to redesign how we support health and wellbeing, and how we move that investment to bolstering community based care for people to access more nearer to where they live.

Connected to this ambition is the work around delayed transfers of care, and the impact on peoples' health and the inefficient spend of public money. I am pleased to report our Executive team has motored on with addressing the concerns of the Board around the increasing delays patients sadly experience in our hospitals. The Board will discuss plans to shift resources to our communities to support people who are medically fit to leave but need some help to get back on their feet. There are of course wider concerns about the fragility of the social care system which require an integrated approach across our public services to ensure the health and social care offer is fit for purpose.

The Board will also hear today about the range of work in delivering better cancer services where significant change has resulted in improvements to patients. There is a clear focus by our teams in addressing the increase in demand, and ensuring we have a more coordinated response.

2.2 Independent Member Vacancies/Updates

Nicola Milligan, Independent Member Trade Union, Term of Office is due to end in August 2024. Nicola has been an important and valued member of the Board over the past six years and I would like to place on record my thanks for her contributions to the work of the Board. As a member of our staff, I am pleased to say that Nicola will remain part of the wider CTM family.

Interviews for Nicola's successor as Trade Union Independent Member took place on Wednesday 10 July 2024. A recommendation has been submitted to Welsh Government and we await the response of the Cabinet Secretary who is responsible for approving the appointments of all Independent Members. I will keep the Board up to date with this appointment and let Board Members know when we hear back from the Cabinet Secretary.

I am delighted to advise Board Members that Helen Lentle, Independent Member (Legal) has been awarded an OBE as part of The King's Birthday Honour's List. Helen has been awarded an OBE for services to Devolution and the Legislative Process in Wales.

2.3 Extra Ordinary Public Board Meeting – 11 July 2024

The Board received and approved the Annual Report and Annual Accounts for 2023 – 2024 on 11th July. Following the meeting they were certified by the Auditor General for Wales on Friday 12th July and have been laid at the Senedd. These have also been submitted to Welsh Government in accordance with the annual reporting requirements.

2.4 Board Development Session – 27 June 2024

The Board held an interesting joint session with colleagues at Public Health Wales. I would like to take this opportunity to thank Public Health Wales for hosting us on the day, a thank-you to everyone who was involved in organising and running this joint event and of course a thank you to everyone's positive engagement throughout the session. During the session the following topics were discussed:

- Working together Nationally and Locally to tackle Diabetes;
- Changing Clinical and Staff Behaviours;
- Getting Upstream – Tackling Obesity.

I am sure we are looking forward to continue our joint working with our colleagues at Public Health Wales to address each of these important issues.

2.5 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
- Meet with NHS Confed Team
- Chair/Vice Chair visit to Primary Care (Woodlands Practice, Caerau, Maesteg)
- Leadership Group
- CTMUHB Public Board Meeting and In Committee Board Meeting
- Executive Director & Independent Member Quality & Safety Walkround, Ward 18 (Care of the Elderly Ward), Princess of Wales Hospital
- Meeting with Chief Executive, Public Health Wales
- Monthly meetings/Quarterly Review with Cabinet Secretary
- Staff Q&A
- Regional Clinical Summit
- Welsh NHS Confederation Health & Wellbeing Alliance meeting
- Meeting with Chief Operating Officer Team to discuss GP Practice proposals
- Meeting with Chair of Digital Healthcare Wales
- Meeting with Healthcare Inspectorate Wales Chief Executive and Relationship Manager
- End of Year Appraisal with Cabinet Secretary
- NHS Confederation Expedition
- SIFT panel and Interviews for Independent Member Trade Union role
- CTMUHB Board Agenda Planning Session
- Attended the Local Partnerships Forum
- 1-1 with Independent Member (Legal)
- Food Economy Event Hosted by Hafod
- NHS Chairs Meeting with Cabinet Secretary
- Joint Board Development Session with Public Health Wales
- Meeting with Aled Roberts, Community Pharmacy Wales
- Interview Panel Member for Consultant Interviews
- 1-1 with Independent Member (Corporate Business)
- Pre Board Briefing with Director of Digital (Strategic Plan for Digital)
- End of Year Review with CTMUHB Chief Executive
- Joint Finance and Audit & Risk Committee, NHS Confederation
- Extra Ordinary Audit & Risk Committee
- iCTM Showcase Event
- Extra Ordinary Public Board Meeting
- NHS Chairs/Chief Executives Assurance Meeting
- Official opening of the Phase 2 development of PCH by the First Minister
- Roundtable on Collaboration meeting with the Association of the British Pharmaceutical Industry
- Attending Social Prescribing Working Group
- End of Year Review meeting with Welsh Government
- CTMUHB Public Board Meeting
- NHS Confederation Board of Trustees and Annual General Meeting
- Regional Partnerships Board

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;

- Transfer Deed relating to sale of Llwyn yr Eos Clinic, Main Road, Church Village, Rhondda Cynon Taff between Cwm Taf Morgannwg University Health Board and JRS Business Services of 15 Stuart Terrace, Talbot Green, Pontyclun, CF72 BAA
- Call Off Contract For Regional Supply Chain Partners for the Maesteg Health and Wellbeing Centre Hub-And-Spoke Primary Care Development between Cwm Taf Morgannwg University Local Health Board and Kier Construction Limited of 2" Floor, Optimum House, Clippers Quay, Salford, M50 3XP

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

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	Effective



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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: 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 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	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.

Agenda Item 6.1.1

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)
6.4.1	30 November 2023	Regional Partnership Board & Public Services Board 6 Monthly Report Consideration to be given to holding a focussed Board Development session on the Six Goals Programme and Further Faster agenda to provide Board Members with a greater understanding of the work being undertaken.	Director of Strategy & Transformation	To be agreed	In progress To be scheduled into the forward work programme for Board Development sessions.
7.2	30 November 2023	Llantrisant Health Park Project Further update on progress to be presented to the Board in Summer 2024	Chief Executive	July 2024 Now September 2024	In progress Forward work programme updated.
5.1	25 January 2024	Integrated Performance Dashboard Update to be included in a future report on total demand for Speech and Language Therapy Services and how this compared to other regions	Executive Director of Therapies & Health Sciences	28 March 2024 Now 26 September 2024	In progress Clinical Director of Healthcare Science and Assistant Director of Therapies and Health Science to work with performance team to ensure this information is included in the performance dashboard report from September onwards.

Agenda Item 6.1.1

3.1	28 March 2024	Listening & Learning Story Update to be presented to the May Board meeting which identifies the proactive changes that would be undertaken to alleviate some of the issues outlined within the presentation.	Chief Executive	30 May 2024 Now 25 July 2024	On agenda A report on addressing the challenges of Delayed Transfers of Care will now be presented to the Board meeting being held on 25 July 2024.
7.1	28 March 2024	Integrated Medium Term Plan and Budget for 2024/2025 G Watts to include the request to consider years two and three finances within a Board Development Session within the next six months to consider the support required for Primary Care, prevention and early intervention.	Director of Corporate Governance/Board Secretary	30 May 2024 Now 6 September 2024	In progress Topics have been added to the list for further consideration and scheduling. To be discussed further at the September 2024 Board Development Session
3.1	30 May 2024	Listening & Learning Story Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.	Director of Social Services	25 July 2024	In progress Discussion held with the Care Group Nurse Director for Mental Health & Learning Disabilities where it has been agreed that the Regional Partnerships Board Care Home Group would review the position, with an aim to establish a system of multi-agency learning from placement breakdowns
3.1	30 May 2024	Listening & Learning Story Report to be presented to a future meeting outlining the key actions	Care Group Nurse Director, Mental	28 November 2024	In progress Report to be presented to the November 2024 Board meeting

Agenda Item 6.1.1

		required that needed to be taken forward	Health & Learning Disabilities		
4.2	30 May 2024	Chief Executives Report Consideration to be given to inviting some of the Seren Award winners to meet with the Board at a future meeting.	Chief Executive	24 October 2024	In progress It has been suggested that Seren Award winners are invited to meeting with the Board at the October 2024 Board Development Session
5.3	30 May 2024	Board Assurance Framework Consideration to be given outside the meeting regarding the suggestion made to introduce a risk relating to shifting services into the community as it was felt this needed to be more related to the failure to deliver on our strategic goals.	Executive Director of Strategy & Transformation	26 September 2024	In progress This in the process of being reviewed by the Executive Director of Strategy and Transformation with a view to add to the Board Assurance Framework for the September 2024 meeting
6.1	30 May 2024	Integrated Performance Dashboard Report from the multi-agency event held at the Princess of Wales Hospital on 10 April 2024 to be shared at either the Quality & Safety Committee or Planning, Performance & Finance Committee so that learning could be shared	Chief Operating Officer	26 September 2024	In progress
6.3	30 May 2024	Getting it Right First Time Productivity Trajectories to be included in future iterations of the Performance Dashboard report to enable progress to be tracked	Chief Operating Officer	26 September 2024	In progress

Agenda Item 6.1.1

Completed Actions					
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 Now April 2024	Completed Response submitted to Audit Wales/Healthcare Inspectorate Wales on 15 April 2024
5.4	30 May 2024	Annual Review of Board Effectiveness Self-Assessment Statement made within appendix three regarding operational decisions sitting below the Board to be amended to reflect that operational decisions sit with the Executive Team, with implementation below the Executive Team.	Director of Corporate Governance/Board Secretary	25 July 2024	Completed IM Scrutiny Toolkit updated to reflect the clarification required in the section highlighted by a Board Member at the last meeting.

Agenda Item

6.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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
DTOC	Delayed Transfer of Care
EWN	Early Warning Notification
IMTP	Integrated Medium Term Plan
JET	Joint Executive Team
LHP	Llantrisant Health Park
MOU	Memorandum of Understanding
PoW	Princess of Wales (hospital)
RPOB	Regional Portfolio Oversight Board
SCP	Single Cancer Pathway
SEW	South East Wales

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 7 June, the executive team joined Welsh Government colleagues for our end of year Joint Executive Team (JET) meeting. A key component of the discussion during this meeting was to review the full year progress made against the agreed escalation framework. As members will be aware through updates received at Board, the dedicated improvement programmes across maternity and neonatal services and quality governance workstreams has resulted in the de-escalation to routine arrangements. I would like to again, thank all colleagues that have supported the necessary improvement activity to help us achieve de-escalation across these areas.

On 24 June, key members of the executive team attended a scrutiny session with Welsh Government colleagues to discuss and assess the Health Board's Integrated Medium Term Plan (IMTP) submission. We have submitted a financially balanced plan, and expect to receive formal feedback later this month, together with our accountability conditions.

Following the most recent tripartite meeting, our updated escalation status remains unchanged and is summarised in the below table. A copy of the letter confirming this outcome together with additional feedback is attached as Appendix 1.

Area	Current Status
Planning and Finance	Enhanced Monitoring
Performance – Associated with long wait times	Targeted Intervention

The Targeted Intervention focus remains on achieving and sustaining the agreed performance trajectories across the following areas:

- Urgent and emergency care – A&E waits and ambulance handovers

- Planned care – Diagnostics, outpatients and referral to treatment
- Cancer – Single Cancer Pathway (SCP) 62 day compliance
- CAMHS – Part 1a and 1b assessment and interventions

Monitoring and assurance of this continues via monthly oversight meetings between CTM leads and Welsh Government colleagues, as well as quarterly escalation meetings held at executive level.

2.2 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.

As set out in the January update, to support the development of the ACSP we have commissioned The Consultation Institute to work alongside the health board in developing a bespoke framework for conducting hyperlocal engagement and lead a risk-review. A workshop facilitated by the Consultation Institute took place on the 17 April 2024 to take forward these discussions. The Consultation Institute set out the legal position and best practice on engagement and consultation which will inform our work and timelines moving forward. An initial draft of a stakeholder map has also been produced and which will be further developed over the next month.

2.3 Executive Team Update

Across Wales, the Executive Directors of Therapies and Health Science are each seeking an amendment to their job title within their Health Board. In Wales, *Allied Health Professions* is the collective term for 13 professions: art therapists; dramatherapists; music therapists; podiatrists; dietitians; occupational therapists; orthoptists; prosthetists and orthotists; paramedics; speech and language therapists; and psychologists. Several of these professions do not identify as therapists, resulting in them feeling excluded by the 'therapies' title.

As such, all members of the Executive Directors of Therapies and Health Science Peer Group endorse the title to be changed to: **Executive Director of Allied Health Professions and Health Science**. Welsh Government Standing Orders mandate an Executive Director with responsibility for the

AHP and Health Science professions, but not the title of the post. The Chief Allied Health Professions Advisor in Welsh Government is supportive of the change.

Within CTM, two job titles will be affected by this change: Executive Director of Therapies and Health Science and the Assistant Director of Therapies and Health Science, with 'Therapies' being replaced by 'Allied Health Professions'. Betsi Cadwaladr UHB, Cardiff and Vale UHB, Hywel Dda UHB and Powys Teaching Health Board have already made the change. **There will be no changes to job descriptions or terms of service it will just be a change of job title which will take effect from 1 August 2024.**

2.4 Executive Priorities 2024/25

At our last Board meeting, I outlined my intentions to share a set of high level strategic priorities for the year, in support of the formal submitted plan (IMTP). I have been in discussions with the executive team over recent weeks and agreed a collection of our highest priority actions to share with the Board. Our 2024/25 executive priorities can be found at Appendix 2 to this report.

I will utilise one of the upcoming Board briefing meetings to provide further detail in relation to each executive area of this work plan.

2.5 South East Wales Regional Planning and Delivery Partnership

In 2020, CTM together with Aneurin Bevan and Cardiff and Vale Health Boards established the South East Wales (SEW) Regional Planning Partnership structure. Initially comprising three key programmes of work: Ophthalmology, Orthopaedics and Diagnostics, the purpose of the portfolio was to collaborate on a range of planning and delivery opportunities across key services, aimed at reducing unwarranted variations in patient access, service delivery and collaborating to make the best use of capacity and capability across the region.

In December 2020, a fourth programme focusing on the Stroke pathway and services was added to the structure, and in June 2021 Velindre University NHS Trust joined the partnership, together with the establishment of a Cancer programme.

In June, following the Regional Clinical Summit, I signed an updated Memorandum of Understanding (MOU) to strengthen our continued commitment to regional working and formalising the governance and reporting structure of the expanded portfolio. This new MoU updates the original agreement and includes the three Health Boards and Velindre as signatories. A joint Board session comprising all four organisations is being arranged and this is currently scheduled for 1st October 2024. A copy of the updated 2024 MOU can be found at Appendix 3.

Going forward, it is recognised that more work is required to realise the ambitions of this regional collaboration. This will include the need to reshape the governance arrangements to effectively enable regional working and collaboration and encourage collective accountability going forward.

Updates of this work will continue to appear in future reports and the Board will be fully engaged as we take this work forward with our regional partners.

2.6 Capital Works at Princess of Wales Hospital

From early September, there will be a temporary closure of the maternity and neonatal units at Princess of Wales Hospital (PoW) to allow for essential maintenance works on both units. The electrical supply to the neonatal unit requires essential upgrade works, and the air handling system for the maternity unit requires essential maintenance works.

Services will be transferred out of these units from the first week of September, with contractor works commencing the second week. A project team with plans and support to the services is in place, as well as a fully developed internal and external set of communications. A series of drop-in sessions for families have been implemented and management of birthing plans has been undertaken by the Children and Families care group, as per usual process.

The care group leadership team presented an update to the Quality and Safety Committee on 23 July, and an Early Warning Notification (EWN) has been submitted to Welsh Government / NHS Executive.

2.7 Seren awards

At the time of writing, our latest winner of the Seren of the Month Award – for May – was Health Care Support Worker, Kirsty Gadsden.

Kirsty, who works with the Children's Community Nursing Team, was nominated after supporting a young girl receiving palliative care. As well as managing her health needs, Kirsty went above and beyond to provide activities for the patient, allowing her foster carer time to rest. The patient's foster mother wrote: "I was overwhelmed by how Kirsty saw her not only as a sick child but also as a little girl who is inquisitive and wants to make connections with those around her."

3. Key Risks / Matters for Escalation

There are no matters requiring escalation on this occasion.

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: Not required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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.	

5. Recommendation

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

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Paul Mears
Chief Executive
Cwm Taf Morgannwg University Health Board
Ynysmeurig House
Navigation Park
Abercynon
CF45 4SN

Our Ref: JP/LS/SB

12 July 2024

Dear Paul

NHS Oversight and Escalation Arrangements

In line with the NHS oversight and escalation framework, escalation levels are considered at least twice a year. This includes an assessment of each health organisation against the six escalation domains, and discussions with partners around the current issues, concerns and progress since the last review.

I am writing to you to confirm that following a recent meeting, the escalation status of your organisation remains at:

- Level 4 (targeted intervention) for performance and outcomes.
- Level 3 (enhanced monitoring) for finance and planning.

I would like to acknowledge the improvements made in a number of areas, including finance, strategy and planning and across a number of planned care and mental health metrics.

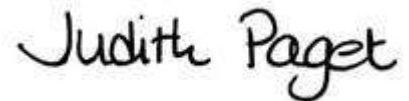
Although there has been no change to your organisation's escalation status, a number of concerns were discussed including:

- Cancer performance remain considerably below expected levels and there is a real need to reduce the backlog of patients waiting over 62 days.

- Urgent and emergency care, particularly related to ambulance handovers, 4 and 12 hour waits.
- The risks associated with the health board delivering your plan and ensuring that the plan is appropriately derisked to ensure the required savings are delivered in year.

Welsh Government colleagues will continue to provide the necessary support and advice, including regular escalation, JET and IQPD meetings with subject specific discussions as and when considered necessary.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Judith Paget CBE

CTMUHB Executive Portfolios Work Plan 2024/25

Exec Portfolio	2024/25											
	April	May	June	July	August	September	October	November	December	January	February	March
CROSS CUTTING STRATEGIC PROGRAMMES	ACUTE CLINICAL SERVICES PLAN - PROGRAMME DEVELOPMENT											
	DELIVERY OF WELSH GOVERNMENT NET ZERO COMMITMENT											
	LLANTRISANT HEALTH PARK (BUSINESS CASE, SITE CLEARANCE, COMMUNITY DIAGNOSTIC CENTRE AND SURGICAL CENTRE PLANNING)											
	DELAYED TRANSFERS OF CARE CEO TASK GROUP											
	QUALITY STRATEGY - ANNUAL PLAN											
COO	TARGETED INTERVENTION EXIT - PLANNED CARE, CANCER & CAMHS									UROLOGY SERVICE CHANGES		
	TARGETED INTERVENTION EXIT TARGET - URGENT / EMERGENCY CARE											
	OPERATIONAL PRODUCTIVITY - TUG & GIRFT						HEAD & NECK SERVICE CHANGES					
	PRIMARY AND COMMUNITY CARE TRANSFORMATION											
	CARE GROUPS MATURITY AND DEVELOPMENT											
NURSING & PATIENT SAFETY	LAUNCH CTM SAFEGUARDING STRATEGY 2024-27						CTM IPC STRATEGY 2024-27 (JUNE 2025)					
	ROLL OUT OF PATIENT FEEDBACK (PREMS AND PROMS)											
	IMPLEMENTATION OF NURSING AND MIDWIFERY DELIVERY PLAN											
	CTM LEARNING ACADEMY DEVELOPMENT						MATERNITY AND NEONATAL - IMPLEMENTATION OF SAFETY SUPPORT PROGRAMME					
STRATEGY & TRANSFORMATION	REVIEW OF COMMISSIONING PROCESSES (SLAs / LTAs)											
	SOUTH EAST WALES AND NATIONAL PROGRAMMES (INC. DEVELOPMENT OF SEW STRATEGIC PLAN)											
	BUILDING HEALTHIER COMMUNITIES (E.G. DEVELOP CTM 'OFFER', HOUSING ALLIANCEAND ANCHOR INSTITUTION)											
	INTEGRATED PRIMARY, COMMUNITY AND SOCIAL CARE (INC. MAESTEG REDEVELOPMENT AND RPB WORKSTREAMS)											
PUBLIC HEALTH	HEALTHY WEIGHT / T2 DIABETES PREVENTION											
	POPULATION HEALTH MANAGEMENT AND SUPPORT TO PRIMARY CARE											
										MENTAL HEALTH NEEDS ASSESSMENT		
	HEALTH PROTECTION SYSTEM DEVELOPMENT											
	SMOKING CESSATION / TOBACCO											
DIGITAL	SERVICE TRANSFORMATION (EPR, e-PRESCRIBING, LHP, OPHTHALMOLOGY, DIGITAL PATHOLOGY, MATERNITY)											
	CORE SERVICE SYSTEM DELIVERY (LIMS, RADIOLOGY, BRIDGEND TRANSITION, CRITICAL CARE, SELF CHECK-IN)											
	MODERNISATION PROGRAMMES - PLANNED CARE, UNSCHEDULED CARE AND MENTAL HEALTH											
	DATA SHARING /VISUALISATION / POPULATION HEALTH											
	CYBER, INFRASTRUCTURE IMPROVEMENT PROGRAMME, CITRIX, ENTERPRISE ARCHITECTURE											
FINANCE, ESTATES AND & PROCUREMENT	DELIVERY OF FINANCIAL BALANCE INC. SAVINGS PROGRAMME											
PEOPLE	LEADERSHIP DEVELOPMENT (CARE GROUPS, DIRECTORATES AND EXEC DEVELOPMENT)											
	STRATEGIC WORKFORCE PLANNING (WORKFORCE PLANS, RECRUITMENT, WORKFROCE EFFICIENCY AND RETENTION)									CARE GROUP WORKFORCE PLANS		
	CULTURE IMPROVEMENT PLAN (STRATEGIC EQUALITY, VALUES & BEHAVIOURS, WELSH LANGUAGE AND CULTURE PLAN)											
	EMPLOYEE EXPERIENCE AND WELLBEING (STAFF SURVEY FOCUS AREAS AND COMMS)											
AHPs & HCS	MENTAL HEALTH IMPROVEMENT PROGRAMME - HIW ACCEPTANCE OF ACTION PLAN UPDATE					MENTAL HEALTH IMPROVEMENT PROGRAMME - HIW INSPECTIONS						
	STROKE PATHWAY IMPROVEMENTS											
	AHP/HCS DELIVERY PLAN											
MEDICAL	CONSULTANT AND NON-CONSULTANT RATE CARD ADOPTION				ADH SPEND REDUCTION							
	PRIMARY / SECONDARY CARE COLLABORATION											
	JOB PLANNING- STANDARDISATION											
	MORTALITY FOCUS											
CORPORATE GOVERNANCE	REVIEW OF EFFECTIVE MANAGEMENT OF BOARD BUSINESS - IMPLEMENTATION / GO LIVE						IM INDUCTION AND APPRAISALS					
	AUDIT MANAGEMENT AND TRACKING MODULE IMPLEMENTATION - INSPECTIONS											
	BOARD ADMINISTRATION SOFTWARE											
	REFRESH AND RE-LAUNCH - EDUCATION PROGRAMME											
COMMS & ENGAGEMENT	COMMUNICATIONS AND ENGAGEMENT STRATEGY DEVELOPMENT											
	RESOURCE PLAN - ACSP & PRE-CONSULTATION ENGAGEMENT											
	IMPLEMENT NEW CHARITY LEADERSHIP AND DEVELOP STRATEGY											
	RECOGNITION AND REWARD - LAUNCH ANNUAL SEREN AWARDS AND PROCESS IMPROVEMENT											

DATED

05 June 2024

MEMORANDUM OF UNDERSTANDING

IN RELATION TO

A SOUTH EAST WALES REGIONAL PLANNING AND DELIVERY PARTNERSHIP

between

ANEURAN BEVAN UNIVERSITY HEALTH BOARD

And

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

And

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

And

VELINDRE UNIVERSITY NHS TRUST

Parties

- (1) **Aneurin Bevan University Health Board** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ (**ABUHB**)
- (2) **Cardiff and Vale University Health Board** of Woodland House, Maes y Coed Road, Llanishen, Cardiff, CF14 4TT (**CVUHB**).
- (3) **Cwm Taf Morgannwg University Health Board** of Ynyfmeurig House Unit 3 Navigation Park, Mountain Ash CF45 4SN (**CTMUHB**)
- (4) **Velindre University NHS Trust**, Unit 2, Charnwood Court, Parc Nantgarw, Nantgarw, Cardiff, CF15 7QZ (**VUNHST**)

Background

ABUHB, CVUHB, CTMUHB and VUNHST have agreed to work together on a portfolio of regional opportunities that at the time of dating includes Orthopaedics, Ophthalmology, Diagnostics, Stroke, Cancer and the development / implementation of a single regional clinical strategy for South-East Wales.

The parties wish to record the basis on which they will collaborate with each other on the portfolio. This Memorandum of Understanding (**MoU**) sets out the:

- Key objectives of the portfolio and the partnership principles that will guide realisation of these objectives;
- Governance structures the parties will put in place and agree to adhere to; and
- Respective roles and responsibilities the parties will have in delivery of the portfolio.

Key objectives for the Portfolio

The parties shall enter into the portfolio to achieve the following objectives;

- a) To reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
- b) To improve resilience.
- c) To make effective use of capacity and capability in whichever organisation it sits.
- d) To create critical mass for effective high quality care delivery when and where it makes sense to do so accepting that may not reside in every organisation.
- e) Take all opportunities to use the evidence base and best practice to improve quality, efficiency, productivity, and use of finite resources.
- f) To enable clinical leaders, and others, to work together, lead together and learn together.

Partnership Principles

In signing this MoU all parties commit to four key partnership principles.



Governance

A Regional Portfolio oversight board (RPOB) shall be established to oversee the portfolio (as per its terms of reference). Each Health Board / Trust shall be represented on this forum via its Chief Executive, Director of Planning and Chief Operating Officer

A Health Board / Trust shall 'host' a programme of work on behalf of the RPOB. At the dating of this MoU this is as follows;

- Ophthalmology - *Aneurin Bevan University Health Board*
- Diagnostics - *Cwm Taf Morgannwg University Health Board*
- Orthopaedics – *Cardiff and Vale University Health Board*
- Stroke - *Cardiff and Vale University Health Board & Cwm Taf Morgannwg University Health Board*
- Cancer - *Aneurin Bevan University Health Board*

Where additional programmes of work are bought into the portfolio at any point in the future the programme(s) hosting arrangements must be determined at the outset.

This MOU recognises that programmes do not always have to be a three-way programme if one particular organisation does not have a need to join. Specific partnerships/programmes may exist within this MOU where there are only two interested parties. This is the case for the Stroke programme which is a collective endeavour between CTMUHB and CAVUHB.

The RPOB will establish robust mechanisms for ensuring a clear line of site to any other regional programme, partnership, collaboration etc which are outside the scope of its terms of reference but could be depended on the delivery of work of the RPOB. Or vis versa.

Roles and responsibilities the parties

Hosting a programme shall not mean that the end clinical solution is to be found within the respective hosts Health Board boundary. Rather hosting shall mean a commitment to abiding by a consistent regional approach to programme development and implementation. Specifically, this will include, but not limited to, ensuring;

- Resourcing of a programme of work,
- Robust and consistent programme management and governance,
- Programmes are representative of the region it is operating on behalf including a model of distributed leadership where, for example, the SRO maybe from organisation A, clinical lead from organisation B
- Robust and consistent approaches to key programme disciplines For example, but not limited to, demand and capacity modelling, communications and engagement and business case development.

Escalation

If any party has any issues, concerns or complaints about the portfolio, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of consultation. If the issue cannot be resolved within a reasonable period of time, the matter shall be escalated to the RPOB, which shall decide on the appropriate course of action to take.

If any party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the portfolio, the matter shall be promptly referred to the RPOB (or its nominated representatives). No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the portfolio, without the prior approval of the RPOB (or its nominated representatives).

Term and termination

This MoU shall commence on the date of signature by all four parties, and shall expire on receipt of formal notice from a partner that it wishes to withdraw from the portfolio.

Variation

This MoU, including the Annexes, may only be varied by written agreement of the RPOB. This MoU replaces the original document agreed in 2022.

Charges and liabilities

Except as otherwise provided, all parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.

All parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

Status

This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

Signed for and on behalf of **ANEURAN
BEVAN UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CARDIFF
AND VALE UNIVESITY HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CWM TAF
MORGANNWG UNIVESITY HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **VELINDRE
UNIVERSITY NHS TRUST**

Signature:
Name:
Position:
Date:

Annex A. Regional Portfolio oversight board (RPOB) - Terms of Reference

1. Purpose

The RPOB is a joint forum consisting of ABUHB, CAVUHB, CTMUHB and VUNHST. Its purpose shall be to;

- On behalf of each organisation be assured on progress being made across the portfolio in developing and implementing sustainable and high quality regional services into the future.
- To take a shared view in identifying and initiating further regional opportunities.
- Ensure that a collaborative relationship between the three Health Boards is maintained to deliver the best quality and outcomes of care possible to patients.
- Ensure collaboration is pursued with benign intent, honesty, transparency, and integrity in order to build trusting and effective relationships.
- To agree approaches to engagement and communications together.
- To avoid leaving anyone behind and learn from the past and progress in an open, honest and humble way.

The focus of the Portfolio shall include - *Orthopaedics, Ophthalmology, Diagnostics, Stroke, Cancer and also the development / implementation of a single regional clinical strategy for South-East Wales*. This may be amended at any point via a formal decision on the RPOB.

2. Membership

The forum will be made up of a core membership which includes the following from each of the three organisations–

- CEO
- Executive Directors of Strategy/Planning
- Chief Operating Officers

In addition the Regional Planning Programme Director shall be a core member.

Other Executives being invited to attend the meetings where appropriate. As to may Senior clinical and operational leaders from the appropriate services.

3. Portfolio scope

The RPOB will work on behalf of all four Health Boards and Trust. It will provide assurance to ABUHB, CVUHB, CTMUHB, VUNHST chairs, Boards and other relevant Board sub committees that both the key objectives of the Portfolio and programme specific outputs and outcomes are being met and that the portfolio is performing within the boundaries set.

The RPOB shall have the authority to endorse outputs / outcomes of programmes. Where required it shall recommend sign-off / support to individual organisation Boards and Committees but this will be handled by local organisation governance processes.

Version: 2
Date: 05.06.24

The RPOB shall also receive assurance on the progress of the development and implementation of the regional diagnostic and treatment facility at Llantrisant. However, this programme (known as the Llantrisant Health Park Programme) does not form part of the scope of this regional partnership. The programme shall be managed and the accountability of CTMUHB.

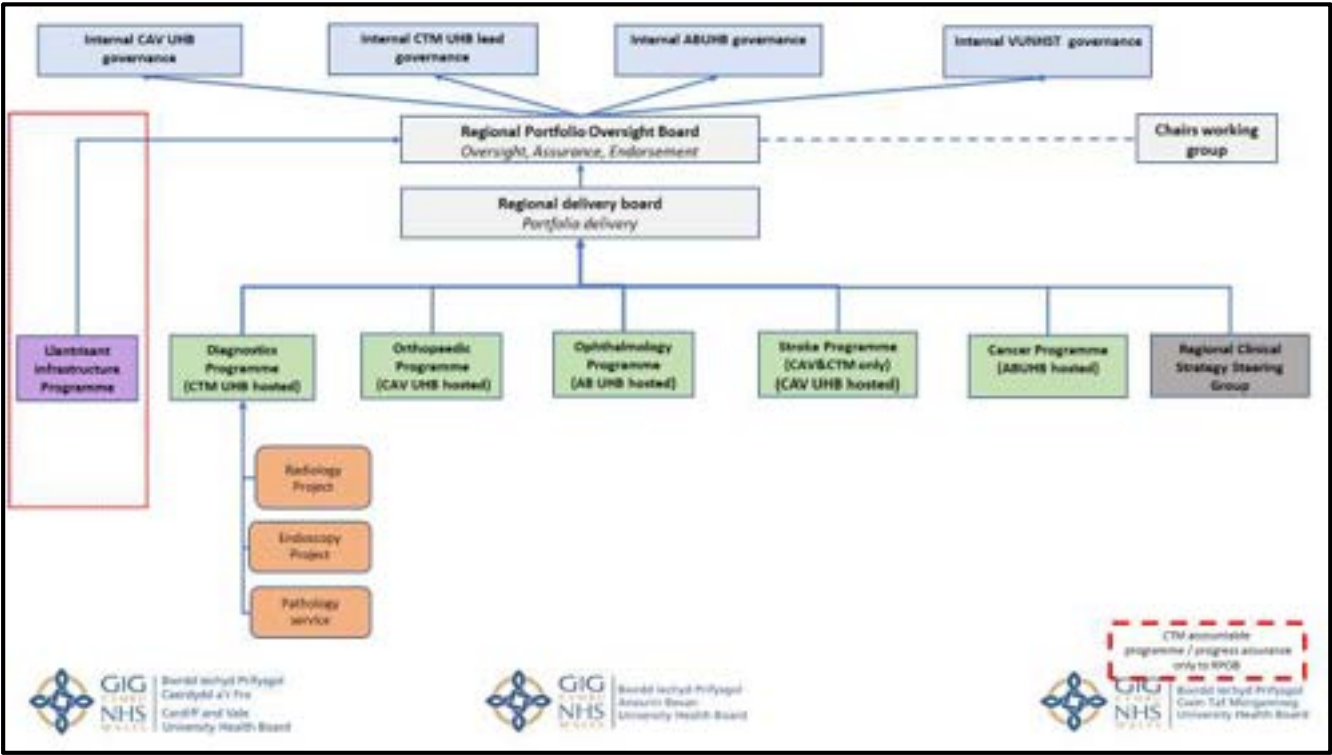
The RPOB shall have **no** delegated financial authority from any partner organisation.

4. **Governance and Reporting**

Where required Chief Executives will engage with Chief Executives of other Health Boards and Trusts on matters / decisions pertaining to the Portfolio that may impact on wider NHS Wales service delivery through the NHS Wales Collaborative Chief Executives group.

A Regional Delivery Board (RDB) shall report into the RPOB and work on its behalf to ensure effective design, delivery and implementation of the programmes of work within the scope of the Portfolio.

The RPOB will ensure there exist robust arrangements in place for ensuring ongoing assurance to Health Board Chairs, Welsh Government, Community Health Councils and other interested stakeholders.



The RPOB shall record current and future contributions made to the Portfolio (financial and otherwise) by respective partners to ensure and risk is being appropriately shared.

5. **Meeting Arrangements**

- The forum will meet on a monthly.

- Meetings will be held on MS Teams.
- One meeting a quarter shall be 'in person'.
- The chair will be held on a three month rotational basis by each of the respective Chief Executives.
- The secretariat function will be provided by the Regional Planning Programme Director.
- The meeting shall be quorate if two Chief Executive officers are present and remaining organisations are represented by a 'core' member

Date last reviewed: 05 June 2024



Agenda Item

7.1.1

CTM Health Board

HIGHLIGHT REPORT FROM THE CHAIR OF THE DIGITAL & DATA COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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, 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	
AI	Artificial Intelligence
IMTP	Integrated Medium Term Plan

1. PURPOSE

- 1.1 This report provides the Board with details of the key issues considered at the meeting of the Digital & Data Committee which took place on the 21 May 2024.
- 1.2 Key highlights from the meeting are reported in section 3.
- 1.3 The Board is requested to **NOTE** the report.

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

- **Spotlight Topic – Update on the implementation National Programmes for Digital Applications**
Following a detailed update the Committee recognised concerns in relation to the funding of business cases for national programmes, and the potential risks this poses in terms of mitigating quality and safety as well as the financial implications / risks.

ADVISE	• The Committee received the Organisational Risk Register and reviewed the risks escalated. • The Committee received a verbal update on the new Joint Commissioning Committee (JCC) Digital and Data arrangements, noting that structural arrangements are still being finalised. • The Medical Records Assurance Report was received by the Committee. The Committee noted the current progress and challenges regarding the digitisation of medical records. • DIGITAL AND DATA IN COMMITTEE MEETING; Committee Members were updated on the following: • Cyber Improvement plan; The continued delivery of effective clinical services • Business Sensitive risks on the Organisational Risk Register; • External Audit Report; updating the Committee on the findings of the Cyber Resilience Unit review. • Digital Critical Incidents; Digital & Data incidents that occurred over the period.
ASSURE	• A report on Digital Future Ways of working was received, the committee were assured there would be comprehensive coverage of digital and data matters across the Board. • The Information Governance Group Highlight Report was received and the Committee sought assurance as to where training compliance would be captured in the new Committee Structure being developed. • A report updating the Committee on Clinical Coding AI enabled Transformation Programme was received. The Committee welcomed the new development and congratulated the team for taking lead within the area.

INFORM	The Committee received the following items for noting in the meeting: • All Wales Independent Member Network Highlight Report • Committee Annual Cycle of Business • Committee Forward Work Plan 2024-25 • Digital Operating Model – Final Internal Audit Report
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 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))	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) /	No - Not Applicable
	If more than one applies please list below:

**Environmental
/Sustainability Impact (5Rs)**

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: N/A
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: N/A
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 are asked to **NOTE** the contents of the report.

Agenda Item
7.1.2

Quality & Safety Committee

Highlight Report from the Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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 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 Quality & Safety Committee at its meeting on 16 May 2024.
- 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	• The report from the Clinical Executives was received. Following concerns raised by the Executive Director of Nursing/Deputy CEO in regards to boarding of patients and the critical overcrowding within Emergency Departments, Committee Members agreed to escalate their concerns to the Board regarding this position. Committee Members requested a further update at a future meeting as to the nature of incidents that were occurring in relation to boarded patients, alongside a focussed discussion.
Advise	• A Spotlight Presentation was received in relation to the Maternity & Neonates Metrics and Assurance Framework. Members agreed to receive an update at a future meeting on the plans in place to address staff cultural issues at Prince Charles Hospital. Committee Members welcomed the achievements made to date and the continued improvements in this area; • The Committee received a Listening & Learning presentation on Ethics. Members noted the need to raise

	awareness amongst staff of the support available in relation to Clinical Ethics and the need to encourage staff to make referrals into the Ethics Committee in order to access the support available; • In relation to the Clinical Executives report, Committee Members extended their congratulations to the Head of Audiology and his Team for the work undertaken to drive forward the national work in relation to the introduction of job planning for Healthcare Scientists. Committee Members also advised that they would welcome an update at a future meeting in relation to the impact of the HENRY Programme, alongside programme outputs; • The Mental Health & Learning Disabilities Care Group Highlight Report was received. The Committee noted with concern the acuity and fragility of the service and the high vacancy rate and noted the actions being undertaken to address the position. Members also noted that the Care Group were involved in a Multi-Agency review being undertaken in relation to the unexpected deaths that had occurred at Parc Prison; • The Children & Families Care Group Highlight Report was received. Members received assurance that there would be no change to the Senior Nurse Leadership for School Nursing as a result of the Organisational Change Policy process that had been undertaken which had resulted in a new nursing leadership structure for Special Schools. Members also welcomed feedback from Llais in relation to the changes made in relation to the locations of where infertility clinics were being held at Princess of Wales Hospital, which was found to be positive; • The Diagnostics, Therapies, Pharmacy & Sciences Care Group Highlight Report was received. Members noted that in relation to the UKAS assessment that would be undertaken in Pathology during June 2024, the gap analysis had been undertaken in line with normal processes and noted that no areas of concern had been highlighted through the Care Group Quality & Safety meetings; • The Unscheduled Care Group Highlight report was received and noted; • The Primary Care and Communities Care Group Highlight report was received. Members requested an update be presented to a future meeting in relation to progress being made against the plan to address the waiting list position for special care dentistry, together with an update in relation to progress being made to address training in Care Homes. The improvements made in the Lymphoedema Service were welcomed by the Committee; • The Planned Care Group Highlight Report was received. Members welcomed the work being undertaken in relation to

	urology and that shared learning was in place across Care Groups regarding the work undertaken; • The Welsh Health Specialised Services Committee (WHSSC) Quality & Patient Safety Committee Chairs Report was received. Members requested that clarity be sought as to governance structures within the Joint Commissioning Committee and whether structures would be similar as per previous hosted body organisations; • The NHS Wales Joint Commissioning Committee report was received. Members advised that clarity was required as to how this Committee could triangulate information that comes from Joint Commissioning Committee monitoring; • The Patient Safety, Quality & Experience Dashboard was received. Members welcomed the improvements in relation to complaints and incidents as a result of the significant amount of work undertaken in these areas to address the position. Members requested updates be presented to a future meeting in relation to themes and trends identified through complaints related to communication issues, lessons learnt and identified themes from Public Services Ombudsman Reviews and progress being made against the improvement plans that had been put into place for Falls and Pressure Damage; • The Nursing & Midwifery Plan was received and endorsed. Members noted that the reports received from staff who had been subjected to anti-racist behaviour where Datix reported matters were being closed down, with no conversations being held with staff to address any of the issues raised, would be explored further outside the meeting; • The Mental Health Adult Inpatient Improvement Programme was received and noted. The following report was received and discussed at the In Committee Session: • MBRRACE-UK Perinatal Mortality Report: 2022 Births
Assure	• The Organisational Risk Register report was received. Members welcomed the significant improvements that had been made in developing the risk register; • The Infection, Prevention & Control Strategy was received and endorsed for Board Approval. Members welcomed the development of the strategy and welcomed the suggestion made for the Quality & Safety Committee to maintain oversight of monitoring progress against the implementation plan on an annual basis.

Inform	- The Infection, Prevention & Control Report – End of Year Update was received and noted; - The New NICE Guidance Process was received and noted. The following items were received via the consent agenda for approval: - Unconfirmed Minutes of the meeting held on 14 March 2024 - Unconfirmed Minutes of the In Committee meeting held on 14 March 2024 - Welsh Language Active Officer Policy - Quality & Safety Committee Annual Report 2023-2024 The following items were received via the consent agenda for noting: - Action Log - Committee Annual Cycle of Business - Committee Forward Work Programme - Clinical Policies Highlight Report - Controlled Drugs Local Intelligence Network (CDLIN) Annual Report - Cancer Services Annual Report - CTMUHB Nosocomial Covid-19 Incident Management Programme Closure Report - Human Tissue Authority Act Progress Report - Healthcare Inspectorate Wales Action Plan Tracker
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	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))	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 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 applicable for this report
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable for this report
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 asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

7.1.3

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/05/2024
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
PSRS	Population Segmentation and Risk Stratification
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 20th May 2024.
- 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	The Committee expressed concerns relating to the risk of rising childhood obesity rates resulting in an increase in obesity related conditions and poorer outcomes (Risk ID 5579 of the Organisational Risk Register). Whilst recognising the competing demands and funding challenges faced by the Health Board the Committee wished to escalate this area of concern to Board as how such significant gaps in service such as this could be addressed and prioritised.
ADVISE	- A powerful shared listening and learning story was received reflecting the journey of a new mum's breastfeeding experience in CTM. The story spanned the support received from midwifery, health visiting and other areas. A number of learning opportunities were recognised as to how CTM could better support parents with infant feeding. - The Committee received the Organisational Risk Register and reviewed the risks assigned to the Committee. The Committee highlighted the need to ensure that mitigating actions were robust and did not just rely upon the development of business cases where funding may not be available and other mitigations will need to be

	considered, and if not escalation in terms of accepting and/or tolerating the risk. - The Committee noted an update on the changes to the population segmentation and risk stratification (PSRS) approach to Population Health Management in CTM, as well as a presentation on recent data analysis and modelling. - A detailed presentation was received by the Committee on the strategic development activity relating to Dying Well, Palliative and End of Life Care. - A strategic update on Primary Care and Accelerated Cluster Development was received, noting the key priorities identified by Welsh Government and the National Strategic Programme for Primary Care, and the progress being made by the Health Board's delivery against strategic priorities. - A report was received in the 'Closed' In Committee session outlining the proposal on the development of a Health Protection Service Structure within the budget allocation. Upon reflection and with the agreement of the Committee Chair it is considered that the "Health Protection Structure" agenda item received in Private/Closed session should have been discussed in open session and it is has since been published in its entirety on the Health Boards website.
ASSURE	- The Committee welcomed an update on the Creating Health Programme Board and the eight areas of focus being considered by the programme. Assurance was provided that the role of this group is to provide a platform and visibility of the Population Health issues faced within Cwm Taf Morgannwg. - The Committee recognised the importance of ensuring that presentations on key priority areas/strategic visioning also identify when the Committee could expect a progress report as to whether the plans were able to be delivered. It was accepted that systems management is an area of continuous learning and improvement and not all plans will come to fruition, however it is important to provide that assurance and share the experiences and impact of the journey taken whether it was successful or not.

INFORM	- The Committee received a report on the Regional Partnership Board noting the future direction of travel linked to community pathways. - A report was received on the Public Service Board noting current activities of the Cwm Taf Morgannwg Public Service Board and an update of the Board's activities since the last meeting of the Committee. - The Committee Annual Cycle of Business for 2024-25 was noted. - The Committee Annual Report 2023-24 was endorsed for Board Approval.
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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	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	Person Centred
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))		
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 applicable
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable
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) / Resource Impact</i> <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

7.1.4

CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Anne Morris Chair, Stakeholder Reference Group
Cyflwynydd yr Adroddiad / Report Presenter	As above.
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

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	
CTM	Cwm Taf Morgannwg
IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital

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 11th July 2024
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 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 / EsAcalate

• New Member Nomination

Members were asked to consider a new member endorsement prior to Board approval.

Members had previously agreed at SRG 11th April 2024 to increase SRG membership to include representation from protected characteristics under the Equality Act 2010. This was discussed at the CTM Equality & Diversity Inclusion Working Group, the Race Equality Network Chair went out to members and as a result we have received an expression of interest from the CTMUHB Racial Equality Network Founding Member and Secretary, who is also a prescribing pharmacist in our cluster GP practices, the expression of interest outlined that she is a Muslim, Welsh-born, Welsh speaking female who works with patients and feels that she has a lot to offer the SRG forum.

Members agreed endorsement, Board is now asked to consider approval.

Advise	• Ratification of Standing Orders and Terms of Reference Following Board May 2024 Members were asked if they would like to consider ratification of the updated Standing Orders and Terms of Reference following Board May 2024 and this was agreed. • Stakeholder Reference Group Annual Report 2023/2024 The Stakeholder Reference Group Annual Report 2023/2024 had been circulated to members for review and consideration of approval at the meeting 11th April 2024 prior to submission to Board. The report was agreed by members and will now be submitted to the July 2024 Board.
Assure	• No matters to report within this section
Inform	• Update on Prince Charles Hospital Development The Programme Director updated members on progress of the Prince Charles Hospital Development with a powerpoint presentation which contained a number of visual images. This was well received by members who were impressed by these developments. Members were offered a visit to the site and this will be arranged for the Autumn. • Update on Integrated Medium Term Plan (IMTP) and finance The Assistant Director of Transformation & Operational Planning gave an update on IMTP. A number of updates had now been brought to the forum with a commitment to continue to update members throughout the process so that members have the opportunity to engage on CTM's Strategic Planning. Collective review with Welsh Government was held on 26th June 2024, following the Health Board's submission of a plan which seeks to deliver on statutory requirements in the delivery of healthcare and a balanced financial position over the 3 years. Currently formal written feedback from Welsh Government is expected and and members will be informed once the Welsh Government

feedback has been received. Work continues on implementation of the plans and a report will be submitted to Board at the end of this month setting out progress made during the first 3 months.

- **Notice of Engagement – Mental Health Dementia Services for Older Persons Commencing in July 2024**

Members were informed that engagement would be commencing in July 2024 around Mental Health Dementia Services for Older People. Information regarding the engagement will be emailed to members including links to the survey should members wish to participate in that engagement and to share with their networks.

- **Notice of Engagement – Cardiff & Vale University Health Board as part of the development of their Strategic Paediatric Plan from 8th July 2024 – 31st August 2024.**

Members were informed that CTMUHB were participating in the engagement for Cardiff & Vale University Health Board's Strategic Paediatric Plan as a partner and commissioner. This engagement is open between 8th July 2024 and 31st August 2024. Information and a link to an online survey to be circulated to members to participate should wish to contribute and to share with their networks. An engagement event is being set up in August 2024, once the date becomes available from C&VUHB that will be shared with members.

- **Engagement Temporary Service Change, Neonatal and Maternity Units, Princess of Wales Hospital.**

The Head of Planning & Partnerships and Service Director for Children's & Family Care Group briefed members on the temporary service change planned to commence in September 2024 in Neonatal and Maternity Units, Princess of Wales Hospital. It was explained to members that the units would need to close so that essential infrastructure improvement works can be carried out, including revision of electrical supply to the Neonatal Unit and Obstetric Theatres and improvement in air handling systems.

To minimise disruption to services CTMUHB had evaluated the risks and decided that it would be pertinent to undertake these two streams of work simultaneously to avoid further closure in the future creating further risks and interruptions to services. It

	is anticipated that completion of this work, including testing and commissioning, will take approximately 12 weeks. During the 12 weeks period in which the work will be undertaken, it will not be possible to maintain business continuity of acute maternity and neonatal services on the POWH site. Plans are progressing to relocate both the maternity and neonatal services in the interim, away from POWH. Members were reassured that a comprehensive Engagement Plan was in place. The key point of contact for families will be the community midwifery services, who had met with women affected by the disruptions to services and advise the options available to them. Discussion was held with members and reassurance provided to any areas of concern. Members were informed that the Communications Team have been involved throughout and have been supporting the engagement with Staff and Service users and frequently asked questions have been developed. • Work Programme and Forward Planning Members were asked to forward any additional topics to the Committee Secretariat. • Any Other Business Members were signposted to a new health and wellbeing website that had been launched by CTMUHB in advanced of the upcoming Eisteddfod 2024 in Ynysyngarad Park in Pontypridd. CTMUHB will have an extensive presence on the Eisteddfod Maes and all members were encouraged to promote the Health Board's stand presence at the event and to pay a visit to the stand if they are attending. A link to the website and CTMUHB's activities there was shared and is included below: https://ctmuhb.nhs.wales/news/eisteddfod/
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:
	Living Well

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales 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 to consider **RATIFICATION** of the change to SRG memberships to include representation from protected characteristics under the Equality Act 2010.

Agenda Item

7.1.5

CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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	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 20 June 2024.
- 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. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC). 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

- The Committee received a verbal update on the new **Wales Joint Commissioning Committee (JCC)** that was established with effect from the 1st April 2024. The Committee noted the following key matters that were highlighted:
 - The Legacy Statements had been signed off by the predecessor bodies and had been taken through the JCC.
 - The Independent Patient Funding Referral (IPFR) Panel revised terms of reference had been enacted and meetings were being held to discuss additional appointments for Lay Members and Health Board Members to ensure quoracy of the Panel moving forward.
 - Deep Brain Stimulation Service issues – commissioning discussions were being held with regard to a partner to deliver the service for the population of South Wales and

	an update would be brought to the next meeting of the JCC. - The Risk Framework was being developed so that the JCC would have an equivalent to the Board Assurance Framework.
Advise	• The Committee received and noted the Internal Audit Review – Emergency Ambulance Services Committee Adult Critical Care Transfer Service.
Assure	There were no matters to raise with regard to assurance.
Inform	• The Unconfirmed Minutes of the meeting held on 18 April 2024 were APPROVED. • The Welsh Health Specialised Services Committee Legacy Statement was noted. • The Emergency Ambulance Services Committee Legacy Statement was noted.
Appendices	• Nil

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

7.3

CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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	June 2024	Reviewed and signed Off
Executive Leadership Group	15 th July 2024	Management sign off received.

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.

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 June 2024, 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 In addition to updates significant changes have been made as follows:
- Strategic Risk 1 – ***Sufficient Capacity to meet elective and emergency demand.*** *This risk has now been split to represent elective and emergency care separately due their differing trajectories. These are now represented as Strategic Risk 1a and 1b in Appendix 1.*
- 3.4 The Executive Director of Finance is developing a new Strategic Risk for the BAF in relation to **Capital and Estates** which is being developed and risk

assessed by the Assistant Director of Planning (Capital and Estates), with the support of the Assistant Director of Governance & Risk as required.

- 3.5 The People Team are undertaking a thorough review of the following risks to ensure they remain reflective of the current risks. This has been delayed due to staffing capacity within the team.

- **Strategic Risk 6 - Leadership and Management**
- **Strategic Risk 7 – Culture, Values and Behaviours**

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? / Quality</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

5.1 The Health Board is asked to:

APPROVE

- The updates to the BAF Report for July 2024 as captured in Appendix 1.
- The changes outlined in Section 3 of this report.

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	Current score	Scoring Trajectory (since the last report received by the Board)
1a	Sufficient capacity to meet elective demand Click Here for Risk1a	Improving Care 	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	16 (C4xL4)	Updated risk developed in July 2024 specific to planned care.
1b	Sufficient capacity to meet emergency demand Click Here for Risk1b		Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	20 (C4xL5)	Updated risk developed in July 2024 specific to Unscheduled Care.
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)	↔
3.	Sufficient workforce to deliver activity and quality ambitions of the organisation Click Here for Risk 3	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)	↔
4.	Community and Partner Engagement Click Here for Risk 4	Creating Health 	Director of Communication s, Engagement & Fundraising	Population Health & Partnerships	12 (C4xL3)	↔
5.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 5	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	↔

6	Leadership and Management Click Here for Risk 6	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	↔
7	Culture, Values and Behaviours Click Here for Risk 7	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	↔
8	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 8	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	↔
9	Healthy Life Expectancy Click Here for Risk 9	Creating Health 	Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	↔
10	Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government Click Here for Risk 10	Sustaining our Future 	Executive Director of Finance	Planning, Performance & Finance Committee	16 (C4xL4)	↔

[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

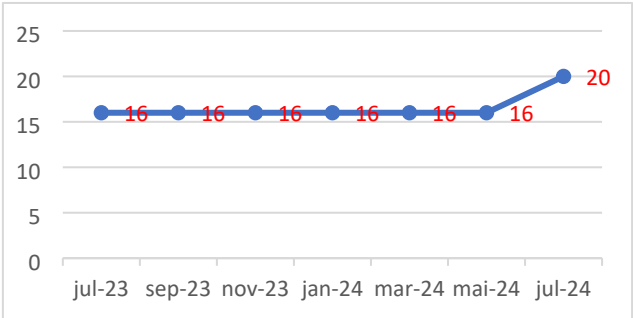
Current risk scores in **black**

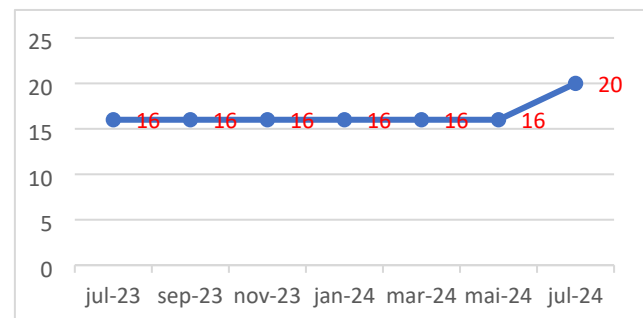
Target risk scores in **grey italic**

Consequence	5		3		3	
	4		4,8,7,8	4,6,7,1a,2,5,9,10	1a,2,5,8,9,10	1b
	3					
	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 elective demand - (Risk No.1a)			
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable 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, ongoing overspends.	

	Consequence	Likelihood	Score	Risk Score Trend this Period:																
Initial	4	5	20	Updated risk developed in July 2024 specific to planned care.																
Current	4	4	16																	
Target	4	3	12																	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory Updated risk developed in July 2024 specific to planned care. The previous trajectory when combined with emergency care is captured below (up to May 2024) but now includes the trajectory for the updated risk as at July 2024.																
				 <table border="1"><thead><tr><th>Month</th><th>Risk Score</th></tr></thead><tbody><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><tr><td>Jan-24</td><td>16</td></tr><tr><td>Mar-24</td><td>16</td></tr><tr><td>May-24</td><td>16</td></tr><tr><td>Jul-24</td><td>20</td></tr></tbody></table>	Month	Risk Score	Jul-23	16	Sep-23	16	Nov-23	16	Jan-24	16	Mar-24	16	May-24	16	Jul-24	20
Month	Risk Score																			
Jul-23	16																			
Sep-23	16																			
Nov-23	16																			
Jan-24	16																			
Mar-24	16																			
May-24	16																			
Jul-24	20																			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				There has been continuous improvement against trajectories for elective demand. The risk score has been reviewed and remains unchanged on this occasion, due to the following potential impacts. The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected.																



	The large-scale capital programme at Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. The current Fire enforcement notice at Princess of Wales hospital will reduce the number of operating theatres. Plans are ongoing for the temporary location of the theatres. Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. Regional working continues and the positive and negative impact of this will be continuously reviewed. 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 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
Productivity, improvement and transformation programme (PIT) (signed off by ELG June 2024): Increase Planned Care Capacity	- Integrated Performance Report - Harm Reviews - Assessment Dashboard - Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology

- Transform the way Planned Care is delivered
- Prioritise both diagnosis and treatment
- Provide better information and support to patients

Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve.

In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:

- 1. Effective Waiting List Management Systems:** clear national pathways; focused treat in turn; effective booking processes; robust demand management
- 2. Outpatient & Preoperative Modernisation:** utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
- 3. Theatre Capacity:** reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity
- 4. GiRFT & Clinical Implementation Networks:** identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery

- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme 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.
- Planning, Performance & Finance monthly report.
- TI meetings

5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

All areas of the programme will focus on the following crosscutting themes:

- 1. Increased efficiency:** streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner.
- 2. Enhanced Quality of Care:** ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services.
- 3. Optimised resource utilisation:** making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste.
- 4. Improved Patient Outcomes:** focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.
- 5. Reduction of Variability:** minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care.
- 6. Data utilisation:** using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement
- 7. Support Workforce Development:** training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

All elective care services will hold a monthly Service Improvement Group.

Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services –weekly focussed meetings
- Llantrisant Health Park site plans under development
- Clinical Services Plan Group being established
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Additional 'South Theatre' at the Royal Glamorgan Hospital

An old obstetric theatre has been recommissioned to support the SBUHB disaggregation and increase capacity and efficiency. This alongside the 'Snowdrop Centre' has transformed the delivery of Breast services across CTMUHB.

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Pathology Improvement Group
- Service Improvement Groups
- Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and therapies.

All updates feed into the Improving Care Board.

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 Demand and Capacity Plan established to manage demand and making best use of capacity.

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.

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. • Weekly performance tracking. • Robust Demand and Capacity with mitigating actions. • Service improvement and transformation	
Gaps in Controls and Assurances	Mitigating Actions
• CTMUHB digitally-based enabling systems	• Manual processes in areas of no system. • Scope of digital Pre-assessment system • Digital dictation consolidation and standardisation • Theatre system update • Need for digital outpatient system • Consultant connect implementation • Attend anywhere use for virtual activity • WPRS full roll out
• Robustness of cancer tracking and specialty-specific elective data	• Weekly performance meeting • 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
• – Improvements being made in elective care trajectories albeit not fully embedded.	• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 • Regional Ophthalmology service with increased activity across the region for CTMUHB patients. • Reconfiguration of elective surgery 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 theatre activity until theatre plan fully recruited to. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).

- In Development – Clinical Services Plan

Linked National Priority Measures

Ministerial Measures:

Access to Timely Planned Care

- 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;
- 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).

Current Performance - Highlights

The following key performance indicators should be considered from the Integrated Performance Dashboard:

- Theatre
- Outpatient
- cancer
- and diagnostic indicators



PIT Programme PID including trajectories included in Admincontrol for reference.

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

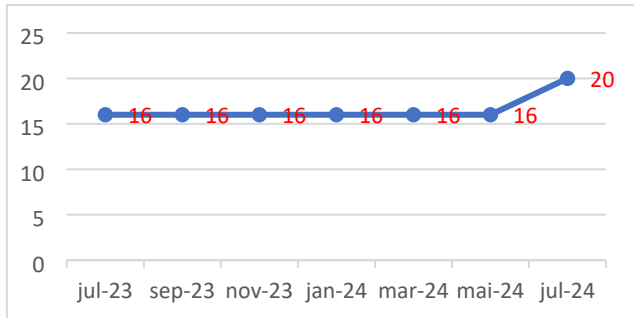
Risk no.	Description	Current score
4071	Failure to sustain services as currently configured to meet cancer targets	20

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
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	20
5417	Paediatric dentistry – General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	16
4152	Back log for Imaging in all modalities / areas and reduced capacity	16
5730	No Health Board MRI Pacemaker Service New risk added to the organisational risk register in July 2024.	20
5821	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUHB). New risk added to the organisational risk register in July 2024.	20

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

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 20
Strategic Risk: Sufficient capacity to meet emergency demand - (Risk No.1b)			
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable 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, ongoing overspends.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: Updated risk developed in July 2024 specific to emergency care.																
Initial	4	5	20																	
Current	4	5	20																	
Target	4	4	16																	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			Risk Score Trajectory Updated risk developed in July 2024 specific to emergency care. The previous trajectory when combined with planned care is captured below (up to May 2024) but now includes the trajectory for the updated risk as at July 2024.																
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Sep-23	16																			
Nov-23	16																			
Jan-24	16																			
Mar-24	16																			
Mai-24	16																			
Jul-24	20																			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. The risk score has been reviewed and has increased on this occasion, due to the following potential impacts. There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow.																

	The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID uncommissioned capacity remains a priority. Regional working continues and the positive and negative impact of this will be continuously reviewed. 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 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 In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined	- Integrated Performance Report - Assessment Dashboard - Update reports on specific services experiencing pressure, e.g., Neurology, Stroke - Performance RTT, Cancer trajectories - Follow-up reports on outpatients not booked - Stroke Programme Board - SDEC Programme - Optimise - Ambulance Handover and ED Improvement Plan

the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:

6. Effective waiting List Management

Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management

7. Outpatients and Planned Services

within USC: utilisation of SOS and PIFU; additional advice & guidance services

8. Diagnostics:

regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

9. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

All areas of the programme will focus on the following crosscutting themes:

8. Increased efficiency:

streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs.

9. Enhanced Quality of Care:

ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience.

- 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.
- Planning, Performance & Finance monthly report.
- TI meetings

- 10. Optimised resource utilisation:** making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. Lowering the number of avoidable attended to ED by directing patients to more appropriate urgent and community settings.
- 11. Improved Patient Outcomes:** focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.
- 12. Reduction of Variability:** minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent high-quality care and minimising harm.
- 13. Data utilisation:** using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement.
- 14. Support Workforce Development:** training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

Programme

- 6 Goals Programme Board
- Stroke Programme Board
- MTC Programme Board
- Improving Care Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- Optimise Project Board
- SDEC Project Board
- UTC Project Board

- FLS Project Board
- Frailty Project Board
- Diabetes Project Board

All updates feed into the Improving Care Board.

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 Demand and Capacity Plan established to manage demand and making best use of capacity.

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.
- South Central Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams e.g., Stroke

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 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. - Weekly performance tracking. - Robust Demand and Capacity with mitigating actions. - Service improvement and transformation.	
Gaps in Controls and Assurances	Mitigating Actions
Improvements being made in urgent care trajectories albeit not fully embedded.	- Update escalation plan for 1 Hour handover for Ambulance - Update escalation plan for 12 Hour reduction - Reconfiguration of ED footprint - Re-alignment of ward capacity - Establish uncommissioned capacity with substantive workforce - Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). - In Development – Clinical Services Plan. - Task Group established with Chief Executive Officer leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home.
Linked National Priority Measures	Current Performance - Highlights
Ministerial Measures: Access to Timely USC Services 12 Hour ED Performance requires a reduction of 20% by September 2024 and an additional 20% by March 2025 1 Hour Ambulance Handovers require a 30% reduction on March 2024 baseline - Improvement in 4-hour performance with a current baseline of 65%. To achieve an 80% target by March 2025, <i>Access to Timely Planned Care Services in USC</i> - As per Planned Care BAF	



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

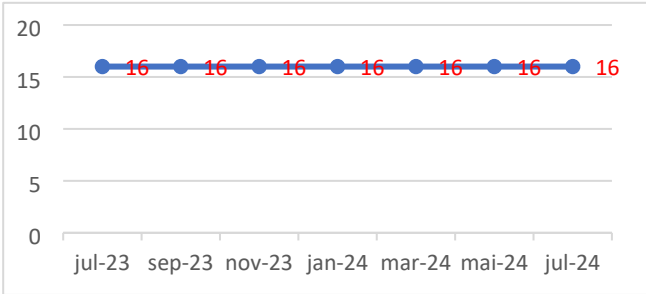
None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
3826	Emergency Department (ED) Overcrowding	20
1133	Sustainability of the Emergency Department at the Royal Glamorgan Hospital	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: ↔ Risk Score Trajectory 
Initial	5	4	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				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. Phase 2 of the Organisational Change Process is complete however, as that structure matures and develops the risk score will remain unchanged with a review in coming months.

	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. It is also recognised that cultural change can only be achieved over time.
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. Review outcome scheduled to be received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. - Development of the CTM Safeguarding Strategy 2024-2027. This was paused due to national review underway which will inform CTM's approach, however, has now been restarted and will now be presented to the September QSC and Board. - Quality & Safety Framework approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM; - Clinical Guidelines; - Suite of Standard Operating Procedures; - Clinical Education Framework; - The Incident Management Framework, was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee. - Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;	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;

- Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 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 next event is taking place on the 26th June 2024, and awareness of the new Quality Act will be shared at this session. We are looking to plan the next event for November 2024, and thereafter, every six months. - Quality Strategy. A Quality Strategy, Annual Action Plan supports the achievement of the deliverables within the Quality Strategy. Update received at the Quality & Safety Committee in January 2024. Annual Quality Work Plan received in January 2024. The Action Plan is in the process of being updated and a further update will be presented to the Quality & Safety Committee in July 2024. Ward Accreditation Programme Framework established and is in the process of being rolled out - Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee. - 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. The duties within the act are integral to the Quality Strategy and have been built into Board and Committee report templates from November 2023. - CTM Allied Health Professionals and Health Care Science Delivery Plan. Learning from Experience - New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards.	- Infection Prevention and Control Annual Report; - Medicines Management Expenditure Committee Annual Report; - Organ Donation Annual Report. - 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; - Maternity and Neonatal Improvement Programme Highlight Report; - Llais briefing papers; - RADAR Reports; - Improvement portfolio report; - Multiple engagement events underway. Internal 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 Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.

• Executive and Independent Member Patient Safety Walkabouts framework complete and implemented. • Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues. • Mortality Review programme secondary care established and continues to embed. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM; From September 2024, community deaths will need to be included in the Mortality Review Programme with new processes and systems developed to accommodate this requirement. • Shared Listening and Learning Forum currently paused to consider amalgamating with other forums to avoid duplication. Led by the Deputy Executive Director of Nursing. • Community Acquired Pressure Ulcer Collaborative. A new collaborative has been created for falls reduction / harm reduction. Forum for shared learning on prevention and improvement with internal and external stakeholders e.g. (Welsh Wound Innovation Centre (WWIC) and Local Authorities). Steering Groups being established for Pressure Ulcers and Falls that will feed into the remit of a new forum being established, Harm Review Forum. • Weekly executive-led patient safety meetings; • Service Level Patient Safety meetings incorporate learning from events; • 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 (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2024 roll out	• Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents. In progress, pace impacted by the 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, which reports into the Medication Steering Forum. • 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. • Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners. • Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM, pending recruitment processes; • 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 / Falls Reduction Collaborative; • 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

plan in development with new supplier and CTM teams.

- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.
- 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); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2024 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1000 individuals registered and using the system.
- 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 concerning advanced practice professionals.

Innovation & Improvement Programmes

- Quality Improvement showcase event held in July 2023 to highlight and share best practice improvement initiatives across CTM. 2024 event taking place July.
- Improvement Community of Practice implemented with over 30 QI champions currently in place.

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 Team to review concerns and complaints compliance across the Health Board;
- **Development of high level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision making using Workforce and Quality Indicators;**
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User 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/deputy 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;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- 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 which concluded in March

- 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 Healthcare Improvement (IHI) launched. Work plan established and programme continuing for 2023/2024; Shared learning event held in November 2023. Working with Improvement Cymru to develop the continuation of the collaborative, **following its completion in May 2024. Awaiting guidance from the NHS Exec Quality, Safety and Improvement Team on next steps;**
- Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;
- **ICTM developed and delivering a QI Capacity and capability programme;**
- Related escalation Status activity;
- 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;
- Leading and empowering Improvement and Innovation built into the new Ignite,

2024, however, additional meetings will be held in the future as required to benchmark and share learning;

- 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 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;
- The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report **was** received in May 2024 **at the Quality & Safety Committee**, which will be a hybrid approach as CTM fully transitions to the new automated system.
- 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

Aspire and Inspire leadership programmes; • Implementation of Care Group Improvement Faculties; • Medical Workforce & Nursing Workforce Productivity Programme established. Medical Workforce Productivity Group has been recently repurposed to allow scrutiny at senior level across Care Groups; • Appointment of the Bereavement Clinical Lead to support the implementation of the 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. • The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. • The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly • Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. 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. • A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's	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 2023. Routine performance monitoring meetings will be set up from September 2023 in line with the Joint Commissioning Committee Performance Framework.

national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Q&S committee and Board. 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. Clinical Directors have now been appointed to support this process. - Nursing Productivity Groups operational	
Gaps in Controls and Assurances	Mitigating Actions
Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commencing April 2024.
- Strategy & Framework Reviews and Development - Safeguarding Strategy - IPC Strategy	Timeframes: - Development of a strategy, timeframe end of July 2024. Paused due to anticipation of the National review expected circa May 2024. - Development of a strategy, timeframe end of March 2024. Revised to May 2024. Completed
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. To further support the pace of this activity, the Medical Directorate have engaged the Chief Information Officer to support data intelligence. Data should be available for the purpose of analysis by April 2024. Progress being made, remains on track for April 2024. Proforma agreed – data validation in progress. Availability of the proforma for use is planned for July 2024. The data once the proforma has been implemented will be reviewed initially circa September 2024.

	- 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 and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas. - Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period. - National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024; next steps currently being explored to ensure sustainability.
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 every other month. - 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	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;
- 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.

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards;
- 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

NHS Wales Quality and Safety Framework: Learning & Improving.

Published by WG September 2021.

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:

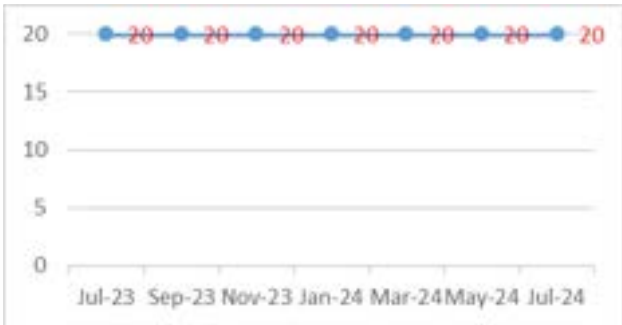
Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4907	Failure to manage Redress cases efficiently and effectively	16
5254	Failure to manage redress cases efficiently and effectively in respect of the Duty of Candour.	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)~~ Risk de-escalated from organisational risk register in July 2024.	~~16~~
4417	Management of Security Doors in All Hospital Settings	16
4908	Failure to manage Legal cases efficiently and effectively.	16
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	16
3993	Fire enforcement notice – POWH Theatres	15
4691	New Mental Health Unit	15

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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. 3)			
If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	Resulting in increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: 
Initial	5	5	25	
Current	5	4	20	
Target	5	2	10	
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 increasing recruitment & retention challenges with skills shortages 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. Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment

	is being explored but is expensive and not sustainable. This is a short-medium term solution while we develop alternative plans to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The increased burden on existing staff leading to high sickness levels reported as 6.44 % in March 2024 reduced to 6.44 31% in May 2024. Turnover reduced to 11.55% in April 2024 and to 11.18% in June 2024.
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 improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/ development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable.

Risk Lead	Executive People	Director for	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Recruitment - Vacancy Scrutiny Panel. - Bank modernisation action plan - Online recruitment through TRAC. - Review of the CTM 'reducing the time to hire, ownership of the journey' aligned to the NWSSP Recruitment Modernisation Group. - International recruitment of clinical professionals. Development of an International Educated Nursing paper with a recruitment proposal for a four year programme (2024-2028) which was submitted to Welsh Government via NWSSP for funding. - Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes	- 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 modernisation improvement plan and International Educated Nurse (IEN) recruitment are standing agenda items at Nurse Productivity. - Medical Productivity Performance and Escalation (PEG) meeting includes data on bank usage, agency spend, job planning compliance and trajectories, sickness

- Living Wage employer status
- Medical Recruitment plan in development. Initial focus is on job description standardisation.
- Attraction and Resourcing ~~Lead commenced 4 March 2024 currently working on an effective Attraction Strategy initially focussed on nursing and midwifery.~~ Key priorities: increased social media presence, employer branding, student streamlining and attendance at careers fairs to promote CTM as an employer of choice learning to inform future events.
- Actively involved in senior key critical appointments within the People Directorate.
- Reviewing the CTM approach to the selection process and to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making.
- Work experience pathway established.
- Bank recruitment plan in progress focussed on proactive recruitment across 12 months.
- A 'Loop' app launched in July 2024 to improve access for bank workers to book shifts.
- Updating controls and escalations for medical bank and agency shifts.
- Consultant rate card launched on 24 June 2024 to provide consistent rates.

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 launched 25th September 2023 with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire.
- A CTM Retention Steering Group in place since 2023 but re-focussed during June 2024 to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees to avoid duplication

absence. The Framework meeting which reports to the PEG focuses on recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.

- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG on 8 April 2024.
- Quarterly data return submitted to Welsh Government for NHS vacancy statistics
- A suite of BI People dashboards launched, and dashboards are in development with the nursing dashboard launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing.
- In partnership with Digital and Finance, development of one source of workforce data to help inform the vacancy position.
- In partnership with Digital, developing a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloting ONS's data Masterclass within the people directorate to enhance data and analytical capability for leaders to improve data driven decisions. This is due to complete early July 2024 to review the possible usage more widely within CTM.
- Strategic Workforce Planning approach discussed at Inspiring People Board on 10 April 2024 with follow up with Heads of People to align to Care Group Service Plans.
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. The audit report and

and encourage collaborative working to deliver the plan.

- Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes
- Moving on questionnaires under review with aim of increasing completion rates and providing us with a valuable data source on turnover. This is being reviewed to establish links to other workforce data and to ensure the process around it is robust.
- ~~Lateral Moves Scheme for Band 5 Nurses under development and Midwives launched in February 2024~~ Internal Lateral Moves Scheme for Band 5 Nurse and Midwives was launched in February 2024. The Scheme has agreed five moves to date with nine in progress. Further marketing of the scheme is taking place in July 2024 in the hope to generate more applications.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative.
- Wagestream as a mechanism for regular pay
- 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 Bank workers with service improvement project underway
- Locum Managed Service Agreements

Day-to-day management of staffing levels

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

actions were shared at the CTM Audit and Risk Committee on 18 April 2024.

- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates (14 May 2024) and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- International Nurse Recruitment (IEN) Paper shared with NWSSP for WG Funding. Outcome resulted in £751k funding but created a cost pressure which is being worked through to consider all options to increase staff in post.
- CTM is aligned to the all Wales International Medical Recruitment Group and considering opportunities for the autumn 2024 depending on funding arrangements and agreed speciality being recruited from Kerala, India.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. To be trialled in the People Directorate in July 2024 before rolling out more widely to identify themes to inform our attraction strategy.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. First meeting is being held on 4 July 2024.
- Work to review the data modelling is underway with the ambition to provide information for ACSP.
- Horizon scan work underway in accordance with the Audit Wales audit recommendations.
- Update on Workforce Planning to be discussed at People and Culture in August 2024.

Workforce Planning

- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool.
- CTM approach to workforce planning developed and shared at Inspiring People.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway with updates via the Inspiring People Board.
- HEIW all Wales Strategic Workforce Plans across: Dental, Mental Health, Perinatal, Pharmacy and Primary Care with AHPs and Genomics out for consultation. Nursing is in development. Guidance for Radiology is also available.
- The Head of Workforce Planning is aligned to the HEIW Workforce Planning Network.
- 13 Physicians Associates allocated for 2024 intake- building on our commitment to expand into alternative roles.
- SWP Audit by Audit Wales completed and reported in March 2024.

- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024.
- Assessment of the CTM progress against HEIW Strategic Workforce plans is underway.
- Two PAs vacancies identified and two possible PA posts available subject to funding. The remaining nine yet to be found to meet the 13 PAs CTM requested in IMTP education commissioning in 2022 submission.
- HEIW PA student streamlining postponed from early June 2024 across Wales due to low vacancy numbers

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

Designed and developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics - to ensure we understand whom CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool.

Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future.

The following Workforce Planning activity is also now underway:

- Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024.

- Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. **This has been postponed and awaiting further updates from the Regional Ophthalmology Group.**
- 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 consider all 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 July 2024.
- **The Head of Workforce Planning is representing CTM on the All Wales Registered Nurse Assistant Band 4 post to support the development of a CTM action plan. ~~for HCSW Assistant Practitioner Band 4 nurse role and Registered Nurse Assistant role once agreed. Associate Nurse once announced by the CNO.~~**
- Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments.
- Establishment control paper in development. This should be finalised for consideration in the first second quarter of 2024.

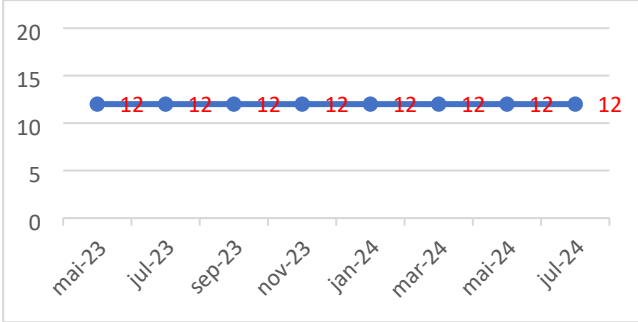
	SWP Audit Wales Recommendations Action Plan in place and progress will be updated at People & Culture Committee in August 2024.												
Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	- A draft retention action plan is in place, aligned to the 10 HEIW nurse retention themes. The plan is being monitored and updated by the Retention lead and discussed within the CTM Retention Steering Group. - Retention updates being provided on an ongoing basis via the People and Culture Committee. ~~Retention Group established. The next meeting will be arranged for May 2024 now the Retention Leads is in post, and~~												
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 (11.55% in April 2024). This is an agreed area of focus for the Retention Group now the Retention and Workforce Planning Lead is in post to develop initiatives to reduce turnover and to encourage staff to stay. - Job Planning compliance is now a key agenda item on the V&E; MWPP Performance Escalation Group to improve job planning compliance. - A Framework Group is also in development to address key medical and dental productivity and performance feeding into the V&E MWPP Performance and Escalation Group. This will focus on standardised policies and practice alongside review of implementation plans. - Sickness absence currently high reporting as 6.44% in March 2024; Rolling 12 months' rate for the same period was 6.81% <table><tr><td></td><td>Absence FTE %</td><td></td></tr><tr><td>Add Prof Scientific and Technic</td><td>4.17%</td><td>3.85%</td></tr><tr><td>Additional Clinical Services</td><td>8.33%</td><td>9.32%</td></tr><tr><td>Administrative and Clerical</td><td>5.56%</td><td>5.62%</td></tr></table>		Absence FTE %		Add Prof Scientific and Technic	4.17%	3.85%	Additional Clinical Services	8.33%	9.32%	Administrative and Clerical	5.56%	5.62%
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	Allied Health Professionals	3.82%	4.25%
	Estates and Ancillary	10.50%	10.99%
	Healthcare Scientists	3.15%	4.28%
	Medical and Dental	1.92%	2.43%
	Nursing and Midwifery Registered	6.64%	6.73%
	Students	5.87%	4.62%
	Grand Total	6.44%	6.81%
Staff in post stands at 12,798 headcount and 11,181.41 FTE as at 30th April 2024. The Health Board's People Dashboard and metrics report 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 and Local Partnership Forum.			
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
2713	~~Backlog of reporting radiology examinations. Risk score reduced in January 2024.~~ Risk de-escalated from organisational risk register in July 2024.	~~16~~
5658	Lack of Dietetic service provision to Princess of Wales Critical Care.	16
4809	Non Compliance with Mandatory Violence and Aggression Training	15
4080	Failure to recruit sufficient medical and dental staff	15

[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 12
Strategic Risk: Community & Partner Engagement - (Risk No.4)		
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 - Lack of trust between the community and the Health Board. - Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. - Challenge to public decisions relating to future service developments due to limited engagement - The inability to affect positive change in terms of improving health inequalities and health outcomes.

	Consequence	Likelihood	Score	Risk Score Trend this Period: 
Initial	4	5	20	
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence)			Risk Score Trajectory 
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. It is hoped that CTMUHB will be in a place to update on the community engagement work for the Acute Clinical Service Plan in the next iteration of the BAF.
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.

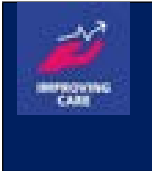
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Population Health & Partnerships Quality & Safety Committee (Experience element) People & Culture Committee (Values Behaviours)

Controls	Assurances reported to Board and committees
Strategies & Plans 2030 Strategy – ‘Our Health Our Future’ - Implementation of key actions in the Population Health Plan approved by Board in May 2021. <i>Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed</i> - 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 Engagement Forums - Regional Partnership Board - Public Service Board - Area Partnership Board - CTM2030 Leaders Groups - Acute Clinical Services Plan – Senior Leaders Group 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 Llais 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	Board Development Session – held on the 14 th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation. Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan. Reports to other committees - Community Health Council briefing papers to Quality and Safety Committee - People & Culture Committee consider reports in relation to culture and behaviours.

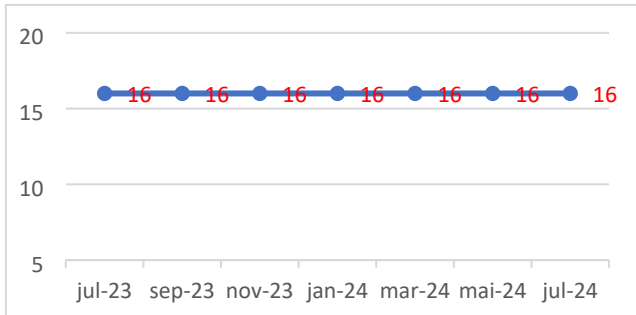
• Forum with local authority Chief Executives to address health inequalities • Community Voluntary Councils (Interlink RCT, BAVO, VAMT) • OPAG (Older Person's Advisory Committee) • CTM 50+ Forums • Maesteg Stakeholder Reference Group • Partnership with CTM WISE (Wellness Improvement Service) • Regional Mental Health Forum • Partnerships with colleges and education providers Needs Assessment & Consultation Processes • Population Needs Assessment (Regional Partnership Board) • Formal consultation processes for service reconfiguration, e.g. vascular Organisational Structures • Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars	
Gaps in Controls and Assurances	Mitigating Actions
• Review the Becoming and Engaging Organisation Strategy	• Revisit to ensure the principles support the direction of travel, particularly there consistency and alignment with the ACSP engagement strategy, • Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. • Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Timeframes: 1st July 2024.
Linked National Priority Measures	Current Performance - Highlights
	Staff Survey Headline Report now received Indicates a maintained performance for staff engagement vs a national decrease. New Terms of Reference under development with CTM Leaders Forum to embed shared purpose.

	Stakeholder mapping workshop jointly facilitated by CTM with the Consultation Institute taking place on 17 April to improve understanding and identification of stakeholders.
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	
Nil.	

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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.5)		
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: ↔ Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><thead><tr><th>Month</th><th>Score</th></tr></thead><tbody><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><tr><td>Jan-24</td><td>16</td></tr><tr><td>Mar-24</td><td>16</td></tr><tr><td>Mai-24</td><td>16</td></tr><tr><td>Jul-24</td><td>16</td></tr></tbody></table>	Month	Score	Jul-23	16	Sep-23	16	Nov-23	16	Jan-24	16	Mar-24	16	Mai-24	16	Jul-24	16
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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>																				
Progress continues to be made in improving the: - Digitisation of the medical record - security and protection of our data and digital assets. - digital infrastructure across some sites - standardisation of digital tools - Contract and Project mobilisation for e-prescribing - the advancement and availability of our clinical information. - the advancement our clinical information - Consolidation of the clinical systems in the Bridgend disaggregation																				

	• Development of a programme of work for patient centred contact • The Health Board continues to manage its information and digital debt on a risk-based basis. The Health Board still has vulnerabilities that need to be managed. Since January 2024 3 significant partners of the UHB have been subject to cyber-attacks, and it is widely acknowledged that cyber attempts are now widespread. Increasingly the NHS is being targeted and as a result an attack on NHS Wales is now considered highly likely. Having reviewed the risk around cyber it remains at 20. • ~~A recent cyber-attack on a supplier that delivers critical digital services to the Health Board demonstrates the magnitude and likelihood of the risk that we face in providing secure and resilient digital services and in protecting the sensitive data we hold on behalf of our patients and population.~~ This risk score has been reviewed and the assessment is that it remains unchanged from a score of 16 on this review.
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. The next table-top exercise is planned for the 26th July using the facilities in the University of South Wales. We are 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 and product catalogue	Development and maintenance of our asset register and product catalogue as part of NIS-D and data protection improvement plans. Cyber Resilience Unit's Assessment of our organisation's maturity has taken place, and we are awaiting the final report.
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 the required Capital and Revenue to meet a number of core system deliveries and wider improvement opportunities, 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 Swansea Bay University Health Board 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	- As part of the review of our EPR strategy, we are working with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales and exploring alternatives for addressing gaps in functionality. - Consideration of CTMUHB's requirements for clinical and administration management to be undertaken and incorporated into the architectural design and EPR strategy. - Ongoing development of CTMUHB'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 are now required to meet data and technical standards. - A clinical safety assurance process has been described and tested, to support an options appraisal. - 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 and management 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 CTMUHB 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: Q2 24/25 - Following ePMA business case approval from Welsh Government we are now actively recruiting Digital Transformation resources as part of the wider ePMA programme.
Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme

No function within CTMUHB focussing on benefits realisation	- Timeframe: 2-3 year programme of work. - This function is identified within the Digital Transformation function which will be developed during 2023/2024. Now needs to be resourced as the Health Board moves into 2024-2025.
Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	- Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The March 2024 Board Development session was provided a clear action to develop a strategic outline for the July 2024 Board. - National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. - Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. 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 Integrated Medium Term Plan (IMTP). 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.	Mitigated - ICO have signed off their audit engagement with CTMUHB as completed and satisfied sufficient plans are in motion.
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)	- Risk relating to the removal of the current video consultation solution has been identified – current arrangements have been extended to March 2025 - Following submission of business case, the Health Board has successfully secured funding to take forward the programme for ePrescribing for Secondary Care. We

Value Based Health and Care

Coding standards

- are actively working with the supplier with a plan to complete the contract signing **Q1 24/25.**
- ~~Digital and Data team are supporting the successful commission of mobile MRI scanner at the LHP site. MRI scanning is live.~~
- Digital and Data team are supporting the procurement of Regional Diagnostic Hub at the LHP site.
- The rollout of new desktop PCs, replacing older thin client devices has begun.
- ~~Significant end of year capital funding was secured from Welsh Government which will enable a substantial removal of thin client devices and refresh of desktop PCs~~
- The patient contact and medical records transformation business case has been drafted to be submitted and approved by executive team.
- The team are supporting Critical Care services in determining way forward for a single digital system across CTMUHB.
- Progress continues to be made with Bridgend disaggregation programme with a further consolidation of clinical systems. WPAS merger is on track to deliver in May 2025.
- LIMS2 and RISP national projects are progressing to plan and are expected to deliver to the current project timelines.

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

Critical incidents under NIS-D:

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

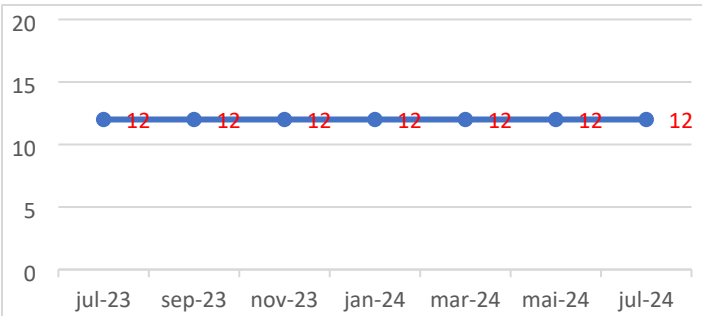
Risk no.	Description	Current score
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
5669	Increased cost of Citrix Subscription.	16

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
5761	Cross Health Board Data Sharing - New risk escalated to the Organisational Risk Register in May 2024. Risk score of 16.	

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

	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.6)		
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: Risk Score Trajectory  <table border="1"><thead><tr><th>Date</th><th>Risk Score</th></tr></thead><tbody><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><tr><td>Jan-24</td><td>12</td></tr><tr><td>Mar-24</td><td>12</td></tr><tr><td>Mai-24</td><td>12</td></tr><tr><td>Jul-24</td><td>12</td></tr></tbody></table>	Date	Risk Score	Jul-23	12	Sep-23	12	Nov-23	12	Jan-24	12	Mar-24	12	Mai-24	12	Jul-24	12
Date	Risk Score																			
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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																				
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.																				

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Leadership Development - Three in-house programmes creating a fully functioning leadership development pathway for all staff. - Work ongoing to scope and design a wider leadership development offer, using the three existing programmes as a baseline. This will specifically target the upskilling of leaders in response to the Phase 2 organisational restructure. Details of these programmes will be shared via a paper to Executive Leadership Group in Q4 2024. - 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 ~~launching in 2024~~ now available (July 2024) with CTM representatives scheduled to attend 'trainer the trainer' - Establishment of Leadership Coaching & Mentoring Network - Specific & targeted leadership development work within specific services, e.g. Maternity, Nursing, Medics - Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP & HCS leads. ~~The November session was held and a training schedule is now in place~~ underway for 2024. - Leadership Competency Model has now been developed and aligned to Values & Behaviours, the evidence review and wider Culture work; with input from Subject Matter Experts for each categories. This will then form the basis of the revised leadership development programmes which includes psychometric testing. ~~This alongside associated 360 feedback module will be socialised July 2024~~ - The new Leadership Programme was introduced at the Care Group Launch event on 02/05/2024.	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. - Internal Audit took place in January 2024, with action plan created to meet requirements - PDR – <i>Your Conversation</i> training package launched October 2022 and being expanded into 2024 - 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 closed December 2023, awaiting results from HEIW - Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).

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
- Emotional Wellbeing Care Pathway
- Occupational Health Services
- Employee Assistance Programme
- Staying Well Plans as part of the PDR Your Conversation meetings
- 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 **Executive and** Care Group **teams** to drive accountability and uptake of programmes across the Care Groups, integrating with local development plans in-line with Phase 2 organisational restructure.
- **Working with HEIW ongoing to improve engagement data in order to drive accountability.**

- 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.
- Evaluation of the leadership development offer is continuous, with an evaluation framework embedded into the programmes. This data supports **the** internal audit being out by Shared Services.

- L&D have designed and launched the new CTM Leadership Portal, in collaboration with HEIW and hosted on HEIW's Gwella site. This acts 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 Compassionate Leadership resources being developed by HEIW.
Linked National Priority Measures	Current Performance - Highlights
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	This question is not specifically asked in the Wellbeing Survey. We know that, on average, 64% of referrals to Vivup are from Managers. Please refer to latest performance dashboard information under the people services section.
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

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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: Culture, Values and Behaviours – (Risk No.7)		
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: Risk Score Trajectory <table><tr><td>20</td></tr><tr><td>15</td></tr><tr><td>10</td></tr><tr><td>5</td></tr><tr><td>0</td></tr><tr><td>Jul-23</td><td>Sep-23</td><td>Nov-23</td><td>Jan-24</td><td>Mar-24</td><td>Mai-24</td><td>Jul-24</td></tr></table>	20	15	10	5	0	Jul-23	Sep-23	Nov-23	Jan-24	Mar-24	Mai-24	Jul-24
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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 work on Culture, including values and behaviours 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-action plan has been signed off by the Board in March 2024 and subsequently published. 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.

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. • Emerging Culture Plan. • Equality, Diversity and Inclusion Working Group chaired by Linda Prosser (Exec Director for Strategy and Transformation) • Restorative Just and Learning Working Group, Chaired by Lauren Edwards (Exec Director of Therapies). • Strategic Equality Plan including alignment to Welsh Language Plan • Raising Concerns Procedure. • All-Wales work to promote speaking up safely, led by the Director of Corporate Governance / Board Secretary. Currently with WG – expectation is to launch in autumn 2023. Communication and Engagement re: values & culture • Stakeholder Analysis was undertaken in Autumn 23 to support the emerging work around the Culture Plan. • Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken. • Speaking Up Safely Programme to be more closely embedded with the Restorative Just and Learning work. • Developed Inclusion Communication Plan with monthly topic focus, which is currently being rolled out. Putting Values into Practice • Values Based Recruitment has been picked up by the Attraction and Resourcing Lead. • 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	• National Staff Survey was conducted in autumn 2023 with results published in spring 2024. Due to be repeated on October 2024 • Annual Wellbeing Survey (Follow Up survey timing to be confirmed). • Values and Behaviours Update. • Equality Annual Report. • Gender Pay Gap Report. • Workforce Race Equality Standards. • Strategic Equality Plan. • Welsh Language Standards Annual Report – ~~scheduled for Board approval in September 2023.~~ • Living Wage Accreditation awarded in February 2023.

- Desk based review of behaviours have been undertaken to ensure alignment to new draft culture plan; this will link to the leadership competency model.
- 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
- Dedicated support allocated for the completion of the Cultural Competency workbooks for all 11 areas by Dec '24. Seeking Silver accreditation from Diverse Cymru inn 2025.
- Developing internal Cultural Competency programme by Q1 24/25 and deliver internal programme from Q2 24/25.
- Delivery commenced on the Educational offer to support Culture Plan responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans.
- Developed framework to support Staff Networks and attended key events to support under-represented groups to raise awareness and deliver education. Developed Joint Chair Network; and supporting infrastructure of network
- Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered-as well as an Introduction to Restorative, Just & Learning Principles.
- 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.
- Completion of the Affina OD training programme providing team effectiveness, diagnostics through newly qualified cohort of 8 practitioners. Separate Affina qualification for 12 further practitioners due to be completed by Sept 2024

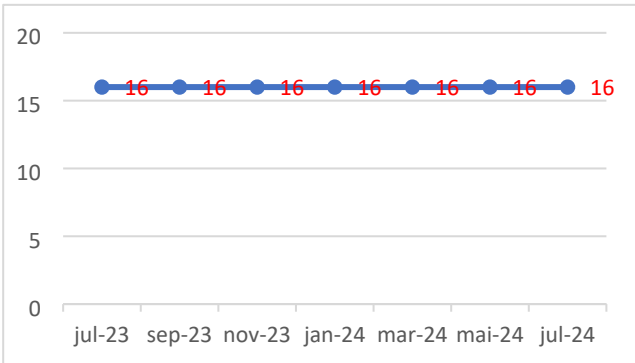
Gaps in Controls and Assurances	Mitigating Actions
Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to emerging 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 and further alignment to the Restorative Just and Learning Approach. - Restorative; Just & learning approach launch (soft) in Oct 2023. - Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan. ~~Awaiting results from survey which are due in March-May 2024.~~ High level priorities identified with associated action plans in development. - Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the emerging Culture programme.
~~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. now been superseded by the Affina OD diagnostic model~~	- National Staff Survey is now complete and results are available from May 2024 ~~Developing a Self-service model to support leaders/managers to run values and behaviours health check themselves. This will be following the review of the behaviours and leadership competency model.~~
Current Strategic Equality Plan (SEP) has been updated to align with the changing national context.	The Strategic Equality Plan (SEP) has been approved at the Board and now published. Action complete and will be removed.
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)	NHS Staff Survey 2023 results demonstrated a 71% engagement score based on an 18.1% return rate. CTMUHB was the only Health Board in Wales to not see a reduction in engagement score. 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

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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 16

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.8)		
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:																
Initial	4	5	20																	
Current	4	4	16																	
Target	4	2	8																	
Risk Appetite	Cautious (assets; trust and confidence) Open (estates)			Risk Score Trajectory <table border="1"><thead><tr><th>Date</th><th>Risk Score</th></tr></thead><tbody><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><tr><td>Jan-24</td><td>16</td></tr><tr><td>Mar-24</td><td>16</td></tr><tr><td>Mai-24</td><td>16</td></tr><tr><td>Jul-24</td><td>16</td></tr></tbody></table>	Date	Risk Score	Jul-23	16	Sep-23	16	Nov-23	16	Jan-24	16	Mar-24	16	Mai-24	16	Jul-24	16
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Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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>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 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	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. • Appointed a full time permanent Sustainability Manager	• 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. Independent Assurance NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery and compliance is underway. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate.
Gaps in Controls and Assurances	Mitigating Actions
• Climate Adaption Plan (moving away from mitigation)	• Climate/Environmental Adaption Plan proposal went to Executive Leadership Group in July 2023 who accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. Environmental Sustainability Group established a sub group to undertake this work and this has now commenced. Timeframes: objective will be to achieve a set of objectives by end of March 2024. Timeframe delayed to align with PSB review to ensure that Health Board considers all learning from their risk assessment against adaption planning. In the meantime, a sub-group will be established to support this activity and learn from the PSB outcomes to information Health Board approach. This

	~~has been captured within the refreshed Decarbonisation Action Plan. Early stages now planned for summer 2024. Inaugural work shop was held Monday 29th April 2024. This work aligns with PSB Climate Change Risk Assessment in the region~~
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. Team restructure ~~undertaken to release funding to source a Sustainability Manager as part of the Partnerships Team which is going through the scrutiny / recruitment stage. complete.~~
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.	Refreshed Decarbonisation action plan to be reviewed which would consider additional actions. Timeframe – March 2024. ~~On track being received at the Health Board meeting on 28th March 2024. Completed received at March Board action to be removed Signed off at Health Board meeting 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	Quarter 4 reporting against the Decarbonisation Action Plan completed and submitted by the 30th April 2024.

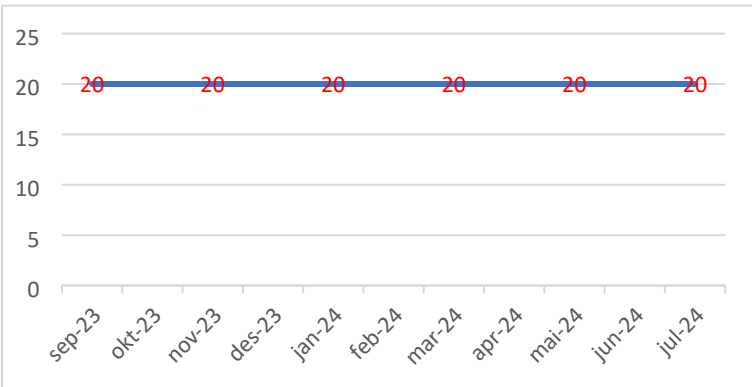
decarbonisation as outlined in the organisation's plan Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme Wellbeing of Future Generations Act	Annual Carbon Plan report September 2023. Completed – submitted to Welsh Government. Next one due September 2024.

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

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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 20
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.9)			
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: 																								
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>)			*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><thead><tr><th>Month</th><th>Risk Score</th></tr></thead><tbody><tr><td>sep-23</td><td>20</td></tr><tr><td>oct-23</td><td>20</td></tr><tr><td>nov-23</td><td>20</td></tr><tr><td>dec-23</td><td>20</td></tr><tr><td>jan-24</td><td>20</td></tr><tr><td>feb-24</td><td>20</td></tr><tr><td>mar-24</td><td>20</td></tr><tr><td>apr-24</td><td>20</td></tr><tr><td>mai-24</td><td>20</td></tr><tr><td>jun-24</td><td>20</td></tr><tr><td>jul-24</td><td>20</td></tr></tbody></table>	Month	Risk Score	sep-23	20	oct-23	20	nov-23	20	dec-23	20	jan-24	20	feb-24	20	mar-24	20	apr-24	20	mai-24	20	jun-24	20	jul-24	20
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Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.																								
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.																								

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. - CTM Health Protection Strategy under development Engagement Forums - CTM Creating Health Portfolio Board - 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. - CTM Health Protection Board - Welsh Government Health protection Operational and Resilience Group 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)	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

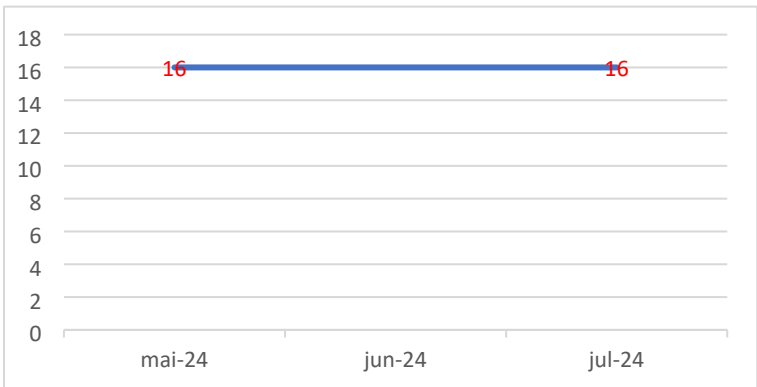
- Formal consultation processes for service reconfiguration, e.g. vascular Organisational Structures - CTM Leaders Network - Creating Health, Improving Care, Sustaining our Future and Inspiring People - Strategic Pillars - Primary Care clusters Services: - Integrated Level 2 and Level 3 Weight Management Services – established in September 2022. - Smoking Cessation Service - All hazards Health protection Service	
Gaps in Controls and Assurances	Mitigating Actions
Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. All Hazards Health Protection plan in draft form. Development of a HP strategy and associated priorities.
Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24.
Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short term capacity Work underway to consolidate a shared clinical record.
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. - HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g.prison health, vulnerable communities events

	Vaccination equity strategic plan in place
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 Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates NHS Performance Framework Quadruple aim one: - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 - Percentage uptake of the influenza vaccination amongst adults aged 65 years and over Percentage uptake of the COVID-19 vaccination for those eligible	Please refer to Integrated Performance Dashboard - Quadruple Aim 1.
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	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing New risk escalated to the Organisational Risk Register in May 2024.	15

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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 16
Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk 10)			
If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	Then we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3 year period) and also the planned break-even position for 2024-25.	Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: 
Initial	4	4	16	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>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>				The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				The financial plan highlights a number of significant risks for 24/25. This risk will therefore be treated until there is confidence that the Health Board can achieve the planned break even position.

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

Controls	Assurances reported to Board and committees

Financial Management - Financial Accountability letters issued by CEO. - Budget setting process and Budgetary control - Standing Financial Instructions - Scheme of Reservation & Delegation - Local Counter-Fraud Service - Monthly financial performance reviews for Care Groups and corporate directorates	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
1. Understanding of budgetary control and procurement processes in some services	- Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2024-2025.</i> - Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2024-2025.</i>
2. A recognised risk of shortfalls in savings delivery	- Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. - Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. - Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.
Linked National Priority Measures	Current Performance - Highlights
- YTD position - Savings plan position ~~Agency spend as a percentage of the total pay bill~~ ~~Public Sector Prompt Payment (PSPP) Performance.~~	The M2 position was a £1.4m deficit in month. The M2 YTD position is now a £2.3m deficit. The main driver for the £2.3m YTD deficit is a £3.5m shortfall in savings delivery compared to the straight-line YTD savings target of £4.4m (£2.2m per month). This has been offset by £1.2m of other improvements. As at M2 we are continuing to forecast a break even position for 24/25. This is consistent with the break-even plan submitted to WG.

- The key risks to the forecast break even position at M2 are estimated at £11.2m. The main risk is the delivery of the £26.3m savings target.

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

None

Associated Risks on the Organisational Risk Register

Risk No.		
5764	Failure to achieve the planned break even position in 24/25 (New risk escalated to the Organisational Risk Register in May 2024)	16
5765	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25. (New risk escalated to the Organisational Risk Register in May 2024)	16

CTM Health Board
Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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
Gethin Hughes, Chief Operating Officer	16/07/2024	Endorsed for Approval

Acronyms / Glossary of Terms

ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CYP	Children and Young People
C&VUHB	Cardiff & Vale University Health Board



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
HDUHB	Hywel Dda University Health Board
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
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
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
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIs	Serious Incidents
SOS	See on Symptom
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 February 2024, Welsh Government released the NHS Performance Framework for 2024/25. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL:

Cymraeg:<https://www.llyw.cymru/fframwaith-perfformiad-gig-cymru-2024-i-2025>

English:<https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

2. Specific Matters for Consideration

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 and ambulance red releases.

A one page summary (page 4) 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. Over the past month improvements have been noted in 12 out of the 18 areas.

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased, decreased or statistically no significant change.
The colour is intended to show whether this is positive [green], negative [red] or no significant change/remains within control limits [amber].

Quality		Population Health	
71 NRI's remain open >90 days → <i>This is a slight increase on the previous period</i>	The % of eligible patients thrombolysed was 13.3% → <i>Compared to last month the rate was 14.3%</i>	82.2 is the rate of E.coli per 100,000 population (2024/25) ↓ <i>Compared to 2023/24 the rate was 85.13</i>	72.1% of adults aged 65+ received the influenza vaccine during March 2024 → <i>Compared to the previous period the rate was 72.0%</i>
The rolling 12 month mortality rate is 2.52% ↓ <i>Compared to the equivalent period last year the rate was 2.83%</i>	82.9% of complaints received a response within 30 days → <i>Compared to last month the rate was 82.4%</i>	4.05% of adults who smoke made a quit attempt during Quarters 1 to 3 of 2023/24 ↑ <i>Compared to the previous year 3.18% attempted during the same period</i>	As at end of Feb 2024 41.4% of frontline healthcare workers received the influenza vaccine ↓ <i>Compared to the 2022/23 season, the uptake was 50%</i>
Operational Performance		People	
64.7% of patients were seen within 4 hours from arrival at an Emergency Department → <i>(there were fewer attendances than the previous month with the number of patients waiting <4 hrs similar)</i> <i>Compared to last month compliance was 65.3%</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>	6.83% of staff have been absent due to sickness during the 12 mth period (Jun 23 to May 24) → <i>Compared to the previous year the rate was 7.2%</i>	Provisionally the CTMUHB Nursing & Midwifery turnover rate is provisionally 9.15% ↓ <i>Compared to Jun 2023 the rate was 11.13%</i>
Provisionally 2,765 patients are waiting longer than 2 years for referral to treatment ↑ <i>Compared to the previous period 2,680 patients had waited this length of time</i>	56.5% of patients started their cancer treatment within 62 days ↑ <i>Compared to the previous month the rate was 49.8%</i>	64.3% of staff (excluding M&D) have received their PADR → <i>Compared to Jun 2023 the rate was 62.8%</i>	80.1% of staff have completed Level 1 mandatory training ↑ <i>Compared to Jun 2023 the rate was 75.6%</i>
Finance			
The Month 02 financial position is £2.4m deficit. This is an increase from the previous month of £1.3m ↑			

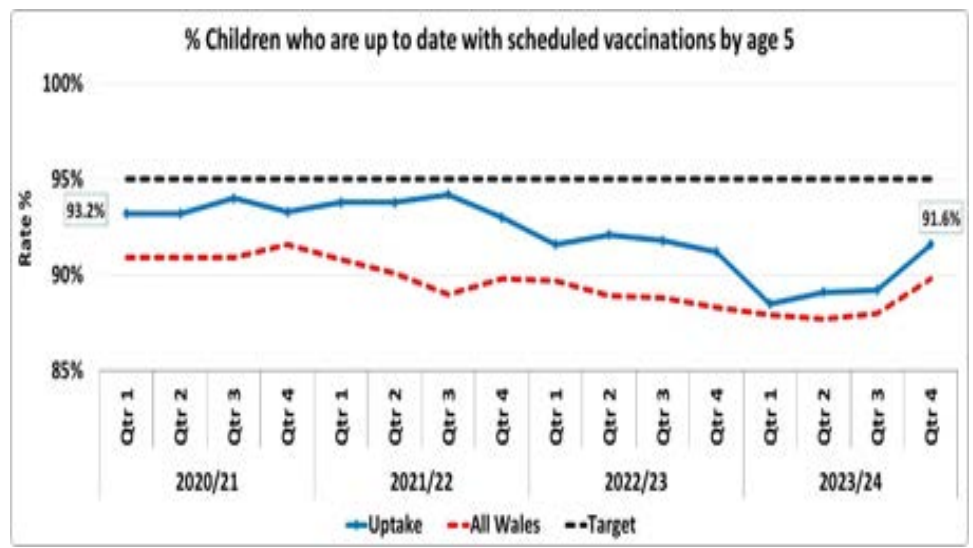
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

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		4.05% on the basis of this extrapolation compliance should hit 5.4% at year end	Q1-Q3 2023/24
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target	Data not available as yet		
	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		64.8%	Q4 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%		91.6%	Q4 2023/24
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (applicable during 01.04.24-30.06.24 & 01.01-31.03.25)	90%		83.3%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%		72.4%	Mar-24
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people (applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)			48.9%	May-24
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		48.0%	Apr-24
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		93.8%	Mar-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		96.8%	May-24

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5 - Target 95%

Age 5 schedule includes: '4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)



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

Quarter 4 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	84.6%
RCT LA	92.6%
Bridgend LA	93.2%
CTMUHB	91.6%

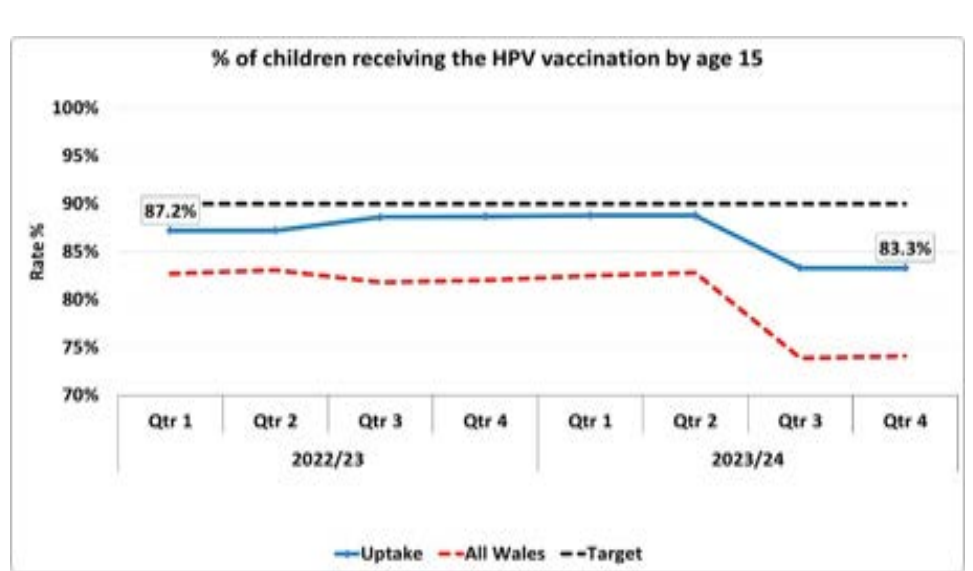
Quarter 4 2023/24 Welsh HB's Uptake	
ABUHB	88.7%
BCUHB	92.4%
C&VUHB	86.4%
CTMUHB	91.6%
HOUHB	88.9%
PTHB	94.5%
SBUHB	89.0%
All Wales	89.8%

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

- Challenges:**
- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities. Changes to ages under 5 schedule will affect delivery.
 - MMR uptake - Welsh Health Circular (2024) 008, received with the action that every school in Wales with 50 pupils or more on roll, has 90% of its pupils recorded as having received two doses of MMR (by July 2024).
 - Influenza - although still below target, we are still in line within uptake in other HBs.
 - Data systems - poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
 - Increasing diversity within our communities - affects accurate vaccination history for clients and the ability to provide information in required languages.
 - Transition from Health Visiting to School Nursing - immunisation history and recall for any outstanding vaccines.
- Actions:**
- Scheduled immunisations - out of season training for vaccinators to support schedule changes. Practice Nurse Forum used to disseminate relevant information.
 - Influenza - work is ongoing to expand the nursery programme into the Bridgend area. Fluenz/MMR mop up evaluation report will be used to inform future initiatives.
 - Data systems -the National Immunisation Framework (NIF) have a programme of work to enhance connectivity between immunisation data systems.
 - Increasing diversity within our communities - SOP created to enable translation of vaccine history in other languages.
 - Transition from Health Visiting to School Nursing - ensure the immunisation profiling tool (HCWP2 Healthy Child Wales) is included in the development of the programme offer.

% of children receiving the Human Papillomavirus (HPV) vaccination by age 15 Target 90%

(reporting frequency is quarterly, and applicable during 01.04.24 to 30.6.24 & 1.1.25 to 31.03.25)



Quarter 4 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	72.0%
RCT LA	85.2%
Bridgend LA	84.8%
CTMUHB	83.3%

Quarter 4 2023/24 Welsh HB's Uptake	
ABUHB	67.9%
BCUHB	75.7%
C&VUHB	59.9%
CTMUHB	83.3%
HOUHB	75.8%
PTHB	77.4%
SBUHB	88.2%
All Wales	74.1%

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

- Challenges:**
- Communication support - School Nursing Service has previously raised that they required more support to actively raise the profile of all vaccination programmes.
 - Consent for immunisation - Paper: uptake of paper consent returns remains poor. E-consent for immunisation: creating an e-consent system that fulfils functionality (including collaboration with partners) and information governance requirements at both HB and all Wales levels.
 - Personal data accuracy (address, contact number, school attended) - Recent Fluenz and MMR catch up programmes has further highlighted that addresses and contacts details are not always up to date.
- Actions:**
- Communication support - communication is now included as a standing item in the Childhood Vaccination Group which meets monthly. There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required.
 - Uptake - additional visits to low uptake schools have been undertaken. Additionally, mop up clinics have been held in after school and in school holidays in the CVCs. Major mop up of MMR and HPV will be undertaken during the upcoming summer holidays in the CVCs.
 - Consent for immunisation - *Paper*: progress has been made by engaging with parents and promoting immunisations on school platforms. Verbal consents are used for missing consent forms by the vaccinator contacting the parent on the day, and self-consents are being encouraged (Frazer Gillick competencies - assesses whether child is mature enough to consent). This has increased the percentage of children vaccinated. *E-consent*: still aim to replace paper consent with e-consent. Considerable work has been undertaken to create the platform, however it requires penetration testing before it can be launched.
 - HPV - Sexual Health Newsletter for relevant partners included a focus on HPV (produced by the Local Public Health Team in collaboration with school immunisation lead). School nursing service have adopted a universal, enhanced and intensive approach to target areas known to have lower uptake rates with the aim of increasing these rates and reduce inequalities. Planning underway to invite those not up to date to CVC mop up clinics over the summer holidays.
 - Personal data accuracy (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools.

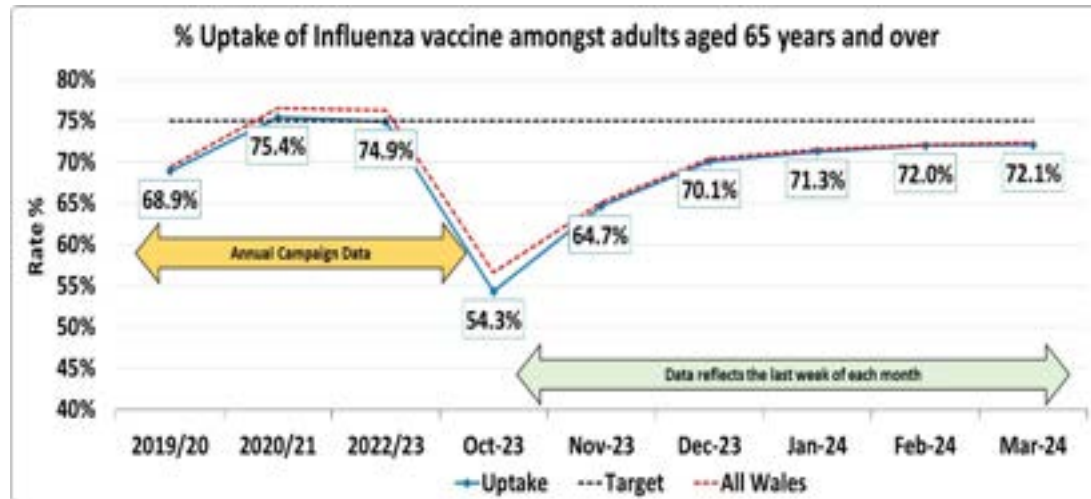


CTMUHB Improving Population Health & Wellbeing

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

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

Please note that data for the 2024/25 flu season will not be available until October 2024.



Uptake Welsh HB's March 2024	
ABUHB	75.6%
BCUHB	73.9%
C&VUHB	72.8%
CTMUHB	72.1%
PTHB	69.9%
SBUHB	69.5%
HDUHB	69.1%
All Wales	72.4%

Challenges:

- Vaccine fatigue - in line with other HBs, CTM are experiencing a drop in vaccination uptake generically and especially since the pandemic. Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) and Vaccine Programme Wales (VPW) requests - the number of requests for immediate action on a range of vaccination programmes continues.
- Demand on vaccination services - there are continued changes to programme scheduling and introduction of new vaccination programmes. This will impact on the practical aspects related to update training, vaccination clinics and the storage of vaccines.
- GP services - delivery of changes to universal vaccination programmes such as Shingles and RSV will put added pressure onto GP services.
- Uptake of Flu and COVID-19 - poor uptake for care home & health board staff and those who are immune-suppressed and under 65s clinically at risk.
- Community pharmacies - ensuring that community pharmacies have sufficient vaccinators and capacity to provide flu vaccination, alongside demand to provide alternative clinical pharmaceutical services.

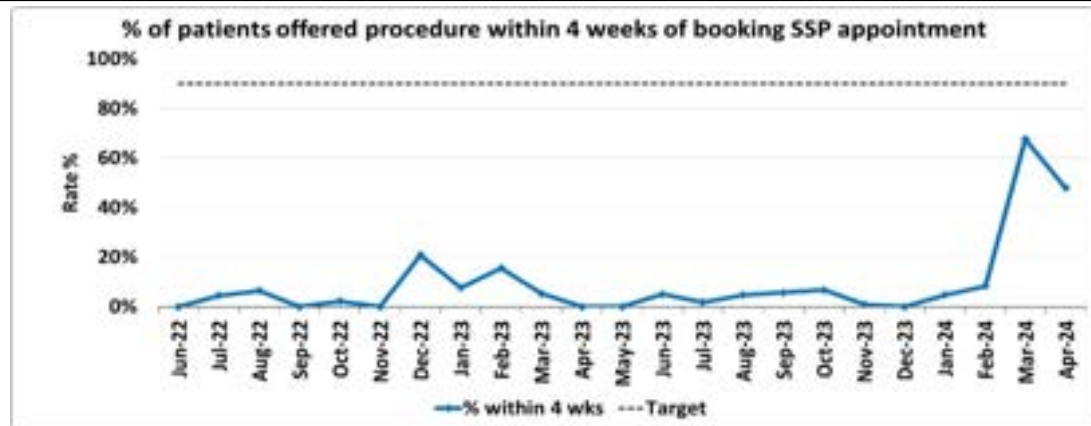
Actions:

- Vaccine fatigue - ensure consideration for vaccine equity in all programme planning and increased communication.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) - recruitment into the health protection system will add some resource but will not alleviate all the vaccination pressures in GP practices.
- Demand on vaccination services - maintain multi professional collaboration.
- Uptake of flu and COVID-19 - establishment of a sustainable model for vaccination of care home staff, explore the possibility of developing the role of flu champions in care homes, primary care and GP practices.
- Collaboration and programme alignment - multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging to support the optimization of flu uptake.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - Maintain current position regarding pharmacy opening hours on the weekend to improve access.
 - Utilise primary care clusters to support a collaborative approach to vaccination.
 - Engage with low level providers to support greater provision.

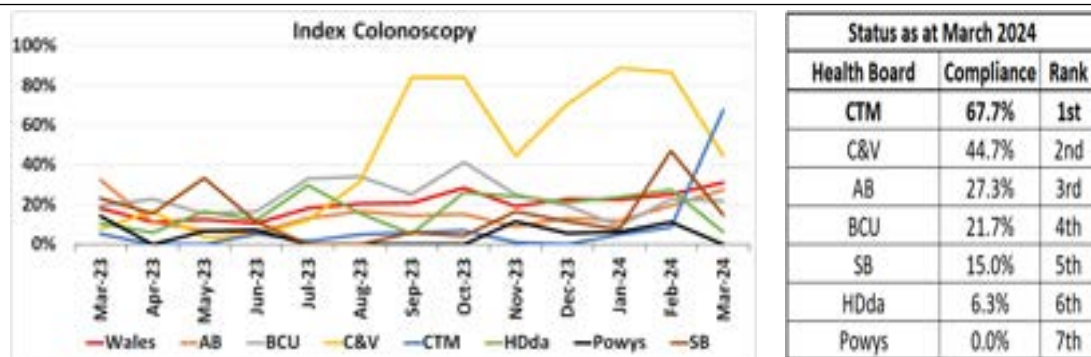


CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment - Target 90% - April 2024 48.0%



Please note there is a time lag in reporting of 2-3 months



How are we doing & what actions are we taking?

As of the 8th July there are 270 patients waiting for an index colonoscopy of which 120 have a booked appointment, however 130 of these patients will have waited longer than 4 weeks for their procedure and 75 patients over 8 weeks. After a period of improvement, momentum has been temporarily slowed due to sickness absence within the team.

Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 12 weeks, with further plans over the next 6 weeks to bring the service in line with '4-week compliance'. Sustainability plans are ongoing to staff unfunded sessions (x2) at POW; this will continue to support the Optimisation Programme.

The operational challenges that have an impact on activity are:

- Participant / patient choice / refusal remains an issue when booking dates across CTM.
- Providing cover for period of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies - continues to be monitored.
- Uptake and current conversion to surgery continues to be monitored and escalated.
- A period of long-term sickness has now ended, however backlog of patients to be booked still remains

Actions being taken:

- Use of Text Remind and Broadcast Messenger to reduce patient choice (refusal of offer) and DNA rates.
- Insourcing - completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing to increase core lists to meet optimisation steps.
- The new endoscopy unit at PCH with 3rd room - workforce model and business case completed and approved; funding allocated and recruitment commenced.
- Working with theatre services to develop robust general anaesthetic provisions.

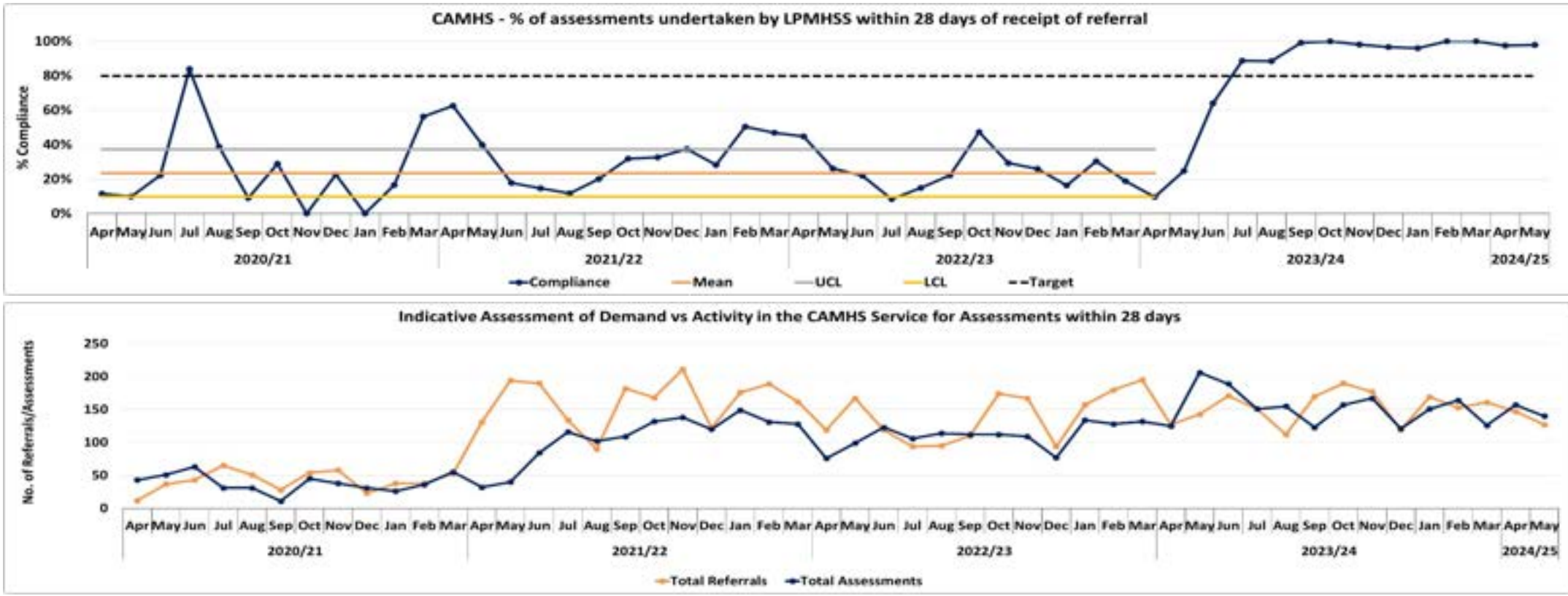
2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services





CTMUHB Mental Health & Learning Disabilities Care Group
CAMHS & Specialised Services – May 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (97.9%) - Target 80%



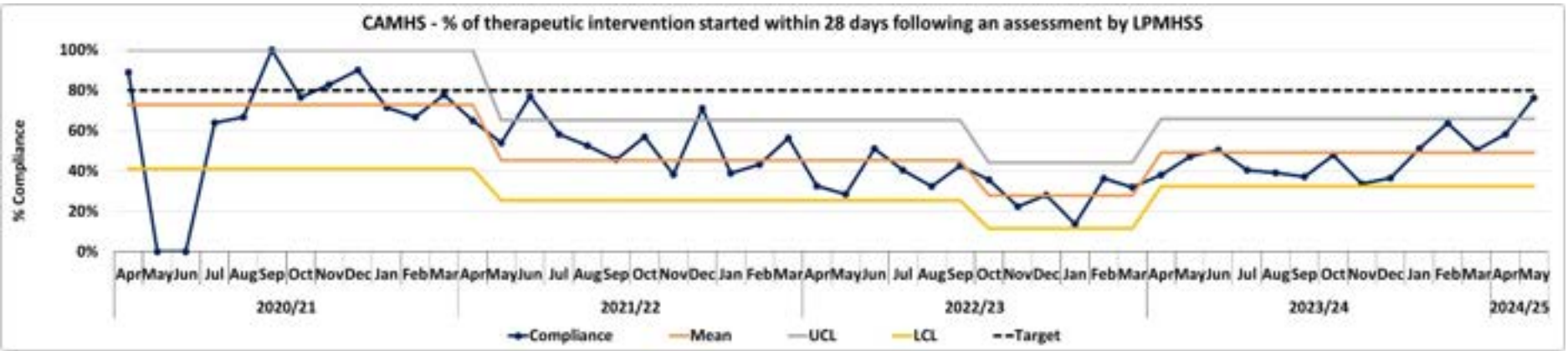
Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance has notably improved in this area of the CAMHS service since the summer of last year. Compliance during May 2024 remained stable at 97.9% and continues to exceed the WG target of 80%.

As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month.

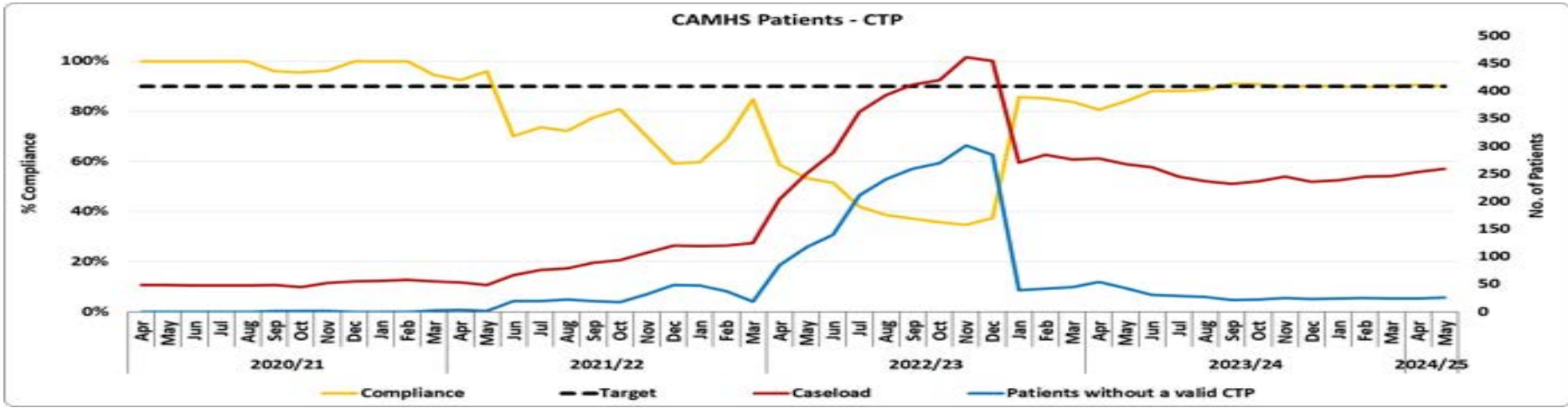
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (76.3%) - Target 80% by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS greatly improved during May to 76.3%, falling just short of the target. The NHS Executive have set the expectation that the Health Board should reach the target threshold of 80% by December 2024.

The Directorate Improvement plan has focused on increasing the volume of interventions available through group work with the third sector and access to the digital platform SilverCloud. The inclusive approach involving all team managers and practitioners is having a beneficial and sustained impact, the key metric is the reducing number on the waiting list. As we reduce the longer waits, compliance with the 80% target improves. We are aiming to achieve this target in good time before December.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (90.0.%) - 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 observed a compliance rate of 90% during May, resting on the WG standard of 90%.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have almost halved from the peak seen in November 2022. The number of patients without a valid CTP at the end of the month currently stands at 26.

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

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 1 (a & b) and 2 of the Mental Health Measure. This has delivered improvement in all three areas with additional work required on Part 1b (therapeutic interventions).
- 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. Demand & capacity training has helped us to focus on this area.
- Part 1b:** We are working with the third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions. We have ten groups starting each month which are being delivered in each of the three local authority areas. Referrals to the Silvercloud digital platform are increasing and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). 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. The service has completed a self-assessment audit of care and treatment plans which we will present at that meeting in due course.

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

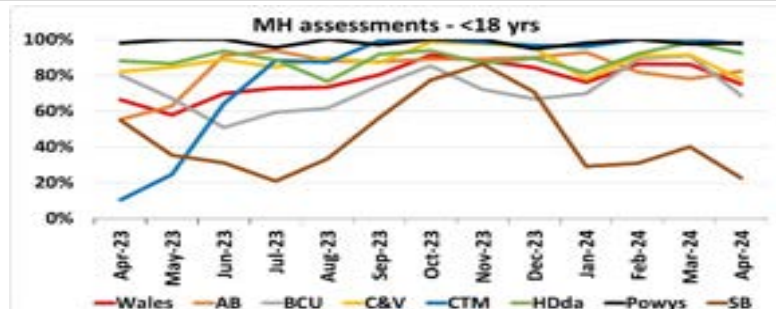
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of May we had 79 patients on the waiting list (99 previous month), with no patient waiting beyond 30 days. The average waiting time has increased slightly to 2.4 weeks from 2 weeks.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered was 97 with the average waiting time increasing slightly to 3.2 weeks.
- As clinical teams work through the waiting list backlog our performance against the interventions target will steadily increase.
- We have introduced referral-based access to the online digital platform SilverCloud to further help with interventions. This was implemented in April. All three of the remaining Band 5 registrant vacancies in the Intervention Team will be filled through the streamlining process in September.
- Part 2:** The focus on quality in relation to CTP's will be supported by the results of the caseload audit that was completed during the end of 2023.

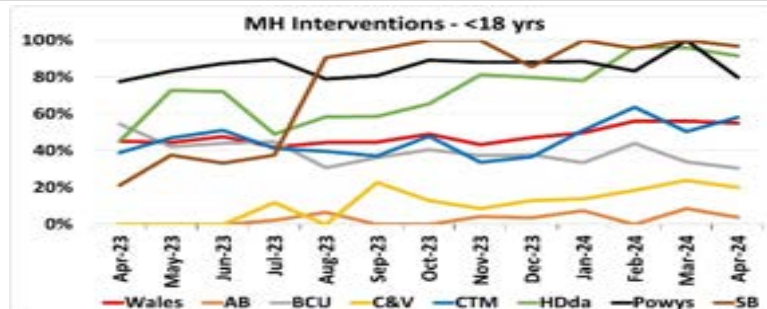
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address this rise in referrals.
- The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.
- Clinical colleagues continue to report rising acuity within their patient population, this may have an impact on delivery going forward.

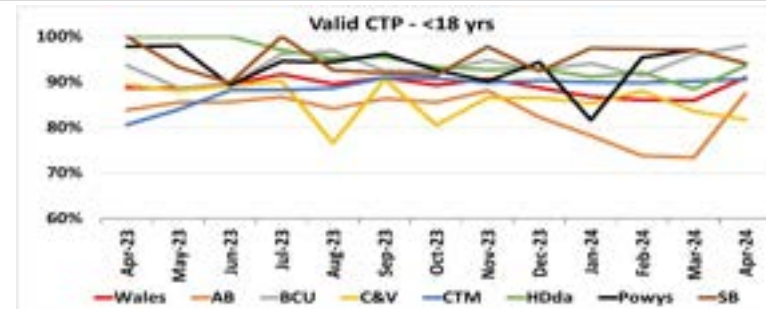
How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	98.0%	1st
CTM	97.5%	2nd
HDda	92.2%	3rd
AB	82.4%	4th
C&V	77.9%	5th
BCU	68.5%	6th
SB	22.5%	7th



Status as at April 2024		
Health Board	Compliance	Rank
AB	3.7%	1st
C&V	20.0%	2nd
BCU	30.4%	3rd
CTM	58.2%	4th
Powys	80.0%	5th
HDda	91.5%	6th
SB	96.9%	7th

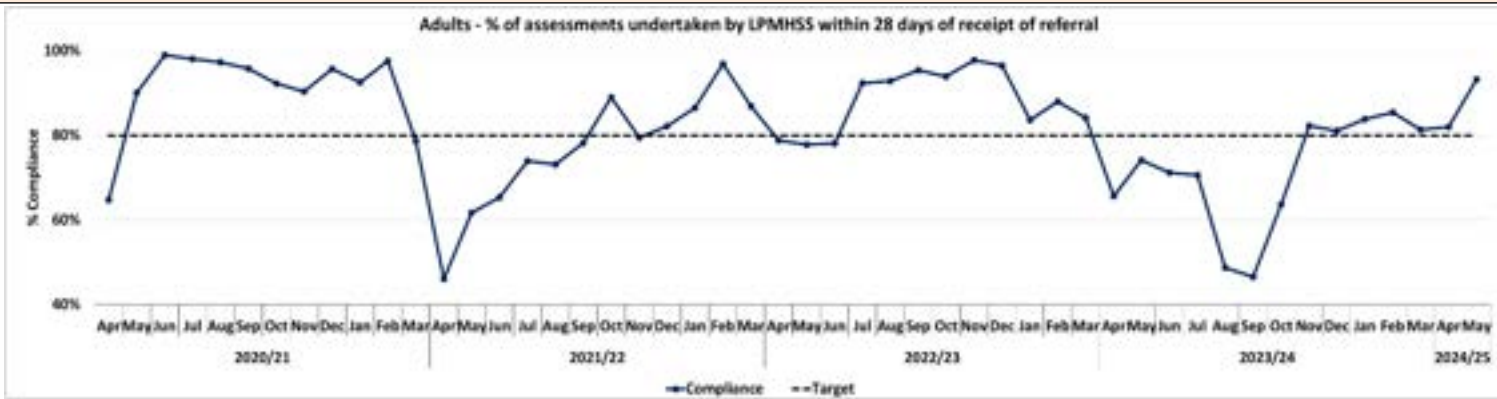


Status as at April 2024		
Health Board	Compliance	Rank
BCU	98.0%	1st
Powys	94.1%	2nd
SB	94.1%	3rd
HDda	93.5%	4th
CTM	90.6%	5th
AB	87.4%	6th
C&V	81.7%	7th

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services – May 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (93.1%) - Target 80%



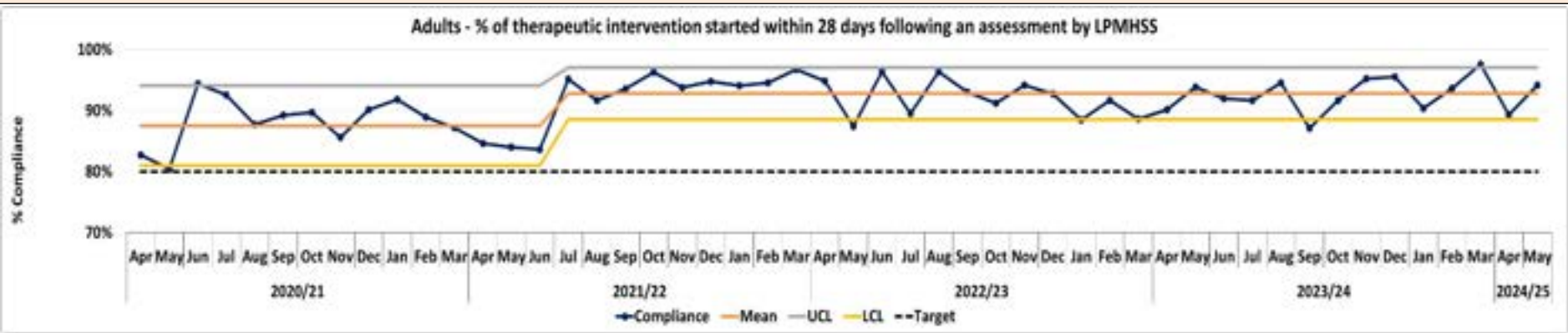
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during April reached 93.1% and continues to stand above the WG target.

Referrals during the month totalled 736, which is a 12% increase on those received during the equivalent period of 2023, with the 12 month average recording a similar volume of referrals each month. We continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

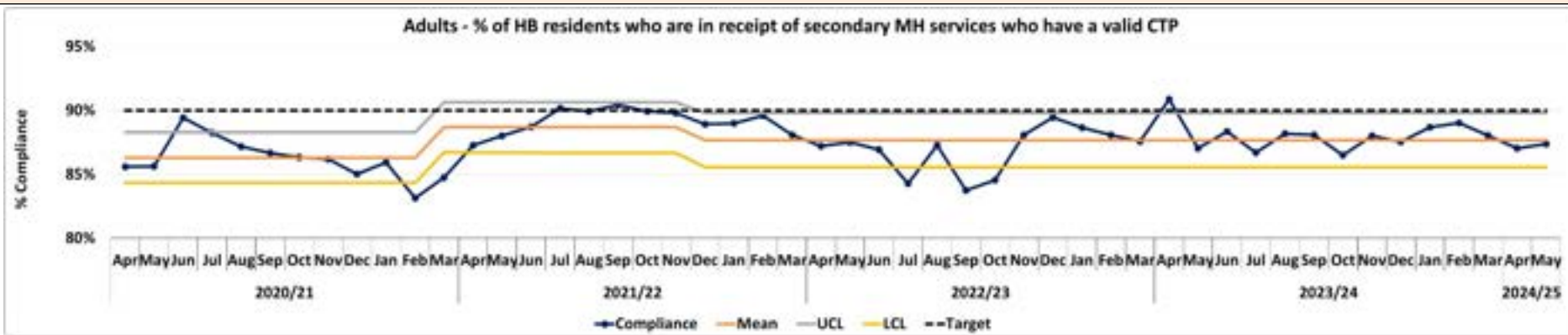
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (94.2%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during May reached 94.2% and also continues to stand above the WG target of 80%.

During the month, 405 of the 430 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (87.4%) - 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 saw a compliance of 87.4% during May and remains just below the 90% WG standard.

Part 3: There were 8 requests for adult assessments under Part 3 of the Mental Health Measure during May with all reports being sent within the required timescale of 10 working days.

% of patients waiting less than 26 weeks to start a Psychological Therapy (54.4%) - Target 80%

During May, Psychological Therapies compliance was 54.4%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has ranged between 48.8% and 65.0%.

The chart to the right details 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).

At the end of May the waiting list stood at 918 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 751 and 918 patients.



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

How are we doing?

Part 1a: During May, performance remained above target. We continue to closely monitor sickness and absence rates and ensure our activity is balanced across all areas to fully utilise capacity.

The three areas observed the following compliance rates: Merthyr Cynon area has improved significantly to 95% with both Rhondda Taff Ely & Bridgend areas continuing to be above the target threshold at 90% and 93% respectively.

Part 1b: Performance continues to be above target at 94.2%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 87.4% and compliance for the services is shown below:

- Adult Services – remained the same at 85.6%
- Older Adult Services – slight improvement to 93%
- Learning Disability Services – also slight improvement to 90%.

Psychological Therapies: Those patients waiting over 26 weeks stands at 46%, equating to 417 service users; an increase of 2% from April. The current performance of 54% of people waiting less than 26 weeks is higher than our forecasted rate of 49%. Overall, the longest waiting patient has increased to 164 weeks in May (based in Rhondda LPMHSS) and this patient will be seen with the next few weeks. A total of 142 new referrals were received into the system during May, which is similar to the volumes seen in the previous month.

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

Actions to improve performance are:

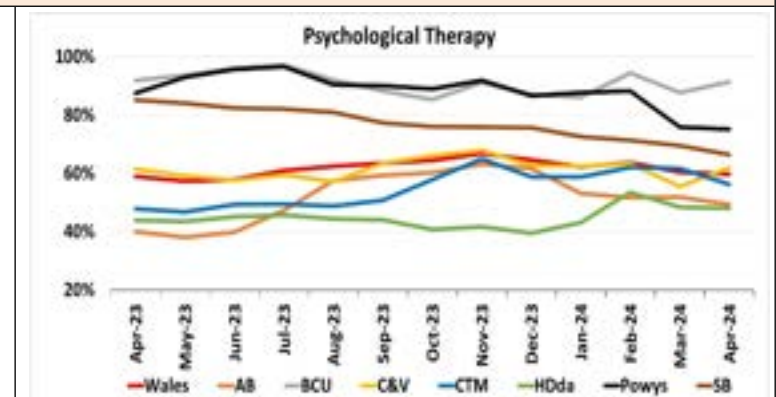
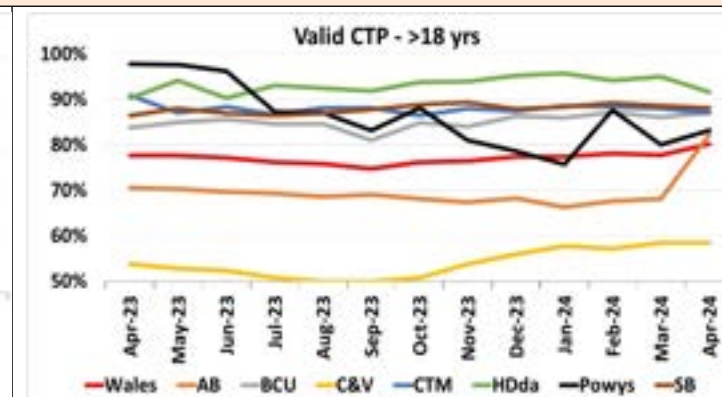
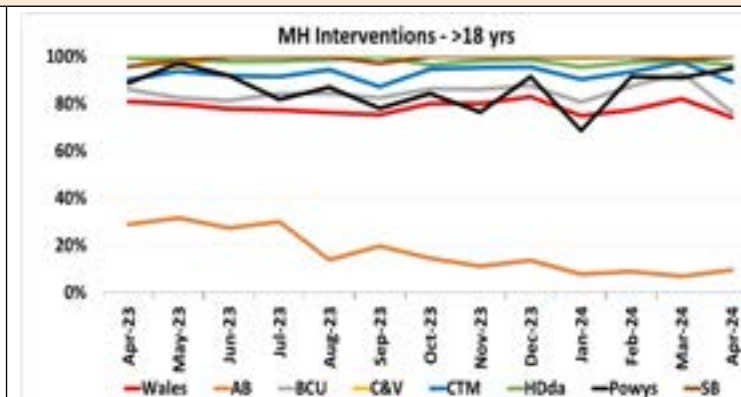
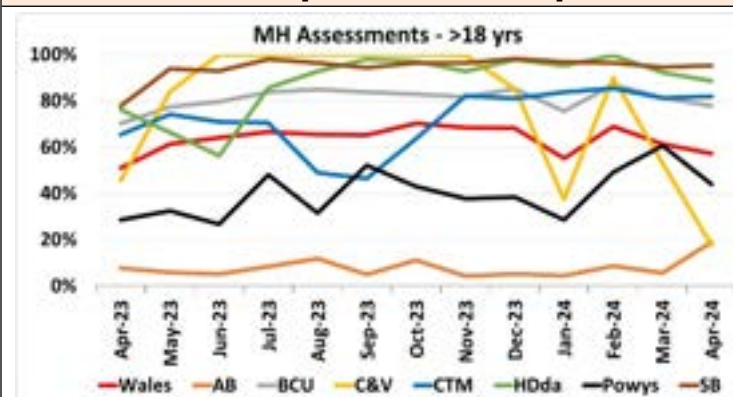
Part 1a:

- 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.
- Posts have been successfully recruited in recent months and the impact of this is improved performance from May onwards.
- Review of IT systems to support proactive performance management of the service through Qlik BI tool.
- Demand and capacity work – review of job plans to identify enough capacity.
- 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 in reducing the amount of breach appointments in certain areas, thus reducing the time taken to improve compliance as staff return from sickness absence.

Part 2: In view of low compliance rates for Adult Services in Rhondda & Taff Ely, targeted training sessions for healthcare providers will be undertaken by September to ensure they are well versed in compliance requirements and best practice. In addition, regular performance review meetings with social service leads to monitor progress of the countermeasure actions. A standardised discharge criteria will be developed to avoid unnecessary prolongation of care. Technology will be used for better case management and tracking, ensuring that care plans are up to date and compliance is monitored in real time. Implement a CMHT Improvement Program to streamline and harmonise processes across business support teams. It is anticipated that Older Adult Mental Health Services will remain above the target compliance whilst this work is on-going.

Psychological Therapies: The highest number of waiting patients is in Local Primary Mental Health Support Services. There is ongoing work to clearly identify and record on the LPMHSS waiting lists the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource. There are workforce pressures in Bridgend LPMHSS (two Band 6 vacancies, 1 long term sickness and 1 compassionate leave). Inconsistent administration support in this area is also proving difficult but this will improve as this is looked at within the new structure. A clinical nurse specialist is now in post in Bridgend LPMHSS, they will be engaging with GP's and other MH services to work on pathways to improve quality of referrals into the team.

How do we compare with our peers?

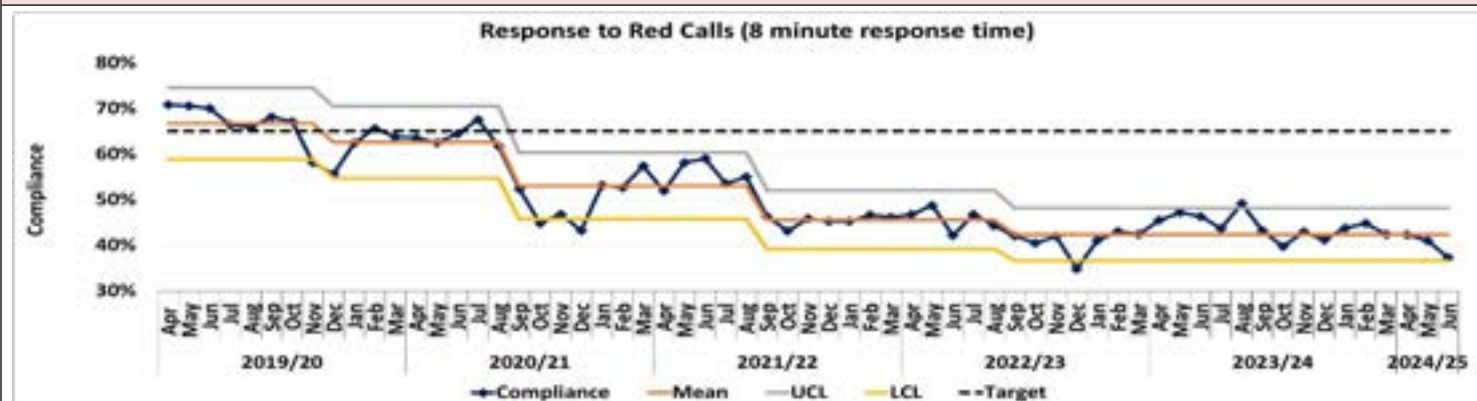




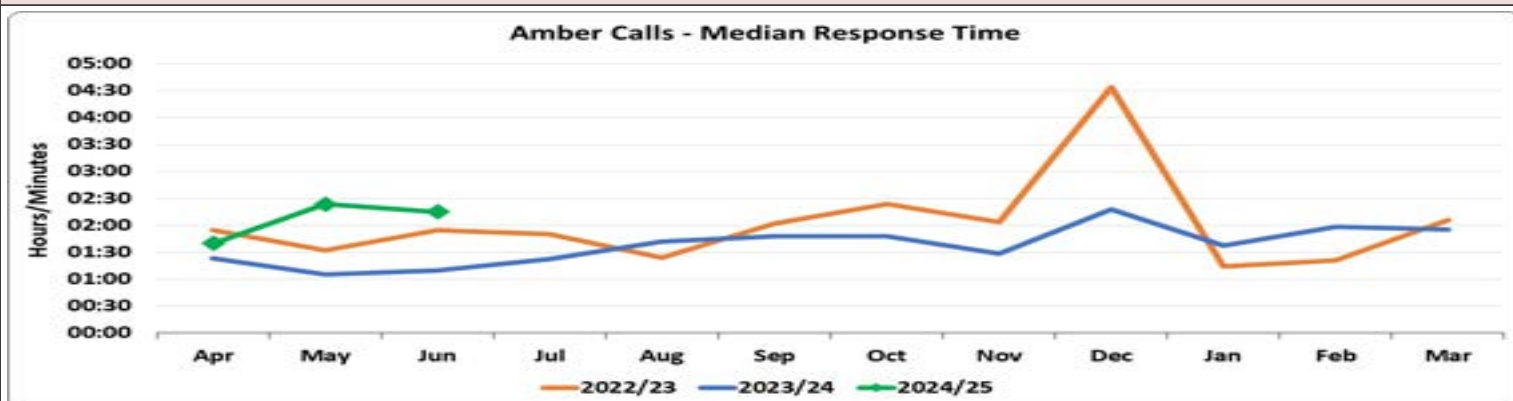
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – June 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
June 2024 -37.3%



Median emergency response time to Amber Calls – Target is 12 month reduction trend
June 2024 - 2 hours 15 minutes

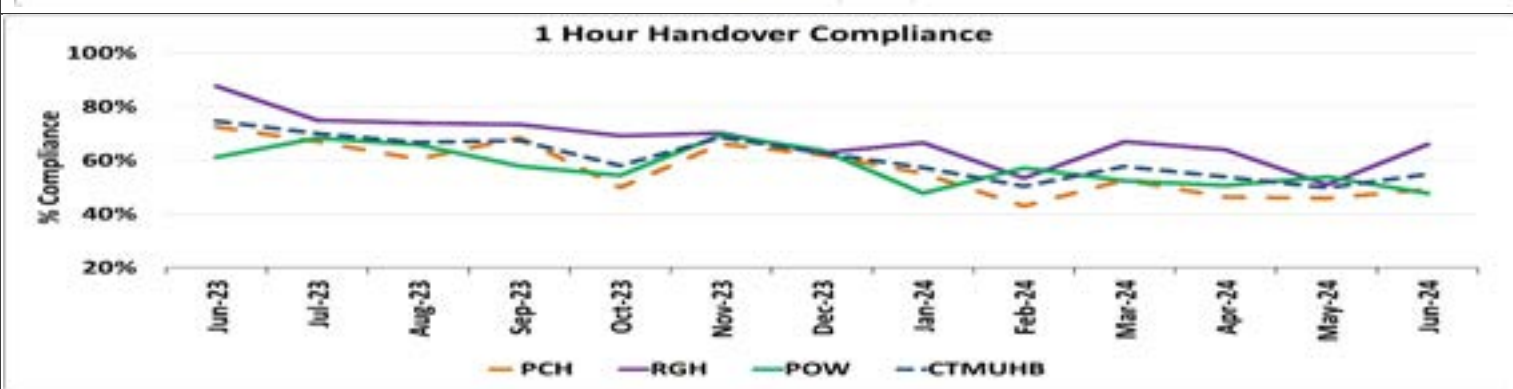
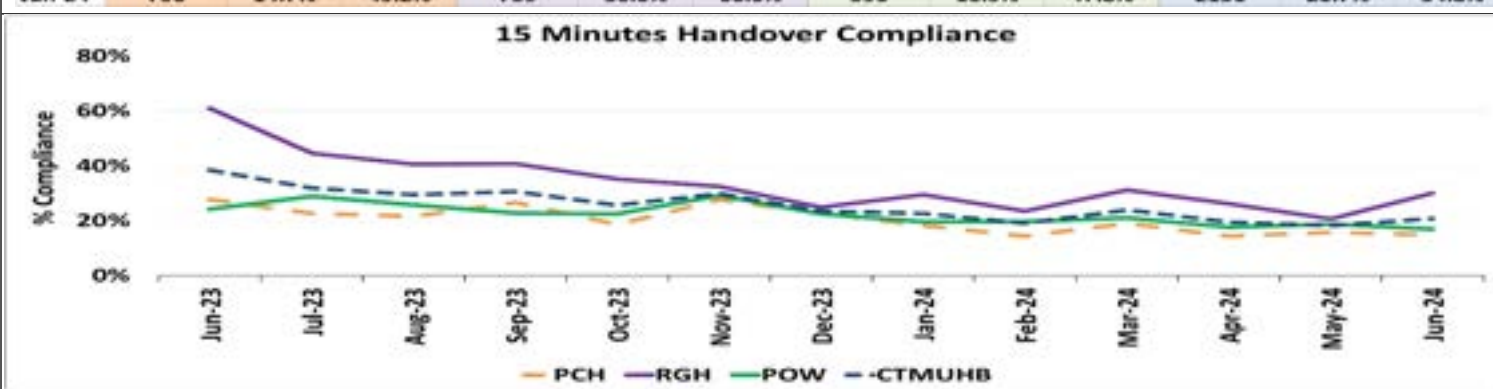


% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.

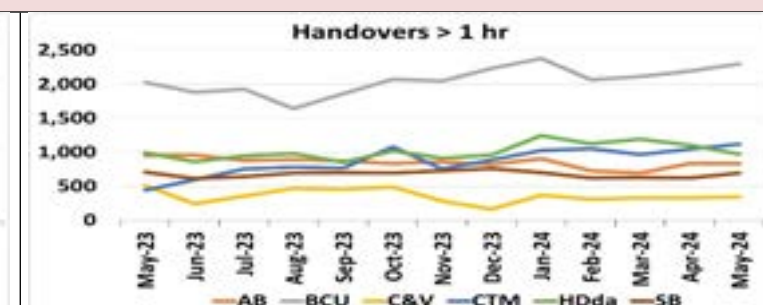
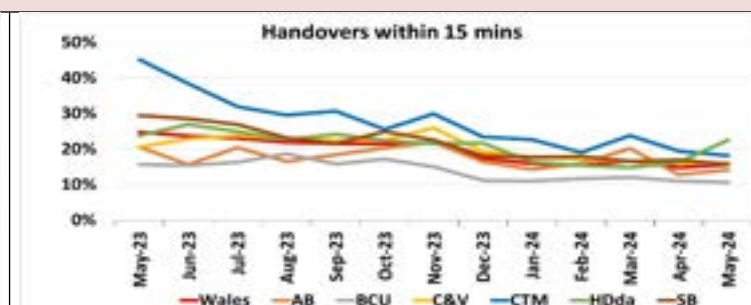
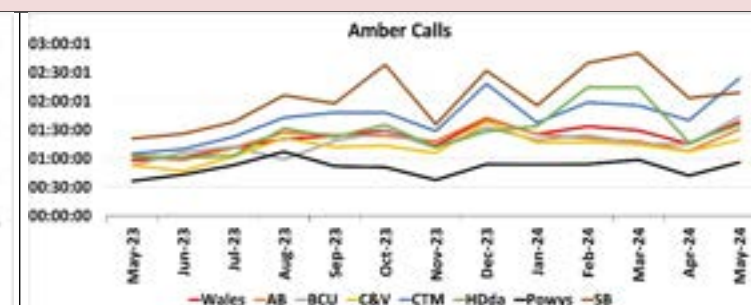
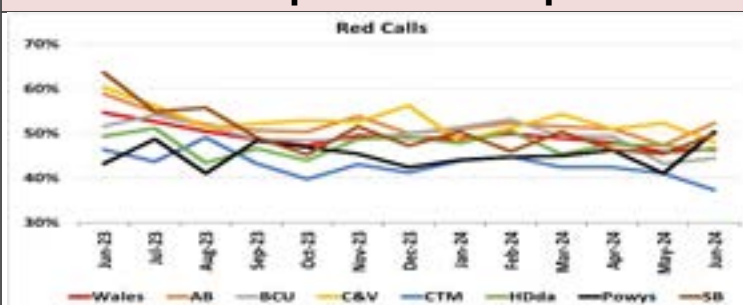
Total handovers 2,151 of which 446 (20.7%) of handovers were within 15 minutes

Period	Handovers	PCH % <15 mins	% <60 mins	Handovers	RGH % <15 mins	% <60 mins	Handovers	POW % <15 mins	% <60 mins	Total Handovers	CTMUHB % <15 mins	% <60 mins
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%
Nov-23	832	27.6%	66.1%	883	32.5%	70.2%	676	29.1%	69.4%	2391	29.9%	68.5%
Dec-23	863	22.7%	62.0%	833	24.8%	62.8%	676	22.5%	63.8%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	869	29.5%	66.5%	620	19.7%	47.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%

Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024
973 handovers were over 1 hour (54.8% of handovers were within 1 hour)



How do we compare with our peers?



Status as at June 2024		
Health Board	Compliance	Rank
AB	52.3%	1st
Powys	50.3%	2nd
SB	49.8%	3rd
C&V	48.1%	4th
HDda	46.1%	5th
BCU	44.4%	6th
CTM	37.3%	7th

Status as at May 2024		
Health Board	Compliance	Rank
Powys	00:55	1st
C&V	01:19	2nd
AB	01:30	3rd
HDda	01:35	4th
BCU	01:44	5th
SB	02:09	6th
CTM	02:28	7th

Status as at May 2024		
Health Board	Compliance	Rank
HDda	22.6%	1st
CTM	18.2%	2nd
C&V	16.2%	3rd
SB	15.7%	4th
AB	14.2%	5th
BCU	10.7%	6th

Status as at May 2024		
Health Board	Compliance	Rank
C&V	343	1st
SB	691	2nd
AB	830	3rd
HDda	970	4th
CTM	1,116	5th
BCU	2,298	6th

Emergency Ambulance Services continued overleaf:



CTMUHB Unscheduled Care Group

Emergency Ambulance Services continued - June 2024

How are we doing?

Response to Red Calls per WAST Operational Area				
Jun-24	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	154	79	51.3%	56.0%
RCT	368	121	32.9%	37.5%
Bridgend	237	83	35.0%	42.8%
CTM	759	283	37.3%	42.5%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 37.3% and is the lowest level seen since December 2022, with the 12 month average recording a rate of 42.5%. Since September 2023 the National compliance has remained below 50%, with the minimum expected standard being 65% of Red Calls to be responded to within 8 minutes (June 46.5%). Out of all the other health boards in Wales, CTM also received the poorest response times during June.

As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough yet again experiencing the poorest response times during June (32.9%).

The volume of Red Calls during June for CTM totalled 759 and is just above the 12 month average of 705.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 135 minutes during June; 8 minutes shorter than the previous month but almost twice as long as the equivalent period of last year. The chart (page 13, top right) demonstrates fluctuations with response times during the past twelve months ranging between 82 and 143 minutes.

Ambulance Handover Compliance: Ambulance conveyances to ED during June totalled 2,151, which is 8% fewer than the equivalent period of 2023.

Performance against the 15 minute handover was 20.7%, with the number of patients and ambulance crews detained longer than an hour totaling 973, which is similar to the 12 month average and it currently stands is 64% (379) higher than the equivalent period of 2023.

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 38 during May. The ED services were able to meet 97.4% (37) of those requests; with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
May-23	8	8	100.0%	5	5	100.0%	1	1	100.0%	14	14	100.0%
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
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	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%
Nov-23	16	16	100.0%	16	16	100.0%	3	3	100.0%	35	35	100.0%
Dec-23	19	19	100.0%	19	16	84.2%	6	6	100.0%	44	41	93.2%
Jan-24	21	21	100.0%	12	11	91.7%	12	11	91.7%	45	43	95.6%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%

Please note that due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most recent data available is to May 2024.

What actions are we taking & when is improvement anticipated?

- Site and USC collaborative approach to the development of a 1 Hour Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance that may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turn around and front loading of investigations.
- Introduction of Rapid Assessment & Treatment Model (RAT) at PCH.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Achieve NHS framework trajectories >4 hour waits – improvement plan in place across CTM with regular performance meetings held.
- Out of hours Senior Manager and Executive on call rota under review.
- 1 Hour Ambulance Handover Escalation Card in development.
- WAST Immediate Release SOP rolled out across the 3 sites.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Phase 1 of the SDEC unit on the PCH site launched end of April with provisional date set for phase 2 in August to introduce a functioning AMU.
- Further longer term developments planned to redirect GP medical expected admitted through SDEC, close existing GP corridor and longer term to direct both ED and WAST referrals.
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement and a Care Group Senior Leadership Team rota has been established to support flow.
- The successful collaborative Test of Change that was undertaken at the end of last year between WAST and RGH Emergency Department is to be rolled out across POW and PCH. This will ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment.
- Bi-weekly team meetings established with WAST.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- 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.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments.



CTMUHB Unscheduled Care Group

Emergency Unit Waits – June 2024 (Provisional Position) - Total Attendances = 16,630

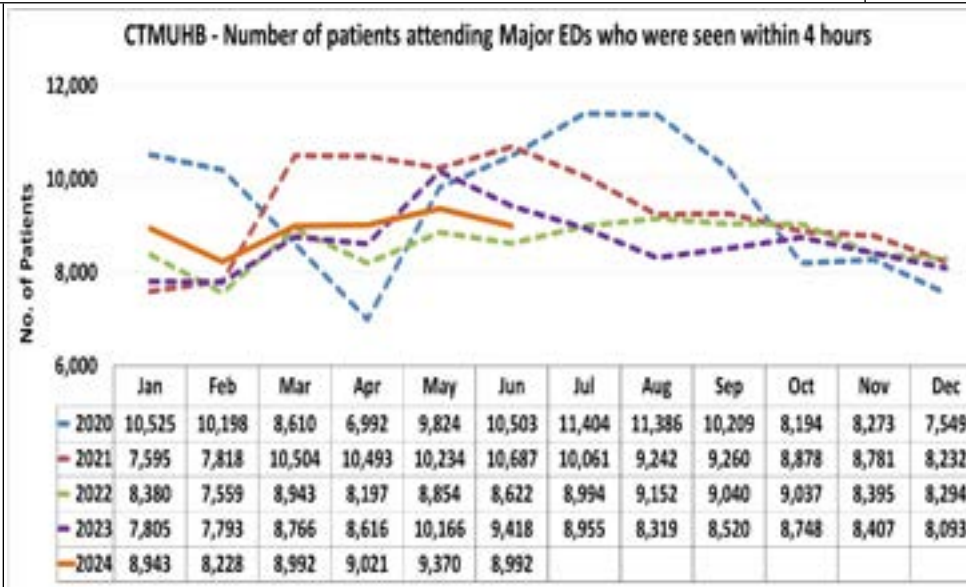
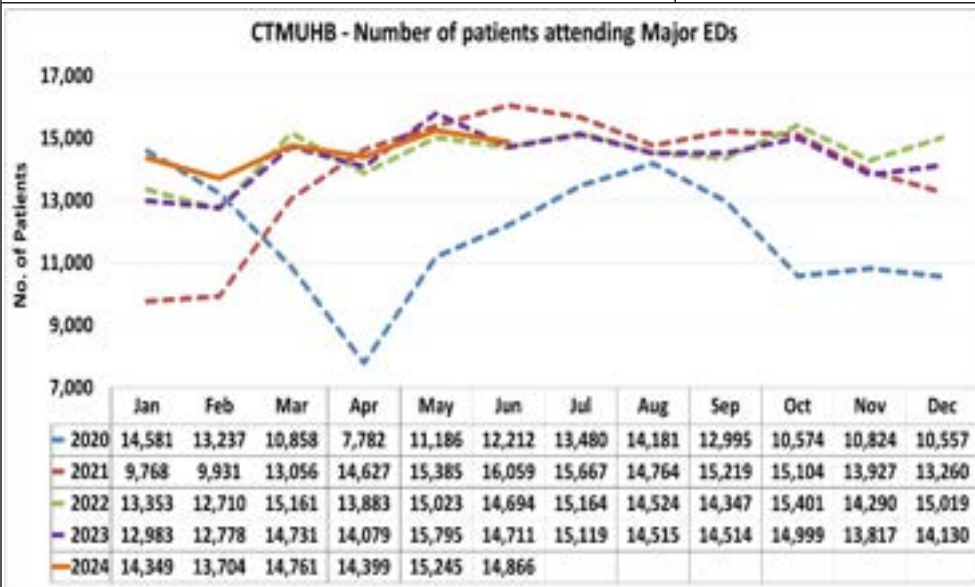
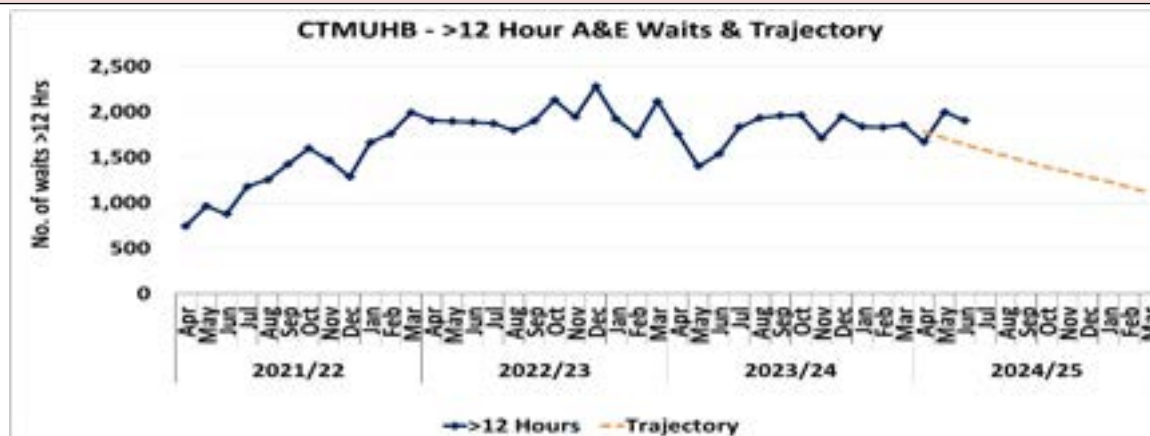
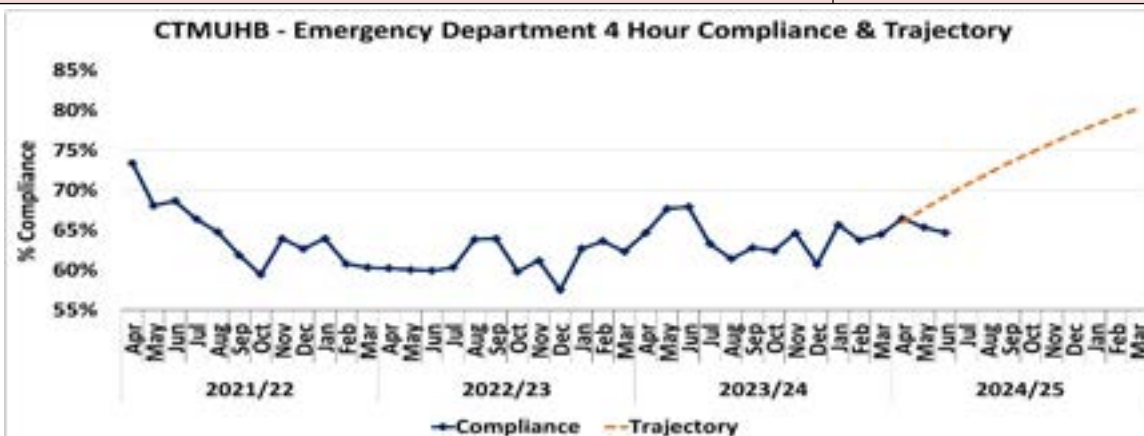
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.

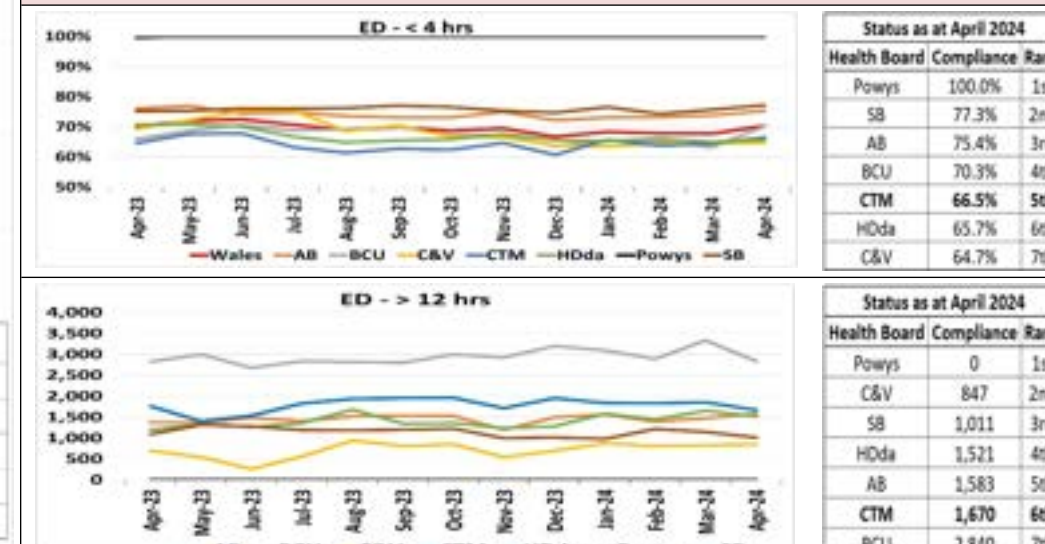
64.7% were seen within 4 hours (Patients Waiting >4 hours 5,874)

1,904 patients were waiting over 12 hours

Period	Attendances	CTMUHB 4 Hrs %	> 12 Hrs
Jun-23	16,675	67.9%	1,536
Jul-23	16,799	63.3%	1,833
Aug-23	16,067	61.4%	1,932
Sep-23	16,127	62.8%	1,957
Oct-23	16,639	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,047	66.5%	1,670
May-24	16,972	65.3%	1,998
Jun-24	16,630	64.7%	1,904



How do we compare with our peers?



How are we doing?

The chart above shows that throughout June the total number of ED attendances at our three acute hospital sites was slightly higher (1%) than those observed during June 2023, with overall numbers of Minor Injuries and ED attendances similar to those observed during the equivalent period of last year (16,675).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during June is provisionally 64.7%, which as it currently stands is lower than the performance seen during June 2023 (67.9%) and remaining well below the WG compliance target of 95%.

The twelve hours performance observed 1,904 patients waiting in excess of 12 hours. This represents a large increase of 24% on the number of breaching patients observed during the same period of 2023 (1,536 patient breaches).

What actions are we taking & when is improvement anticipated?

- Proposals to re-model integrated care delivery for patients in hospital who are suitable for care in the community.
- Weekly pan CTM senior team meetings established, supported by robust action plans with a view to the standardisation of ways of working and clinical pathways where possible.
- Exploring requirements to adopt RAT delivery model in all EDs.
- Improvement plan in place across CTM with regular weekly performance meetings.
- 4-hour compliance validation exercise underway in POW which should improve performance data.
- 12 hour performance review in progress to understand and resolve exit blocks and improve performance.
- Plan to introduce incremental weekly reduction in the longest patients waiting.
- Recruitment of Patient Flow Co-ordinator in PCH & RGH sites to support patient flow & support accurate data capture.
- Review of validation process underway to develop a SOP in line with national guidance to improve data quality and ensure parity of data across the three ED departments.
- Development of electronic safety huddle being trailed in RGH ED to provide a real time picture of demand, capacity and risk level.
- Review MIU clinical criteria and potential available capacity to redirect a higher proportion of patients from ED.
- Initial discussions with Welsh Clinical Network regarding Continuous Flow Model to improve hospital flow.
- Demand and capacity modelling underway across ED sites to enable a substantive sustainable staffing model.
- Explore continuous flow model.

What are the main areas of risk?

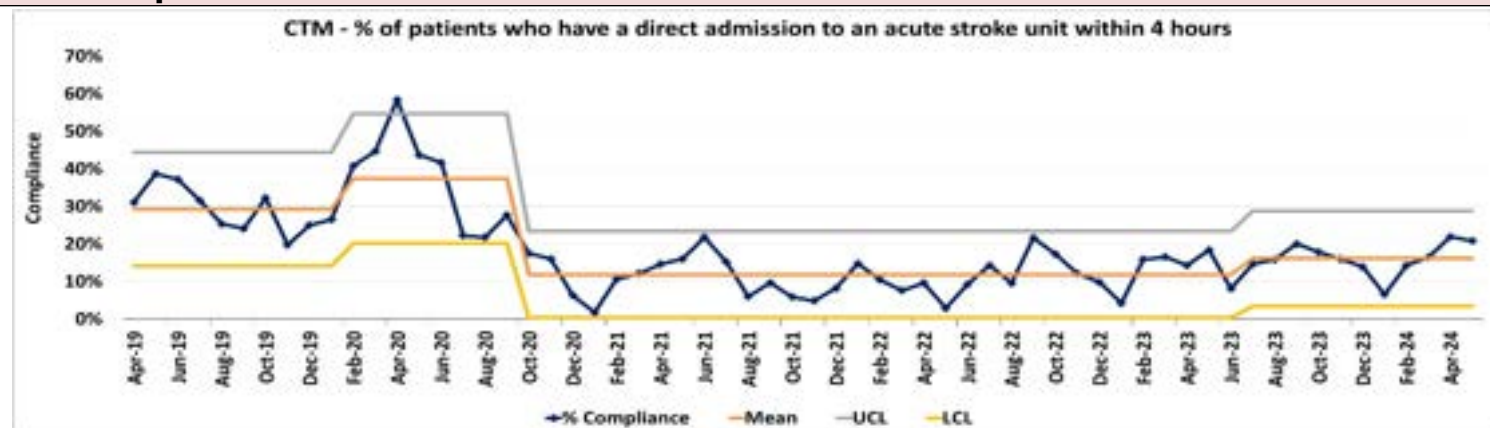
- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments
- Current vacancies in the operational Unscheduled Care Group Emergency & Acute Directorate impeding service change and transformation program.



CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs) – May 2024

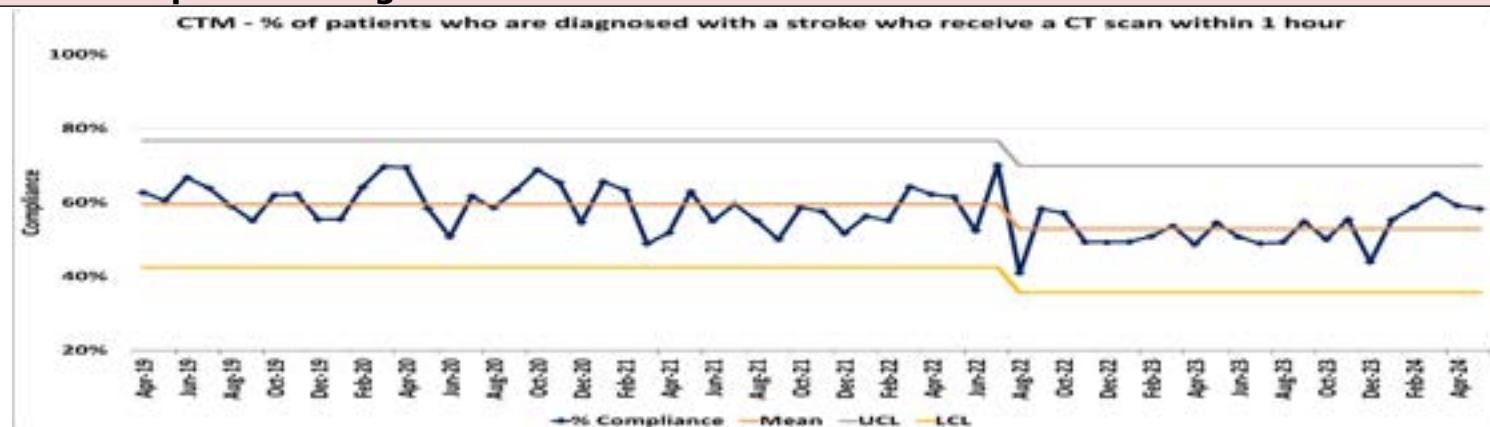
% compliance with direct admission to an acute stroke unit within 4 hours – 20.8%



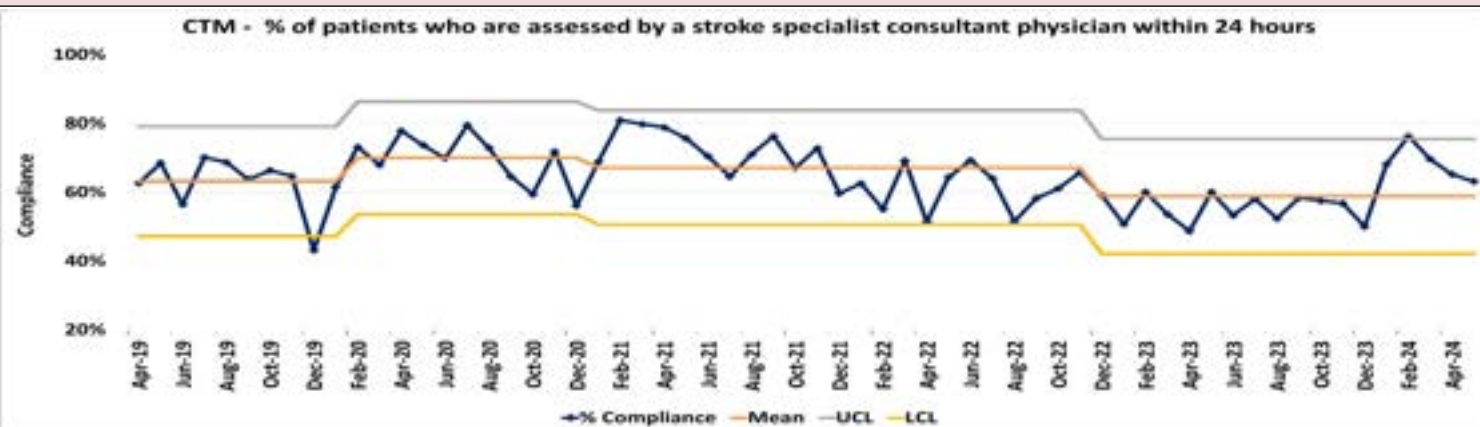
% of eligible patients thrombolysed door to needle time within 45 minutes – 13.3%



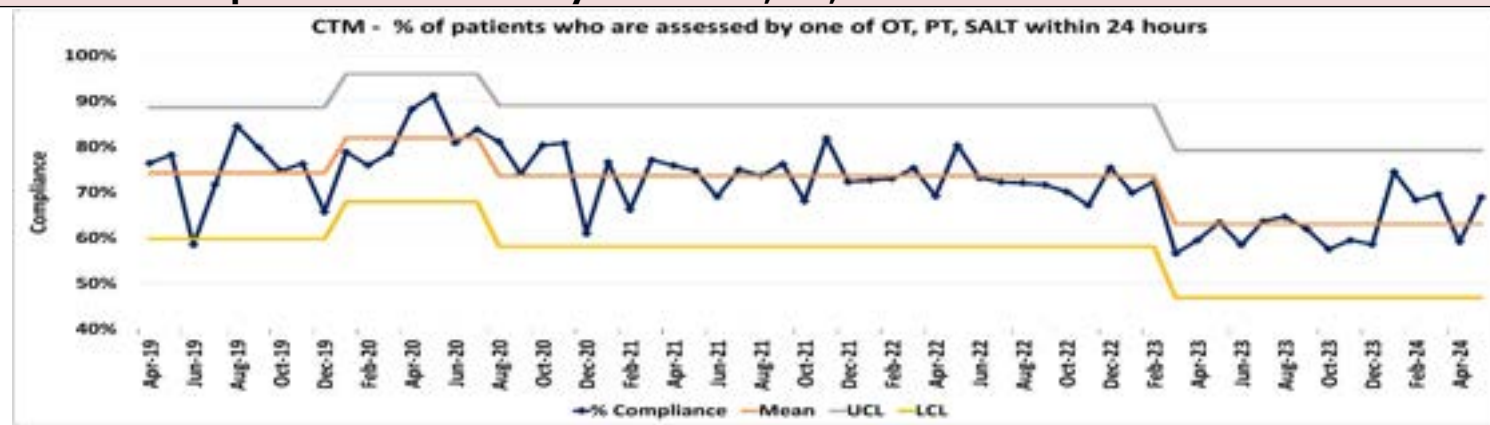
% of patients diagnosed with stroke received a CT scan within 1 hour – 58.3%



% of patients assessed by a stroke consultant within 24 hours – 63.1%

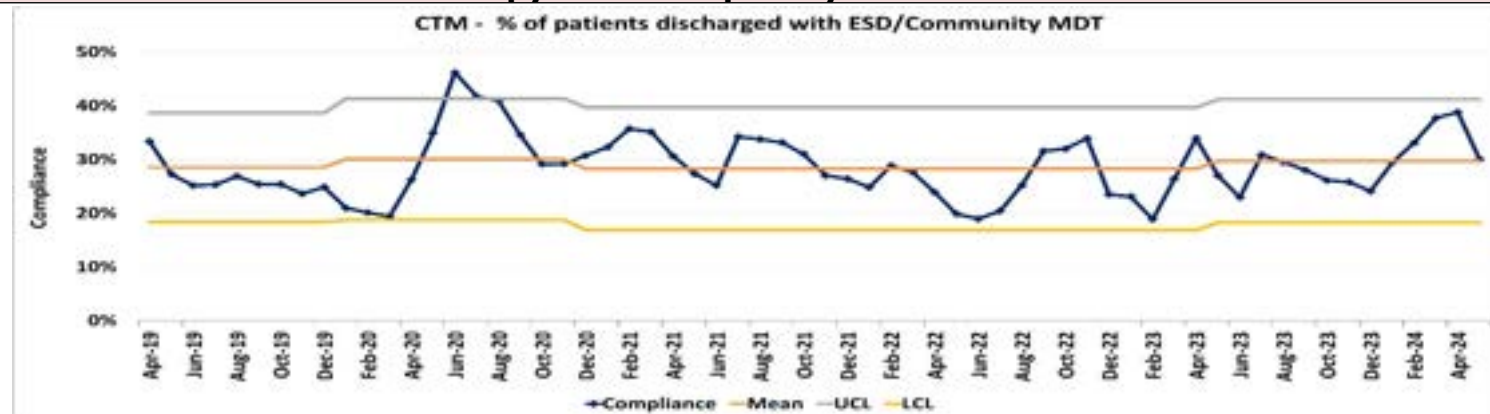


% of patients assessed by one of OT, PT, SALT within 24 hours – 68.9%



Current month stats

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 30.1%



Stroke QIMs as per current month submitted data - May 2024		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	56	45	N/A	101
	No. of patients within 4 hours	21	0		21
	% Compliance	37.5%	0.0%		20.8%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	10	5	N/A	15
	No of patients within 45 mins	2	0		2
	% Compliance	20.0%	0.0%		13.3%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	58	45	N/A	103
	No. of patients within 1 hour	39	21		60
	% Compliance	67.2%	46.7%		58.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	58	45	N/A	103
	No. of patients within 24 hours	39	26		65
	% Compliance	67.2%	57.8%		63.1%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	58	45	N/A	103
	No. of patients within 24 hours	36	35		71
	% Compliance	62.1%	77.8%		68.9%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	78	89	16	183
	No. of patients with ESD/MDT	33	19	3	55
	% Compliance	42.3%	21.3%	18.8%	30.1%

Stroke Quality Improvement Measures (QIMs) continued – May 2024

How are we doing?

- During May, 20.8% (21 out of 101) stroke patients were admitted directly to an acute stroke unit (ASU) within 4 hours. Significant bed pressures across PCH & POW are impacting the transfer of patients to a stroke unit within 4 hours. We have also seen an increase in infection control breakouts throughout the hospital sites which has led to multiple beds and ward areas closed impacting further on patient flow. As part of the 'perfect week', the directorate has proposed the possibility of ring-fencing stroke beds to reflect the positive impact this has on a patient's pathway and patient experience. Compared to previous months, there was a 40% rise in stroke admissions totalling 101 patients.
- Two of the fifteen eligible patients that were thrombolysed received treatment within 45 minutes, although all eligible patients were thrombolysed. The more common reasons for non compliance with the 45 minute standard are: absence of service provision (the service is only 9-5 Monday to Friday form the POW and PCH sites) and atypical presentations, where diagnosis can take longer.
- 58.3% of patients (60 out of 103 diagnosed patients) had a CT scan within an hour. WAST policy for transferring patients to CT continues to be an issue at PCH and POW which is impacting on performance. In addition to this, recent changes made to the in-house portering service has seen POW patients waiting increasingly longer for CT scans due to delays being transferred from A&E, AMU and ambulatory care. MDT meeting set up to feedback issues and impact on changes.
- 63.1% (65 out of 103) of stroke patients treated in May were seen by a specialist stroke physician within 24 hours of arrival at the hospital. The performance for this metric has stayed fairly static. The added pressure for May was having two bank holidays which will impact on patients being reviewed within the required timeframe.
- 68.9% (71 out of 103) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. AHPs run a Monday-Friday core hours service, which will impact on performance each month depending on the times patients present to hospital. All 26 patients who were not reviewed within 24 hours presented outside of the teams working hours.
- The rolling 3-month discharge standard saw 55 out of 183 (30.1%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. The performance will fluctuate each month depending on severity of the patients on the ward, as only mild-moderate patients are eligible for the service and patients have to be deemed able to manage at home 24/7 (the ESD service runs Monday-Friday). CTM does not have a community stroke service.

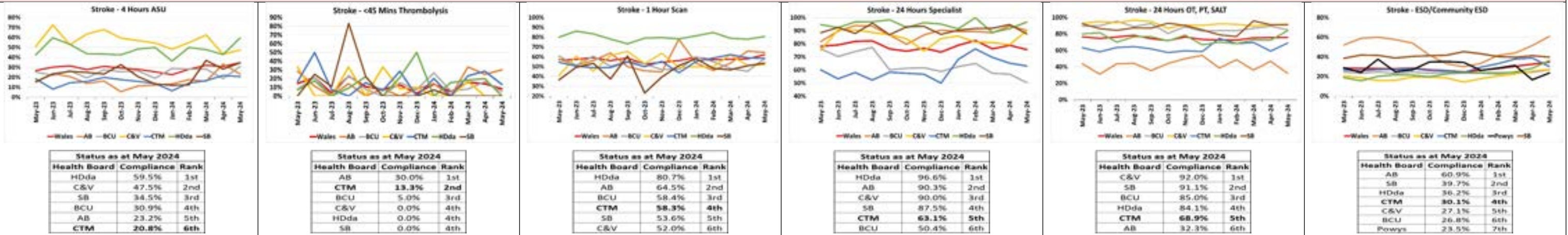
What actions are we taking & when is improvement expected?

- In terms of the organisation having undertaken a 'perfect week', we have proposed the opportunity to ring-fence stroke beds for stroke patients only to showcase the improvement to pathways and patients experience.
- The care group has committed to taking through the ACP workforce expansion paper this financial year which, if approved, will support patient experience and outcomes for those patients who are presenting outside of core hours. We will not expect to see performance increase for around 12 months from the investment, after taking into account recruitment and training for the ACP roles.
- We are continuing to monitor the impact of Brainomix AI software (reporting for CTs and CT angiograms) to ascertain its potential for minimising delays for referrals for thrombectomy, 6-month data now being analysed and a more in-depth update around improvements will be given through stroke operational group and performance board.
- A contributing factor to some performance measures not being achieved is due to MDT services being run over 5 days opposed to 7 days. In addition, overall numbers for some of the stroke pathways are small, therefore % for performance will fluctuate each month.
- CT perfusion can now be undertaken at PCH and RGH. POW are waiting for the software to be installed during the coming weeks. There is no confirmed date at present but this is being regularly discussed through Stroke operational meetings. The full impact will not be seen for CT perfusion until workforce is expanded to support the new pathways.
- POW will be taking a proposal paper through the Senior Management Team (SMT) in the coming weeks to seek approval to pilot removing one cubicle on ward 5 to reuse for TIA capacity. This pilot aims to demonstrate a timelier approach to TIA patients which will support with reducing patients presenting to ED, as well as admission avoidance to ASU where appropriate.
- ACP workforce expansion paper written and submitted to SMT.
- Refresh of consultant advert completed and signed off by Royal College of Physicians, substantive post to be advertised imminently.
- Specialty doctor job description agreed and post to be substantively advertised parallel to consultant post – this will offer more opportunity to secure a more resilient workforce
- Programme underway with executive leadership around community beds and models to support infernal delays across CTM acute sites

What are the main areas of risk?

- Small consultant workforce - currently the service is running a 1 in 6 on-call rota despite only having 4 substantive consultants.
- Severely fragile consultant workforce at PCH - from September 1 of the consultants will commence maternity leave. Options appraisal has been worked up and has been presented at executive level.
- ACP/CNS workforce across POW and PCH - this would require investment to recruit further CNS/ACP workforce to extend hours and provide a 7-day service to support improved patient care and experience.
- Inpatient therapies resource does not meet national standards and is delivered Mon-Fri 9-5 p.m.
- Bridgend Early Supported Discharge service taking new referrals again from 3rd June 2024, however escalation has been received from DTPS Care Group to advise that they will likely reach capacity again at times when demand is high/staffing gaps occur. Review of the impact is being closely monitored and discussed through our Stroke Operational Group. Further demand and capacity mapping of the service is required.
- Data quality - additional resource is required to support data input/performance reporting across both PCH and POW, which will support with performance monitoring and improvement. This requirement will be included in the ACP workforce expansion paper which will be presented to the SMT in June.
- Ring-fencing stroke beds continues to be a challenge due to site pressures, as well as high numbers of clinically optimised patients awaiting social care, community hospital and nursing home.
- Limited stroke rehabilitation capacity for CTM patients, in particular patients at POW.
- Therapy rooms within ward areas are not fit for purpose in PCH and POW. Many patients are currently receiving therapy input at their bedside, which is not appropriate.
- Clinically optimised patients within acute stroke bed base due to lack of community support available.
- A significant number of stroke patients still continue to self-present to RGH where there is no specialist stroke provision. This impacts the ability to enact stroke pathway due to no pre-alert for these patients (impacting on timely care).
- A recent stroke conference attended has reiterated the lack of psychology support available to our patient's post-acute stroke.

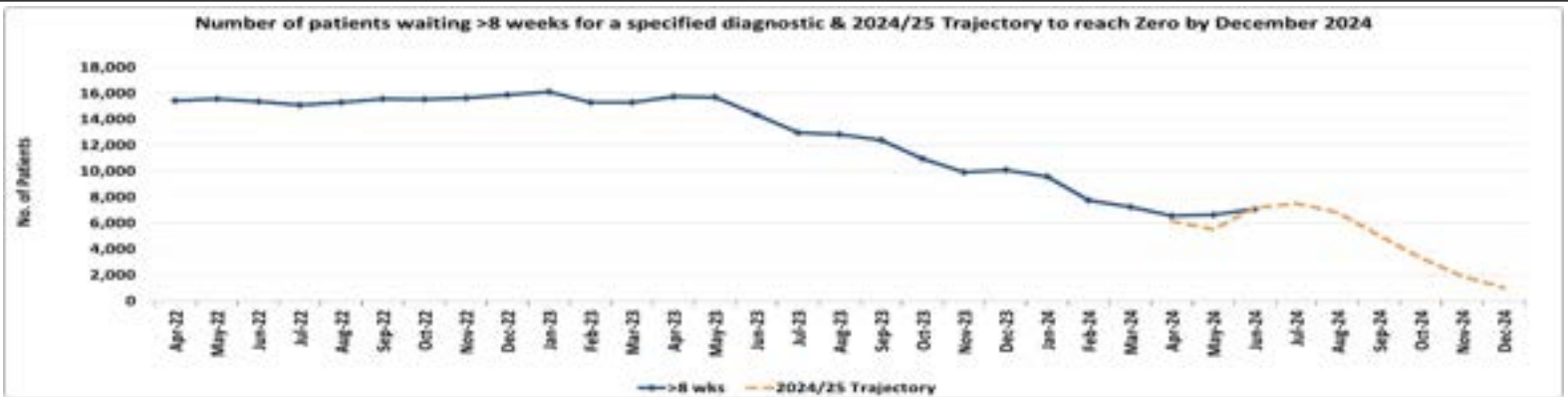
How do we compare with our peers? (Please note that the data below is subject to change due to data being refreshed monthly)





Diagnostics - June 2024 (provisional position)

Number of patients waiting >8 weeks for a specified diagnostic – All Wales Target is for 95% of modalities to be Zero by March 2025



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	7,057									

Number of Patients waiting >8 Weeks for a Diagnostic Test - June 2024		
Cardiology Cardiology Services	Echo Cardiogram	1,029
	Cardiac CT	1
	Cardiac MRI	58
	Diagnostic Angiography	18
	Stress Test	65
	DSE	4
	TOE	40
	Heart Rhythm Recording	2
Bronchoscopy Colonoscopy Gastroscopy Cystoscopy Flexi Sig	B.P. Monitoring	0
		123
		144
		893
		76
Radiology	Non-Cardiac CT	1,373
	Non-Cardiac MRI	470
Imaging Physiological Measurement Neurophysiology	NOUS	1,739
	Non-Cardiac Nuclear Medicine	24
	Fluoroscopy	64
	Urodynamics	124
	EMG	374
	NCS	435
Total		7,057

How are we doing?

Diagnostics: Over the past 12 months the number of patients waiting less than 8 weeks prior to receiving their test has more than halved.

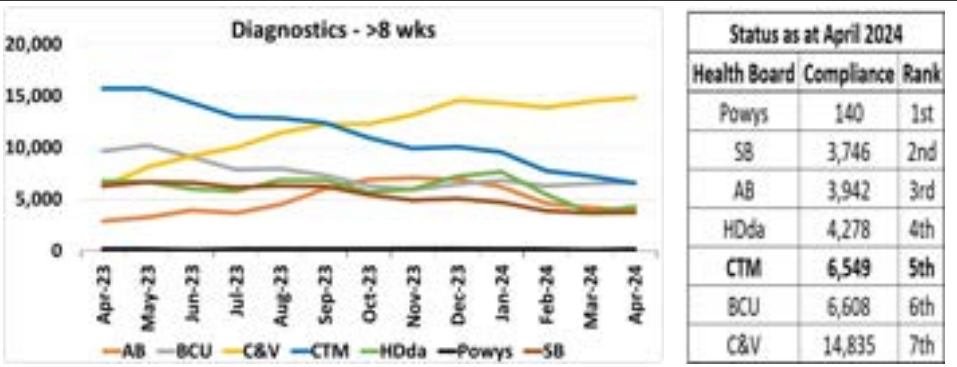
Provisionally, at the end of June, 7,057 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an increase of 6.2% (411) on the May reported position.

The NOUS service has observed another increase of 418 breaching patients this month which is a growth of 32% on the previous period, bringing the total number of patients waiting in excess of 8 weeks to 1,739. This is due to vacancies, sick absence and the cessation of the enhanced overtime payment rates.

There has been a continued reduction in the number of patients waiting in excess of 8 weeks for an Echo Cardiogram; falling by 11.5% (134 patients) from the previous reported position, however there are currently 1,029 patients waiting more than 8 weeks for this diagnostic procedure.

During June the Endoscopy service saw a slight increase in the number of patients breaching the 8 week diagnostic timeframe with the number of patients currently waiting beyond the desired target standing at 1,236.

How do we compare with our peers?



What actions are we taking & when is improvement anticipated?

Radiology: NOUS - business case developed to address current backlog growth which includes a maintenance scheme. Interviews concluded for 4 w.t.e. training sonographer posts with 1.8 w.t.e. vacancies re-advertised. Locum agency sonographer at PCH. Timetable developed to coordinate SpR scanning lists across RGH/PCH. Additional USGI and FLGI lists undertaken in June to clear RTT patients waiting >156 weeks. Planned MSK meeting to scope plans to address interventional US backlog. NOUS WLI consultant lists arranged across all sites. Additional sonographer lists at POW with reinstatement of enhanced rates.

The service continues to maintain an improved MRI and CT reporting position. The Mobile MRI unit has been operational since last week of April, which continues to deliver a reduction in over 8 week waits and the overall waiting list numbers. The team have re-vetted and redirected CT Head scans to MRI Head scans to balance the risk. Trajectories for CT and MRI developed and show scanning capacity shortfalls with the additional demand trends. A case has been drafted for sustainable solutions to increase CT scanning capacity in 2024. D&C has demonstrated a maintained increased growth in demand for CT. Meeting was arranged to review Out of Hours (OOH) CT referral criteria and OOH on-call provision to tighten up existing referral pathways. Ongoing monitoring and development of the business case for additional CT resource. Successful interview process took place early June for a 1 year FTC Locum Consultant.

Endoscopy:

Productivity and efficiencies continue to be monitored weekly and utilisation maintained >90%. Endoscopy mobile unit continues at RGH to support crossover of the new unit at PCH going live in September. The service has seen an increase in USC demand but has managed to maintain current USC waits.

What are the main areas of risk?

Neurophysiology:

- This is the only diagnostic procedure which CTM does not have a tactical plan in place by which to achieve the 8 week target by December 2024.
- We have spoken with Colleagues in Swansea Bay to see if they have any additional capacity to offer and we await a response.
- JCC (Joint Commissioning Committee) conversations developing as a commissioned service but it appears that these will not bring any further opportunities and the reporting will remain with Health boards for the foreseeable future.

Radiology:

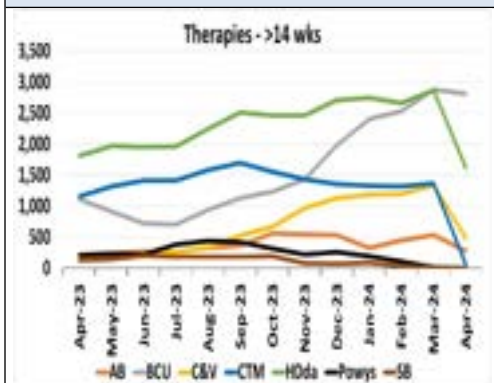
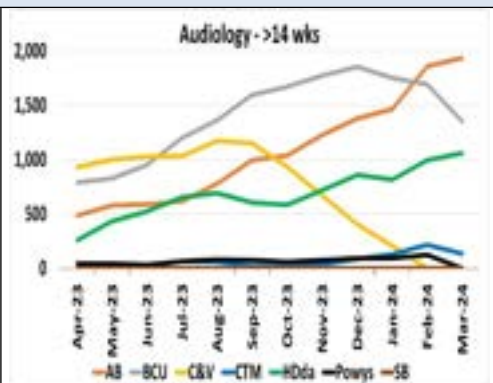
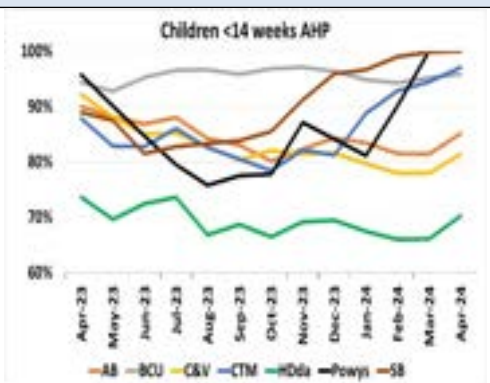
- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.
- Sustained increase in CT Out of Hours emergency demand, but also increase in elective referrals. Additional outsourcing agreed to help with timely reporting, which has helped reduce the reporting backlog and waiting times. Going forward a plan has been drafted in Radiology to try and reduce any unnecessary demand and look at the opportunities to utilise currently unfunded CT sessions but also utilise the mobile CT scanner once it ceases at PCH.
- Radiology service continues to hold 4.9 WTE Consultant vacancies, the ongoing recruitment campaign has proven partially successful in that we have recruited 2 consultants to join us in Q3. Prudent use of reliable locums will help bridge the gap temporarily.

Cardiac Physiology

Options paper approved to accelerate reduction of over 8 week echocardiograms. Additional scans will commence in July 2024.

Endoscopy:

- Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list – working with our digital colleagues to overcome.
- GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

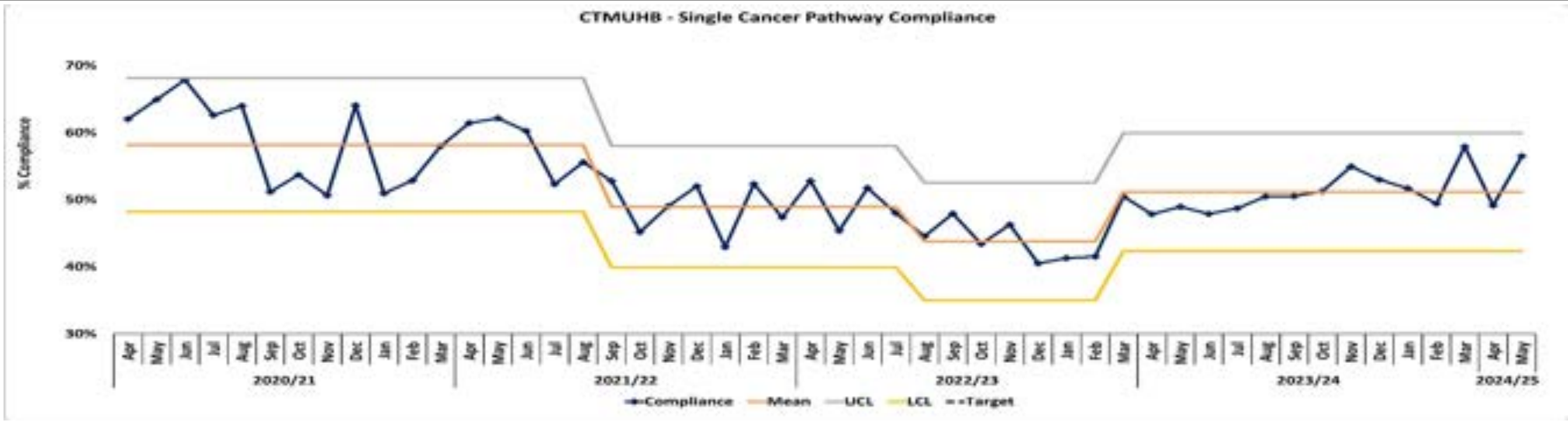
 CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group																																																																																				
Therapies – June 2024 (provisional position)																																																																																				
The 2024/25 Performance Framework is measuring three performance indicators for therapy services and from April 2024 there has also been a change in the reporting of Weight Management services. As this service is multi-disciplinary involving a number of different therapists all contributing to patient care, Weight Management services was over inflating waiting times for Dietetics. Consequently WG have decided that: - All waiting times for Weight Management services should be removed from the Diagnostic and Therapy Services (DATs) formal waiting times national submission from April 2024. - All non-consultant led Weight Management services should be removed from the Referral to Treatment (RTT) waiting times national submission from April. - Any Weight Management service waiting times, which are part of a consultant led RTT pathway, should be reported under the specialty of the consultant responsible for the overall pathway from April.																																																																																				
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- Time consuming administrative and clinical information processes due to paper based notes and lack of integrated systems. - Opportunities for digital efficiencies such as self-referral and self-booking not able to be maximised until patient portal and authorisation in place. - Vacancy freeze on administration staff. - National shortage of registered staff.																																																																																				



CTMUHB Planned Care Group

Single Cancer Pathway (SCP) May 2024 – 56.5%

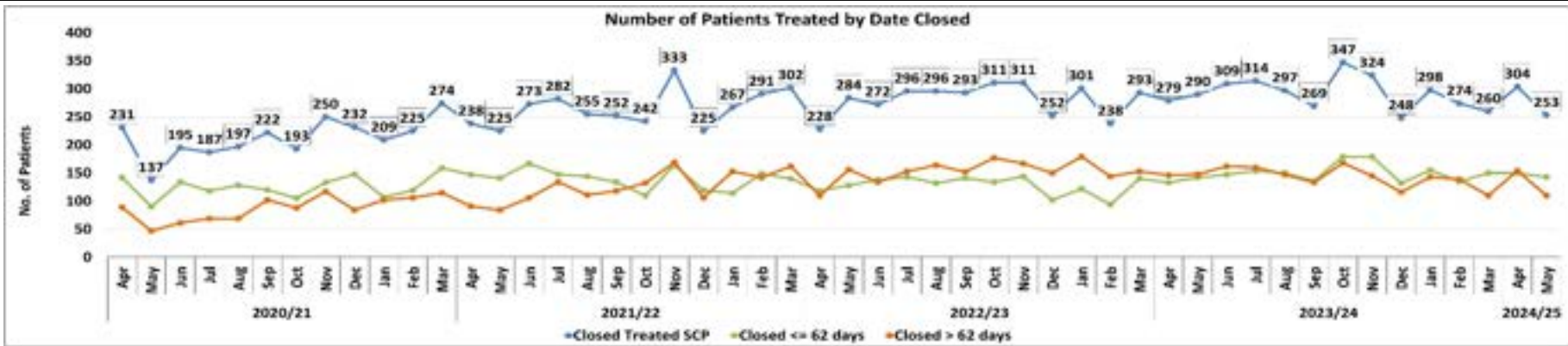
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is 12 month improvement trend towards national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - May 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	7	9	22.2%
Upper GI	15	12	27	55.6%
Lower GI	17	22	39	43.6%
Lung	15	14	29	51.7%
Skin (exc BCC)	54	4	58	93.1%
Brain/CNS	2	0	2	100.0%
Breast	12	18	30	40.0%
Gynaecological	9	7	16	56.3%
Urological	12	23	35	34.3%
Haematological	2	2	4	50.0%
Other	3	1	4	75.0%
Total	143	110	253	56.5%

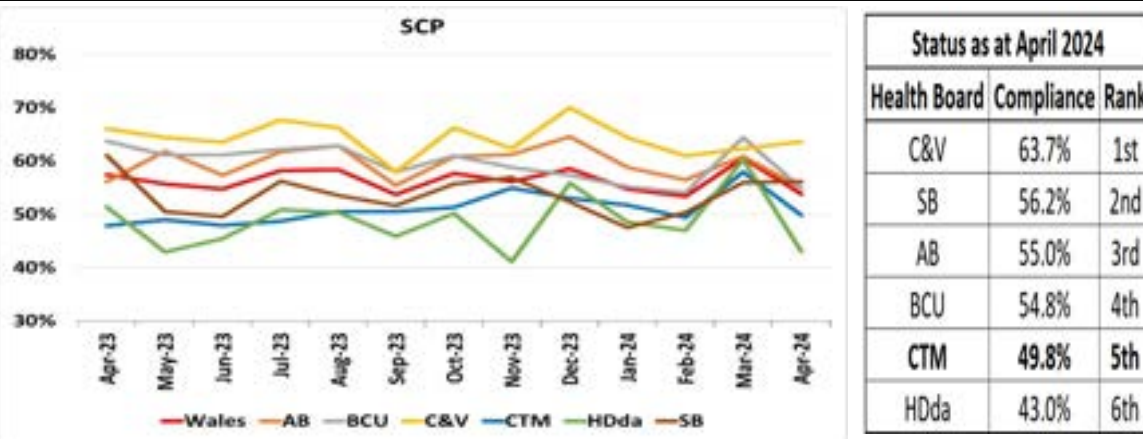
Compliance during May 2024 was 56.5% and is above the current mean of 51.2%. Two of the tumour sites reached the desired target threshold this period, as seen in the table above. Predicted compliance for June currently stands at 50.3%. Of greatest concern are the continuing delays at first outpatient (27%) and diagnostic stage (51%) and are the significant factors in not achieving the target. Diagnostic delays remain in radiology, endoscopy and pathology; although generally improving. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date



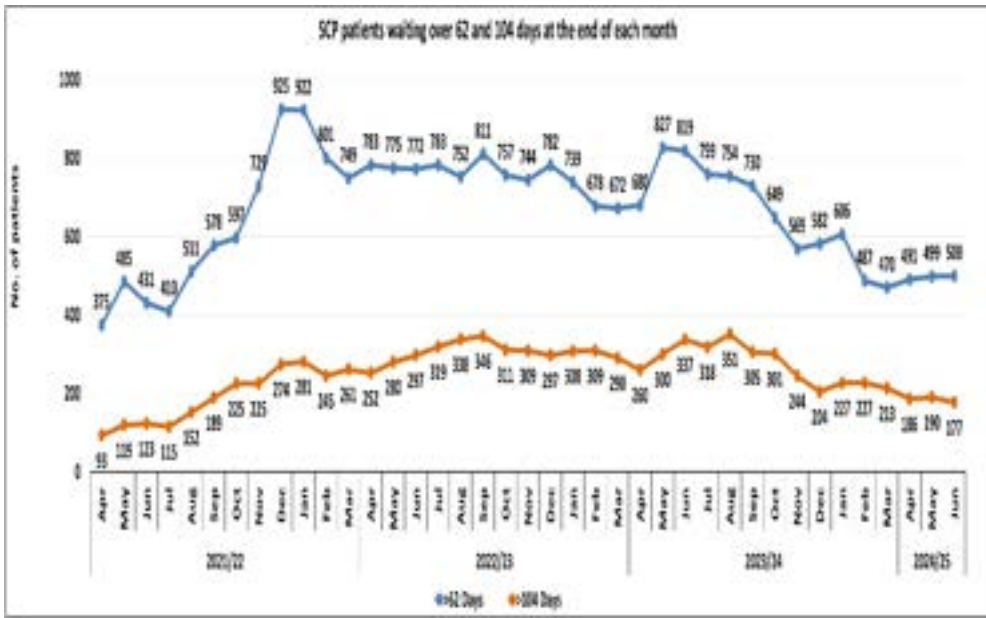
Generally, cancer treatment volumes have scarcely increased during the past 12 months, equating to an average of 291 per month, compared to 286 in the previous 12 month timespan representing an average monthly increase of just 1.9%.

How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
C&V	63.7%	1st
SB	56.2%	2nd
AB	55.0%	3rd
BCU	54.8%	4th
CTM	49.8%	5th
HDda	43.0%	6th

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



What actions are we taking & when is improvement anticipated?

- Merging of Lower GI MDTs. Discussions progressing well, first merged MDT scheduled for September 9th.
- Rollout of digital vetting – Skin went live at end June. Rollout elsewhere continues.
- Waiting List Initiatives (WLI's).
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review and booking analysis.
- Local Anaesthetic Transperineal Prostate Biopsy (LATPB) service up and running in Royal Glamorgan, making good progress through backlog.
- Modified Urology sustainability meeting to focus on 4 specific areas: 1st OPA, Haematuria Pathway, LATPB, Inpatient Treatments
- Weekly Gynaecology improvement meeting initiated.
- Urology MDT's merged 3rd July

What are the main areas of risk?

- Reduction in capacity during summer due to leave. Mitigations are being considered to prioritise cancer activity.
- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies.
- Delays in Gynaecology diagnostics and treatments for POW patients via SLA with SBUHB.



CTMUHB Planned Care Group

Referral to Treatment Times (RTT) – June 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** **(15,606)** Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



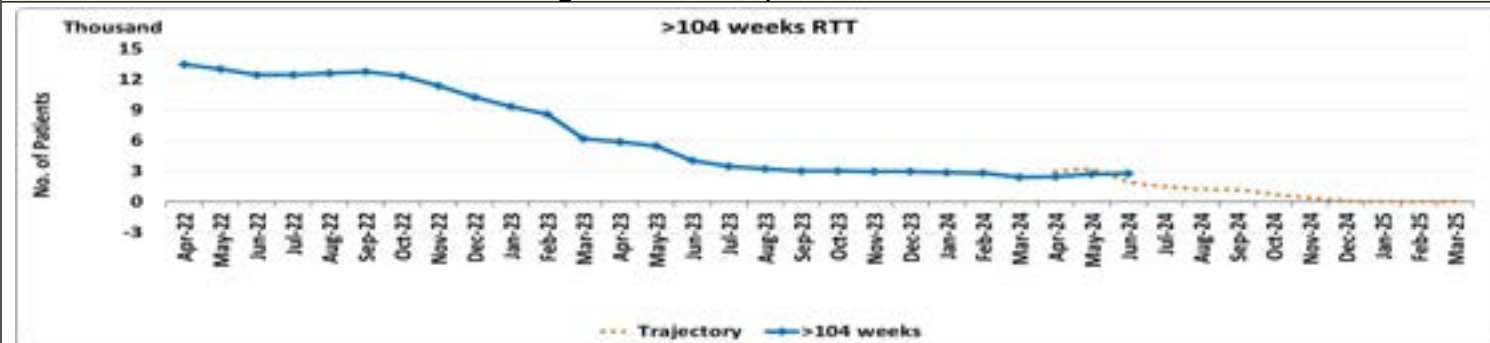
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of June is 15,606; an increase of 3% (473) on the May reported position and is above the desired trajectory equating to 4,832 patients waiting longer than forecasted, as shown above.

Number of patients waiting **>52 weeks RTT (24,674)** – Target is month on month reduction towards the national target of Zero by 30th June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of June is 24,674, which as it currently stands is a 2% (383) increase on the May reported position and is 31% higher than the forecasted level, as shown above.

Number of patients waiting **>104 weeks RTT (2,742)**
– Target is Zero by December 2024

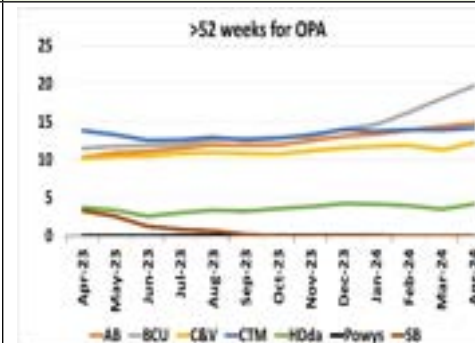


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of June is 2,742. As it currently stands this is an increase of 62 patients from the reported May position and is above the anticipated number of waiting patients forecasted to be 1,949, as shown above.

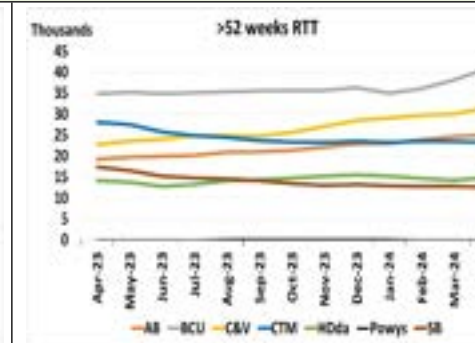
Total number of open pathways per specialty - June 2024 (provisional)

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	135	209	274	2	1295
Breast Surgery	30	134	138	11	1232
Cardiology	1438	990	1006	0	6296
Colorectal	672	487	496	6	2946
Dermatology	1185	1056	1748	0	7380
Diagnostics	0	105	73	0	4537
Ear, Nose & Throat Service	1118	1784	3274	586	12029
Endocrinology	0	0	0	0	172
Gastroenterology	1343	684	853	14	4169
General Medicine	716	419	530	15	2969
General Surgery	583	765	766	45	5624
Geriatric Medicine	4	4	1	0	126
Gynaecology	1513	1849	1026	104	9060
Haematology (Clinical)	20	64	0	0	332
Nephrology	31	20	0	0	208
Ophthalmology	681	2532	4337	1074	16049
Oral Surgery	722	591	527	20	3388
Orthodontics	143	68	5	0	308
Orthopaedics	2202	2209	3626	609	12907
Paediatrics	167	341	136	1	3315
Pain Management	0	0	0	0	4
Rapid Diagnostic Centre	0	0	0	0	120
Respiratory Medicine	195	299	470	0	3023
Restorative Dentistry	44	32	72	32	225
Rheumatology	357	221	125	3	1898
Sport and Exercise Medicine	0	2	0	0	11
Therapies	0	0	0	0	1177
Urology	1513	1178	2077	162	7796
Vascular Surgery	103	222	372	58	1278
Total	14,915	16,265	21,932	2,742	109,874

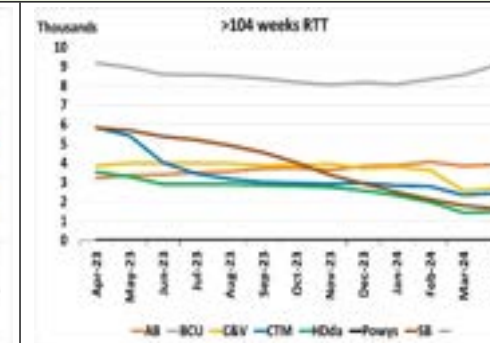
How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	2nd
HDda	4,187	3rd
C&V	12,244	4th
CTM	14,184	5th
AB	14,776	6th
BCU	19,720	7th



Status as at April 2024		
Health Board	Compliance	Rank
Powys	29	1st
SB	12,554	2nd
HDda	14,885	3rd
CTM	23,378	4th
AB	25,044	5th
C&V	31,502	6th
BCU	40,841	7th



Status as at April 2024		
Health Board	Compliance	Rank
Powys	0	1st
HDda	1,500	2nd
SB	1,657	3rd
CTM	2,435	4th
C&V	2,693	5th
AB	3,924	6th
BCU	9,081	7th

RTT continued on the next page...

 Referral to Treatment Times (RTT) continued - June 2024	
What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
General Surgery: Overall, the waiting list in General Surgery has significantly dropped in numbers, having cleared 156 weeks end of June 2024. The team now start to work on 104 weeks cohort end of December 2024, and 52 weeks end of March 2025. Colorectal clinics have been set up (x7 sessions in July to reduce the waiting lists). Mega clinics for General Surgery will be planned in October, as per Welsh Government's (WG) request. WG letter states WLI payments will be granted, awaiting confirmation of the rate before organising the clinics. Ophthalmology: The regional work is proceeding as planned - 100 stage 1 cataracts per month from July 1st. The regional team will book these patients for Spa Medica. From 28th June to 26th July, 49 stage 1 cataracts per week are being sent to Vanguard. Long waiting Glaucoma patients identified from the north of the waiting list to be seen in Maesteg. Changes to Locum Consultant timetable has resulted in an increase in 12 new and 20 follow-up OPA's per month from 19th July. Increase of 1 patient per list in RGH has already been implemented. A consultant has agreed to additional Monday clinic via job plan to see 3 new and 5 follow-up cataract patients from mid July. Dermatology: USC patients from the north being offered appointments across the HB with WLI clinics being held to reduce the long waits. Validation of all stages to reduce numbers on waiting list is ongoing. With WLI's being undertaken we anticipate an improvement by late summer. New consultant starts in September with specialist interest in paediatrics, but will also see USC patients -currently working on timetable. WPRS (Welsh Patient Referral Service) went live 24th June in the north of the HB and should improve the quality of referrals being accepted. Introduction of the teledermoscopy service in POW will give us more activity as higher numbers will be seen in the virtual clinics. Gastroenterology: Ongoing validation is identifying duplicate pathway errors. Change in reporting of fibroscans to reduce incorrect reporting at stage 1. Training on the correct outcoming in WPAS to prevent duplicate pathways. Currently at PCH there is a large deficit in capacity to accommodate the waiting list demand for both cancer and routine patients. Review of current vacancies and finance discussions need to be had to look at ways of improving the position which will require remodeling of pathways with CD input. OMFS: We are setting up additional new patient weekend clinics to clear >52 weeks end of March 2025 - awaiting confirmation on planned care funding to support this. We have also asked for additional minor oral surgery (MOS) operating sessions for any patients that convert across to stage 4 and reduce this waiting list. Discussions are taking place with orthodontics for a plan to reduce the waiting times for review and treatments, this will then result in additional new patient clinics to clear stage 1's at 52 weeks March 2025. Discussions have taken place with our restorative consultant and we are not in a position to run any additional clinics to improve the stage 1 position at year end without the additional consultant. We have a single restorative consultant who is currently managing the patients on clinical need to see as new patient and then treatment plan and carry out treatment, which is completed over many appointments. We will look at the previous business case and escalate. Gynaecology: Have now cleared all stages at 156 and reducing over 104 weeks. Working on 52-103 weeks with sustained reduction noted. Validation work continues. ENT:Weekly validation and stages 1-4 long waiting patient figures are regularly being pulled and actioned. Up until July, WLI sessions have taken place to help assist with the stage 1 patients and additional WLI theatre sessions to assist stage 4 long waiters. Radiology/Diagnostics/Therapies being highlighted to relevant departments and outcomes being chased with relevant secretarial staff. Consultants have been undertaking non-face to face consultation clinics with patients (total of 4 clinics have been completed to date – have managed to off list quite a few patients as a result of this validation exercise). Admin staff will continue to undertake system validations when they have the capacity to do so. T&O: Pan CTM is positively progressing the waiting list with the long waiting patients seeing reductions week on week. Validation is a key issue with the T&O waiting list and there is a plan within the new structure, when implemented, to ensure the waiting list is and remains fully validated. <i>{n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment}</i>	General Surgery: Currently the UHB is unable to undertake all scheduled theatre lists at PCH, due to shortage of theatre staff, resulting from sickness and the decrease in the uptake of additional sessions by the anaesthetists. 7 sessions have already been cancelled from Week beginning 1st July. If this continues the waiting lists will increase. The Mega clinics require confirmation of cost before proceeding to approach consultants. With the PCH elective theatre closures due to refurbishment in December 2024, a high level strategic plan will need to be confirmed. Ophthalmology: Risks are patients from the north not willing to travel to POW or Spa Medica. Risk with Glaucoma patients waiting up to 2 years, hence the offer to patients to travel to Maesteg where we have capacity. Risk with corneal transplant service as there is currently no service in RGH. This was paused due to the risk associated with ordering of the grafts. Paper has been submitted to see if the service can be moved to POW. Dermatology: Risks are patients from the north not willing to travel to POW. Risk with administration support – currently spending a substantial amount of money on overtime due to vacancies in the service that we have not filled. Gastroenterology: Lack of nursing establishment to support GDU in Maesteg that could impact service delivery. Lack of clinic capacity for Gastro stage 1 cohort. Support required from OPD, Med Records, Radiology and Pathology to run additional clinics. OMFS: Clinician availability for additional clinics during evenings and weekends, risk of exhausting workforce and impacting on core activity. Gynaecology: Inpatient gynae cases are a risk due to small number of inpatient beds and not enough capacity on a weekly basis. Implementation of all actions recommended by the GIRFT programme (Getting It Right First Time)* ENT: Further approval for WLI sessions are needed in order to accommodate the long waiters that remain >104 wk. Elective clinics cannot sustain the volume and hit December's target. The risk is the target will not be met and figures will slowly increase. Large number of USC cases to be treated, which has an ongoing impact on the number of RTT breaching patients that we are able to accommodate each week. Due to recent OCP – lack of administrative staff to support this going forward. T&O: We are also exploring extra theatre activity using vacant theatre, but the risk here is AHP staffing. The biggest risk to this position currently is reliance on other services e.g. therapies and radiology with their workload to staffing ratios, along with the current position on WLI rates and sessions meaning consultant staff are reluctant to pick up additional lists. <i>*GIRFT is designed to improve treatment & care by reviewing health services. Undertaking clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.</i>



CTMUHB Planned Care Group

Follow-up Outpatients Not Booked (FUNB) – Provisional Position June 2024

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

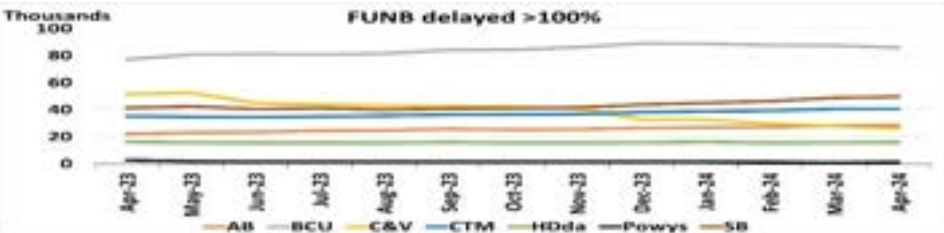
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	88,523	55,440	143,963

Number of patients waiting for a Follow-up delayed over 100% - Target is Reduction compared to the same month in the previous year

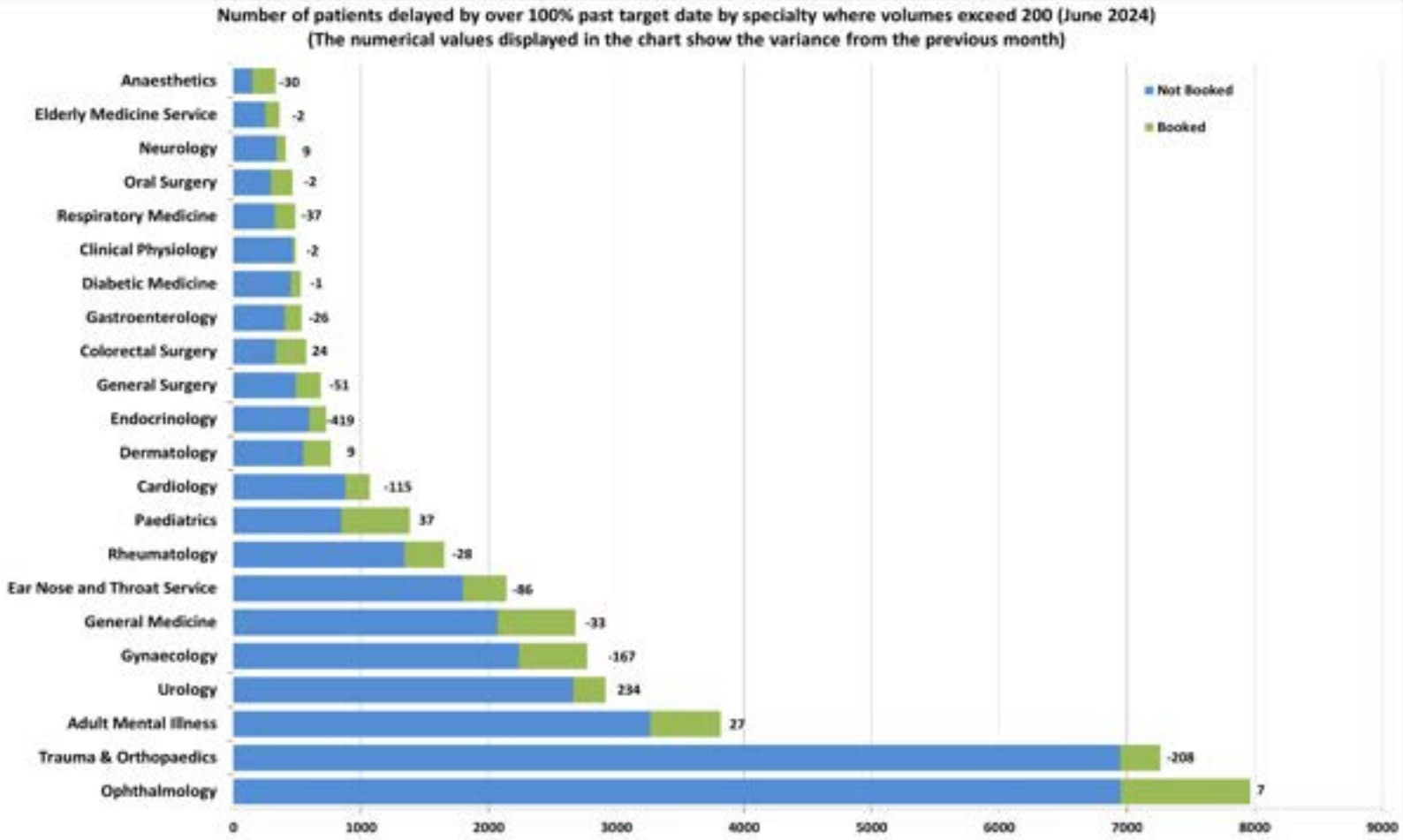
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
34,563	6,757	41,320	28.7%



How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	1,264	1st
HDda	16,028	2nd
C&V	26,338	3rd
AB	28,569	4th
CTM	40,659	5th
SB	49,837	6th
BCU	85,914	7th



How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of June 2024 provisionally stands at 143,963, which is a 7.5% growth on the number of patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date. Of the patients waiting, 41,320 (29%) have waited more than 100% longer than their clinician advised.

At the time of writing this report, combined outpatient activity levels during June continue to be below pre-Covid levels, around 15.5% less (n.b. that due to the timing of this report, this figure is subject to change due to the time lag of transacting attendances). Whilst activity levels remain lower than prior to the pandemic, the table below does demonstrate the year-on-year improvements on OPA activity levels.

Average monthly outpatient activity	Pre-Covid 19	2024/25 (Apr - May)	Gap	
New	17493	17169	324	1.9%
Follow-up	39506	37464	2042	5.2%
Total	56999	54633	2366	4.2%
Average monthly outpatient activity	Pre-Covid 19	2023/24	Gap	
New	17493	16624	869	5.0%
Follow-up	39506	36099	3407	8.6%
Total	56999	52723	4276	7.5%
Average monthly outpatient activity	Pre-Covid 19	2022/23	Gap	
New	17493	16500	993	5.7%
Follow-up	39506	34403	5103	12.9%
Total	56999	50903	6096	10.7%
Average monthly outpatient activity	Pre-Covid 19	2021/22	Gap	
New	17493	15042	2451	14.0%
Follow-up	39506	32802	6704	17.0%
Total	56999	47844	9155	16.1%
Average monthly outpatient activity	Pre-Covid 19	2020/21	Gap	
New	17493	10302	7191	41.1%
Follow-up	39506	29445	10061	25.5%
Total	56999	39747	17252	30.3%

What actions are we taking & when is improvement anticipated?

General Surgery: The team are validating as much as safe and practical without clinical input. The consultants will shortly receive their FUNB individual patient lists, with an ask to go through the list in their admin time to advise on clinical way forward for patient pathway.

Ophthalmology: The Clinical Director (CD) has validated the high risk, long waiting Glaucoma patients and has identified 40 patients that need an immediate face to face review. Additional capacity has been created to see these patients in July. The CD also noted that 147 patients can be removed from the Glaucoma FUNB pathways with Medical Records supporting the removal. Discussions ongoing with clinicians to encourage using PIFU/SOS as appropriate.

Dermatology: POW secretaries actively monitor the FUNB list. RGH/PCH secretaries will shortly be monitoring their FUNB lists and we should see improvement by end of year.

Input of clinical conditions to be introduced in the north (currently using these in POW). This will support medical records and the secretaries in identifying the clinically urgent patients and will ensure they are booked into the appropriate clinics. Discussions ongoing with clinicians to encourage to using PIFU/SOS as appropriate. Discussions currently ongoing with the CD and Pharmacy to allow 'pharmacy led drug monitoring clinics' which will provide additional capacity for the FUNB patients.

Gastroenterology: Clinical validation ongoing. Text and remind service to reduce DNA rate. Admin validation ongoing.

OMFS: We are waiting further consultant availability to run additional review clinics, both face to face and virtual. Improvement is anticipated by March 2025.

ENT: WLI additional clinical sessions up to July have provided a bit of flexibility in elective clinics allowing clinicians to see more follow-up patients. Future WLI's will be required to help support achieving target for exiting patients on the FUNB lists.

T&O: We will be making full use of WLI funding to ensure the waiting list is reduced as rapidly as possible and looking at the FUNB position and how we can improve this.

What are the main areas of risk?

General Surgery: Not enough uptake from consultants to undertake a clinical validation.

Ophthalmology: The biggest risk are the patients noted to the left which hopefully will be resolved with the clinical validation.

Gastroenterology: Medical Records resource to undertake partial booking and Text & Remind service. Demand for RTT clinic slots reduces clinician's availability to undertake FUNB validation.

OMFS: Clinician availability for additional evening and weekend clinics. This is in addition to the request of additional new patient RTT activity. There is a risk of exhausting workforce and impacting on core activity.

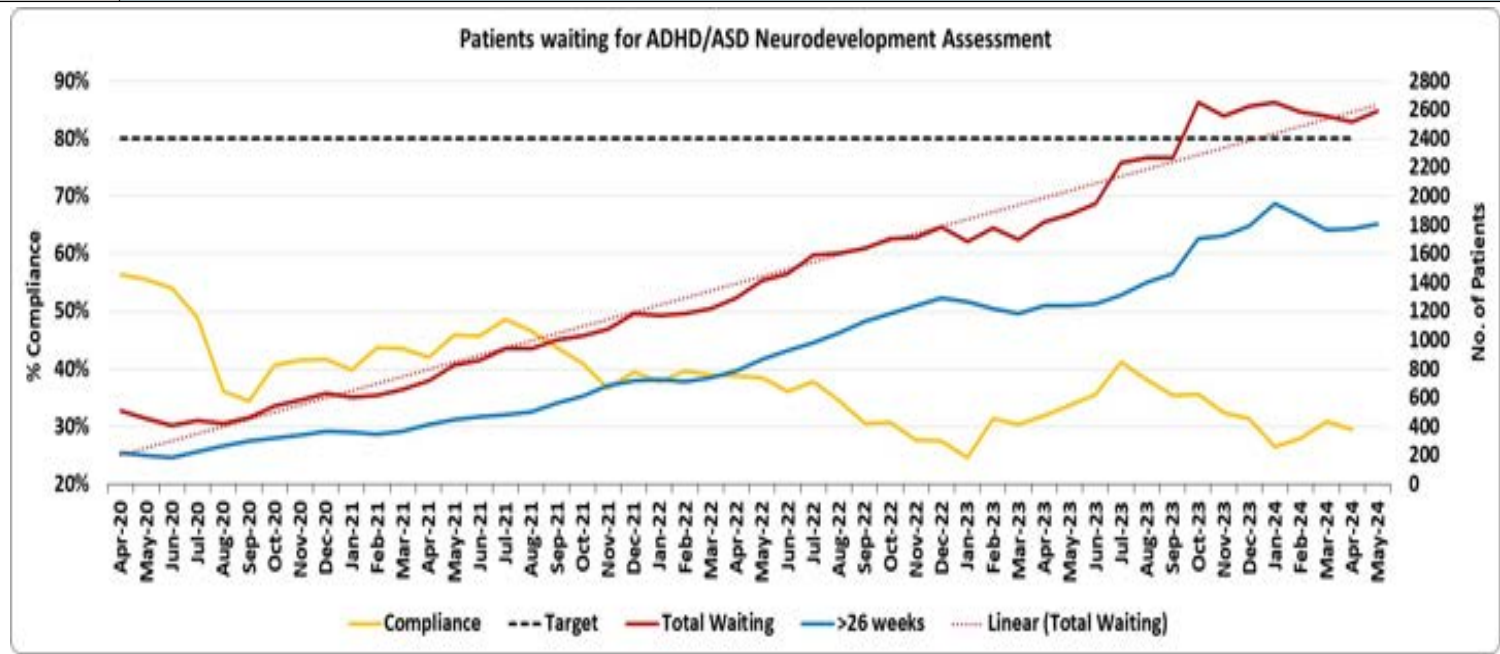
ENT: Elective clinics cannot solely sustain both new patients on the >104 week long waiting RTT waiting list and FUNB patients.



CTMUHB Children & Families Care Group

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

May 2024 - 30.1%



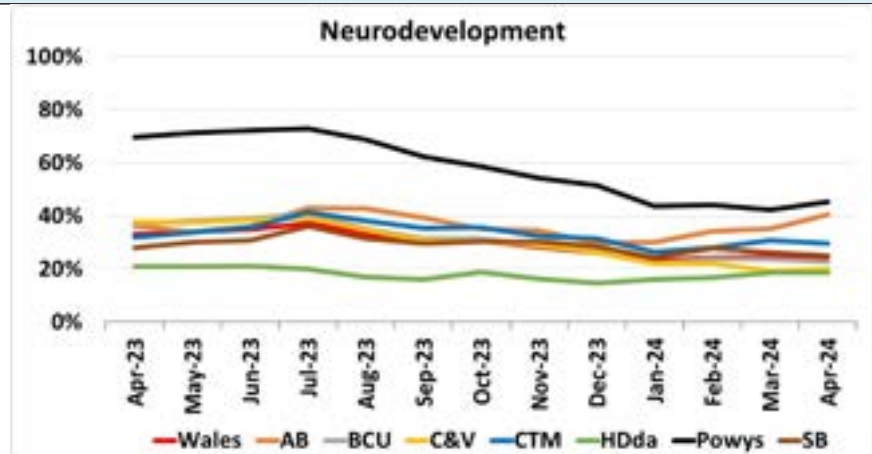
How are we doing?

We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,589 patients; with the greatest growth occurring during 2023/24. During the period analysed in the chart above average monthly accepted referrals have increased from 38 to 222 per month, even with robust triage decisions at the point of referral being made

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental remains low at 30.1%.

From July of last year the chart shows that compliance has been fluctuating between 26.5% and 41.3% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	42.2%	1st
AB	35.2%	2nd
CTM	30.9%	3rd
SB	26.3%	4th
BCU	23.6%	5th
C&V	19.3%	6th
HDda	18.7%	7th

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 local authorities, along with AHP posts to support pre/post diagnosis, with third sector agencies who were allocated funding to provide support between April 2023 and March 2024. Additional funding has been made available until March 2025. The plans are for this to be spent on increasing the capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff. As a service we committed to starting an additional 500 new ND assessments over 2024/5 and at the end of Q1 over 200 assessments have already started, so this target seems achievable
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further. Slippage from 2023/24 spend was utilised by Speech and Language Therapists to take additional patients off the waiting list.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Interviews have taken place and 3.5 wte CNS/AHP staff were recruited with all now being in post and undergoing a period of induction before actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We are forecasting that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 78 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks), although achieving this target does involve seeing 1,800 new patients in total over 2024/25; with still a relatively small clinical team.

What are the main areas of risk?

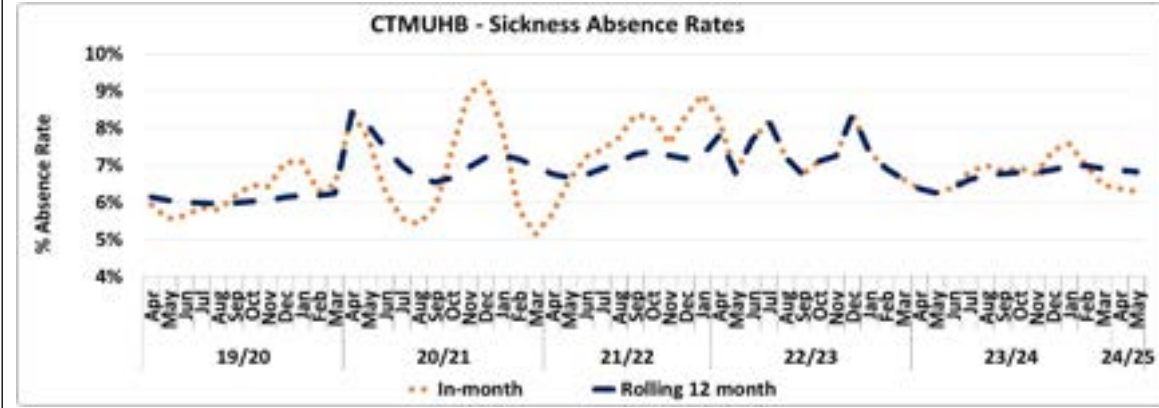
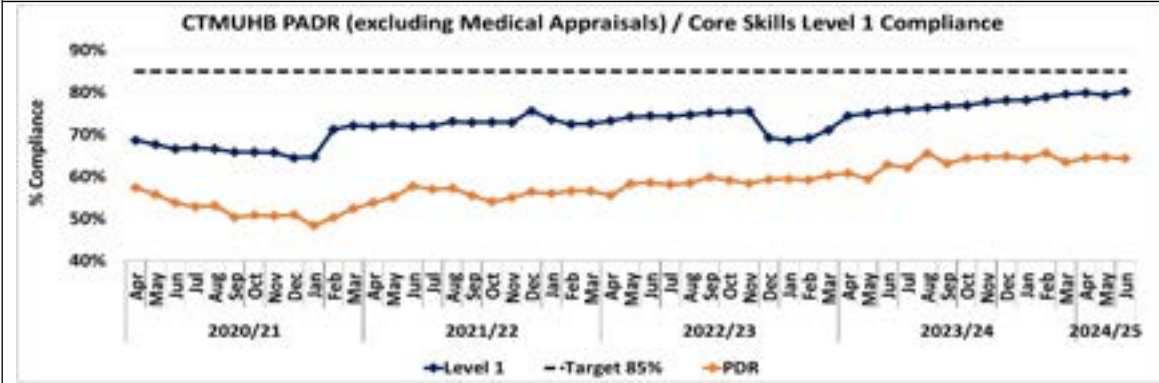
- A demand and capacity review was undertaken during January 2024 and templates have been implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, have created additional waits for children/young people for ADHD assessments. However, the team successfully recruited 3.5 wte AHP/CNS posts and these staff have all started across June/July. Following these appointments into post, the demand will be met, with 5 new patient appointments surplus per month (if demand remains stable) to tackle the backlog of patients.
- The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand. Without investment of 2 x B7 AHP for 2 years, the backlog of patients will remain an issue although current demand will be met. Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners.

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		6.8%	May-24
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		8.29%	Feb-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		6.1%	May-24
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		64.3%	Jun-24



CTMUHB Workforce Metrics

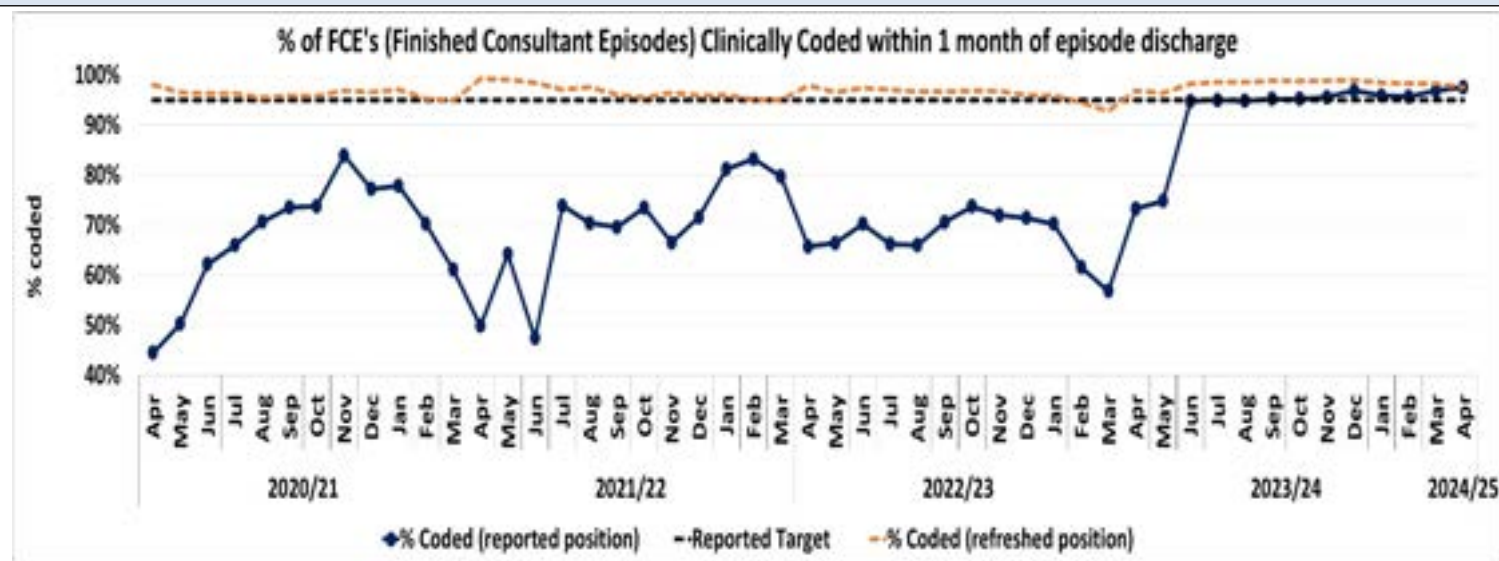
% of sickness absence rate of staff – Target is 12 month reduction trend – May 2024 (6.8%) 		The rolling twelve-month sickness rate to May 2024 is 6.8% and is slightly higher than the equivalent rolling period of the previous year (6.3%). The in-month sickness rate is 6.3% and is similar to the equivalent period of 2023.	What actions are we taking & when is improvement anticipated? What are the risks? The People Services team coach managers through the practical application of attendance management principles to support the health and wellbeing of employees in the workplace, support employees to return to work following a period of sickness absence and support employees to sustain their attendance at work. This case management approach is complimented by proactive Managing Attendance at Work training, delivered by the People Services Team, to upskill line managers with the necessary tools and behaviours to consistently, proportionately and robustly manage attendance. Following a review of current practice a task and finish group was created to expand the current training content to strengthen guidance and governance in progressing cases where sustained attendance has not been achieved, facilitating fair and balanced action. In addition, the supporting template letters used as part of the attendance management process have been reviewed to embed the Health Board Values and Behaviours with the aim of improving employee experience and increasing alignment between our policy principles and procedural practice. These initiatives will be rolled out during August.																								
Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20 		Nurse retention is key area of focus for both the ‘People’ & Corporate Nursing teams. The risks and challenges reflect a complex local, national and international position regarding the shortage of registered nursing and midwives. Without taking action to reduce turnover and retain our workforce this would result in: • loss of essential experience and critical skills creating further vacancy gaps • burden on other workforce and their health and wellbeing resulting in increased sickness absence • staff costs/variable pay • further turnover and inability to attract and recruit a wider workforce - potential reputational damage CTM is actively involved in the national work being led by HEIW. Our Retention Action Plan covers delivery against both internal plans and the actions within the HEIW plan. Our Retention Group gives oversight, direction and engagement on this work. Our Retention and Workforce Planning Lead will encourage sharing best practice and utilising networks across Wales. Key areas of focus will be on 4 key pillars: 1. Context: staff survey results, research, think tanks, evidence based practice and different sources of data to influence actions and change. 2. Planning and Delivery: the CTM retention action plan and roll out of the HEIW retention self-assessment tool 3. Retention initiatives: embedding our newly launched Lateral Moves Scheme, improving flexible working, relaunching our Moving on Questionnaire and promoting areas of good practice / case studies within the health board. 4. Thinking differently: developing new initiatives informed by engagement, best practice, research and data. The specific improvements are being delivered alongside and interlinked with other ongoing work streams around improved attraction, bolstered recruitment pipelines, our culture / wellbeing / employee experience offer.	What actions are we taking & when is improvement anticipated? What are the risks?																								
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% - June 2024 (64.3% - Provisional)  <table><tr><th colspan="2">CTM Level 1 Core Mandatory Training Compliance June 2024</th></tr><tr><td>Safeguarding Children</td><td>85.0%</td></tr><tr><td>Equality, Diversity & Human Rights</td><td>84.8%</td></tr><tr><td>Health, Safety and Welfare</td><td>84.5%</td></tr><tr><td>Safeguarding Adults</td><td>83.9%</td></tr><tr><td>Moving & Handling</td><td>82.9%</td></tr><tr><td>Information Governance</td><td>81.9%</td></tr><tr><td>Violence & Aggression</td><td>79.0%</td></tr><tr><td>Fire Training</td><td>78.6%</td></tr><tr><td>Infection Prevention and Control</td><td>75.7%</td></tr><tr><td>Resuscitation</td><td>64.7%</td></tr><tr><td>HB Overall Compliance</td><td>80.1%</td></tr></table>		CTM Level 1 Core Mandatory Training Compliance June 2024		Safeguarding Children	85.0%	Equality, Diversity & Human Rights	84.8%	Health, Safety and Welfare	84.5%	Safeguarding Adults	83.9%	Moving & Handling	82.9%	Information Governance	81.9%	Violence & Aggression	79.0%	Fire Training	78.6%	Infection Prevention and Control	75.7%	Resuscitation	64.7%	HB Overall Compliance	80.1%	PDR compliance has remained fairly static for the 1st quarter of the year, around 64%. Compliance for the past year has ranged between 62.1% and 65.6%, recognising that this remains below the WG target of 85%. Currently, combined core mandatory training compliance is 71.7% with Level 1 disciplines at 80.1% and is improving in small increments, but continuing to remain below the required standard of 85%.	What actions are we taking & when is improvement anticipated? What are the risks? PADR – Your Conversation: • “Making the most of PDR – <i>Your Conversation</i>” workshop developed and being delivered with management teams. • Full day educational offer now available taking staff through PADR process from a systems, individual and manager perspective. This is being embedded into the emerging Leadership Development offer. • CTM-specific PADR and Pay Progression FAQs developed and shared with affected staff on a monthly basis (i.e. managers with staff who are due to go through a gateway). • Targeted communications being sent to managers with PADR compliance below 85%. • Ongoing assessment to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work. Core Learning: • Core Learning Working Group established to supplement the Core Learning Steering Group with a more focused space to work with Subject Matter Experts to continually drive up compliance. • CTM Core Learning Review Report being designed to capture organisational performance and influence a potential All Wales review of Core Learning provision. • All subjects now responsible for the administration of training co-ordination, freeing up Learning and Development resource to undertake organisational activities aimed at creating a culture of compliance. • Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board. • Monthly drop-in sessions ongoing, with the Core Learning team attending different sites each month. • Range of subject guides and educational materials in development to support staff to access their learning.
CTM Level 1 Core Mandatory Training Compliance June 2024																											
Safeguarding Children	85.0%																										
Equality, Diversity & Human Rights	84.8%																										
Health, Safety and Welfare	84.5%																										
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Resuscitation	64.7%																										
HB Overall Compliance	80.1%																										

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				
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 a 12 month improvement trend		97.5%
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		98.2%
				Apr-24
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.9%
	Number of Pathways of Care delayed discharges	12 month reduction trend		362
				Jun-24
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%		90.0%
	% 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			87.4%
				May-24
	Number of service user feedback experience responses completed and recorded on CIVICA	Month on month improvement		1,803
				Mar-24

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 2024/25		19
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2024/25		4
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		82.20
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		41.77
	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		37.73
	% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction compared to the same month in the previous year		52.2%
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%		66.0%
	Number of ambulance patient handovers over 1 hour	Zero		973
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes		20.7%
	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		71
				May-24

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate a 12 month improvement trend – April 2024 – 97.5%



How are we doing?

The reported position for April 2024 is 97.5% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and remaining above the set target of 95%.

As of the start of July, the coded position for the 1st Quarter of 2024/25 currently stands at 73.9% and we are making good progress to achieve the May in month target of 95%.

Compliance for the correction of errors within 35 days reached 98.2% during April with 108 of the 110 errors corrected within the requisite timescale.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, with a 40.3% productivity gain having been achieved in the past 12 months.

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.

Coding team are working with the urology and dermatology teams to record outpatient events including procedures to data standards in real time using FHIR forms.

Current Coded Position as at 7th July 2024				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,439	11,157	282	97.5%
May-24	11,593	10,391	1,202	89.6%
Jun-24	10,409	3,150	7,259	30.3%
Total	33,441	24,698	8,743	73.9%

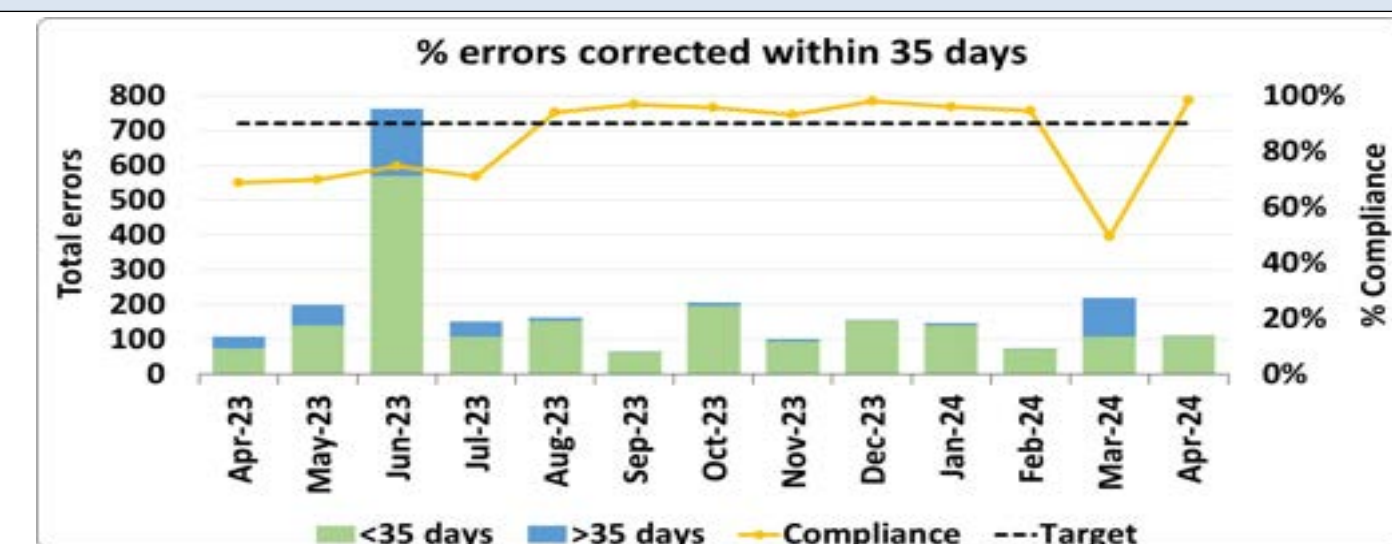
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

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

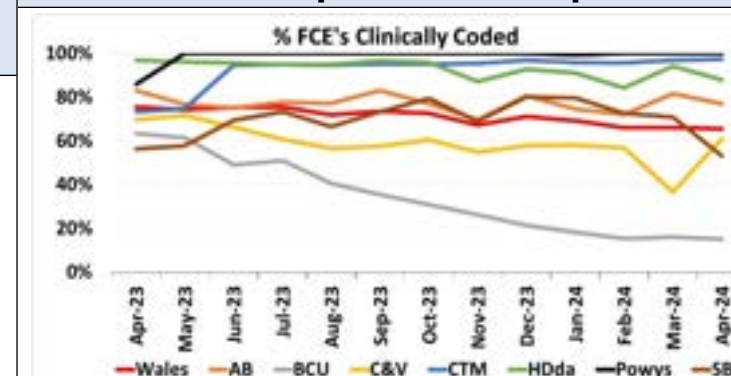
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records.

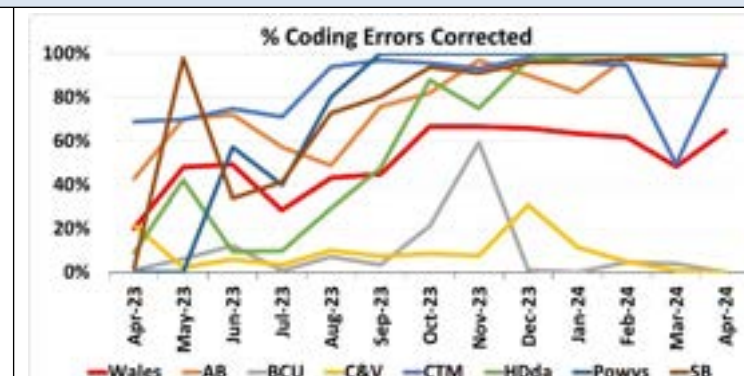
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - April 2024 – 98.2%



How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	97.5%	2nd
HDda	88.0%	3rd
AB	77.1%	4th
C&V	60.9%	5th
SB	53.3%	6th
BCU	15.0%	7th

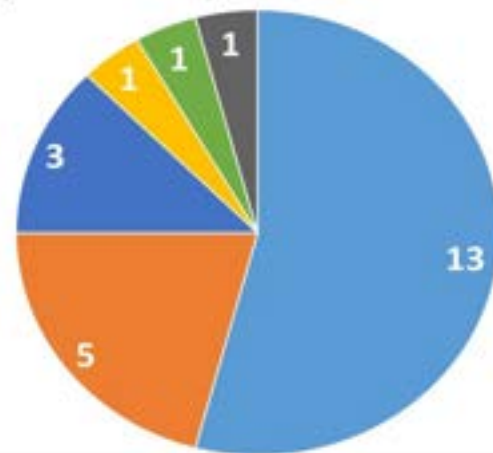


Status as at April 2024		
Health Board	Compliance	Rank
HDda	100.0%	1st
Powys	100.0%	1st
CTM	98.2%	3rd
AB	96.0%	4th
SB	94.2%	5th
BCU	0.0%	6th
C&V	0.0%	7th

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 24 / Non Mental Health Delays = 338

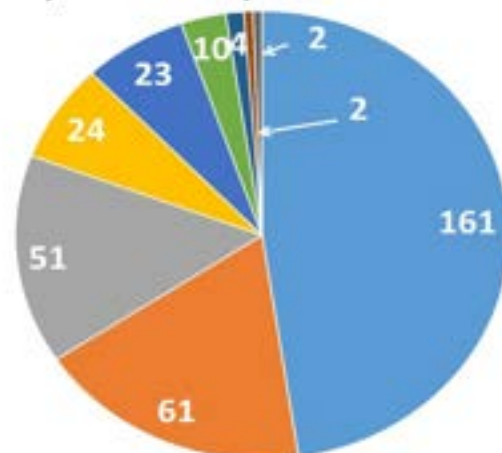
Mental Health - Reasons for Patient Pathway of Care Delays June 2024

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



Non-Mental Health - Reasons for Patient Pathway of Care Delays June 2024

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



Delays by Local Authority - June 2024

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH	4		4		13		1	18		40
POW		106				6		5	1	118
RGH				3	2			78		83
YCC					31			34		65
YCR		1			1			44		46
Glanrhyd		10								10
Grand Total	4	117	4	3	47	6	1	179	1	362

CTMUHB Patient Pathway of Care Delays



How are we doing?

On average, 301 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (43.5%) related to delayed assessment, as per the table below:

Reason for Delay	Average
Assessment Issues	131 43.5%
Care Home placement arrangements	65 21.6%
Home care related issues	42 13.8%
Transfer related issues	18 6.0%
Disagreements/Legislation	18 6.0%
Step down to recover and assess	9 3.0%
Housing Related Issues	8 2.5%
NHS Bed related issues	3 0.8%
Funding Issues	4 1.4%
Home adaptation/equipment issues	4 1.4%
Total	301

During June there were 166 delays due to assessment issues falling within the following categories:

Assessment Category	Count
Awaiting completion of assessment by social care	55
Awaiting joint assessment	37
Awaiting completion of assessment Nursing	29
Awaiting Social worker allocation	22
Awaiting Continuing Healthcare (CHC) Assessment	13
Awaiting completion of assessment AHP	5
Awaiting completion of assessment Medical	3
Awaiting completion of assessment Pharmacy	1
Awaiting completion of assessment Psychiatry	1
Total Assessment Issues	166

- There has been an upward trend in assessment delays with the largest category being delays in assessment for social care. The highest percentage of social care delays are found in Bridgend where there is no provision of D2RA Pathway 3 beds for complex assessment, as such patients are located on an acute site and are represented as an assessment delay.
- Joint assessment delays have increased as this represents the EtoC proportionate assessment that should be sent 48 hrs prior to EDD

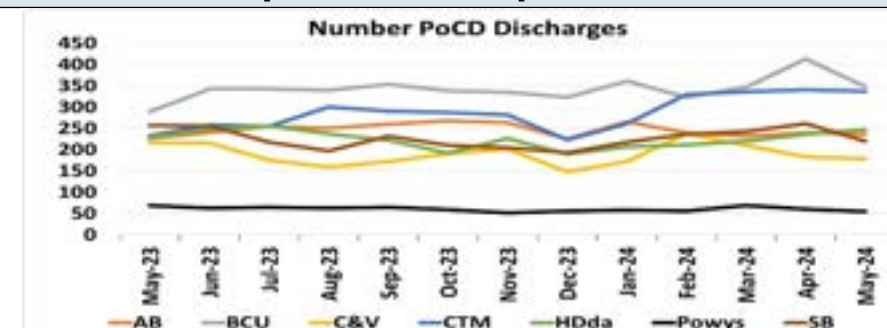
What actions are we taking & when is improvement anticipated?

- Whilst the increase in assessment delays was expected as CTM is moving from an assess to discharge mode, the continued increase demands targeted action to address. As a result a task and finish group has been re-established to create a targeted action plan for improvement.
- Integrated PoCD action plan monitored through the Integrated Discharge Delivery Board.
- Trusted Assessors in post May 2024 with plan to reduce assessment delays.
- Localised improvement plans on each site as part of the Optimise Programme – lead nurse appointed.
- Multi-Agency discharge events scheduled on all sites to review discharge actions and improvements
- Training and support for Integrated Discharge Policy and Procedure.

What are the main areas of risk?

- Recruitment and retention of Social Care staff.
- Availability of nursing beds and lack of residential beds with 3rd party payments.
- High levels of complexity in frailty associated with dementia which restricts availability of appropriate community placements.

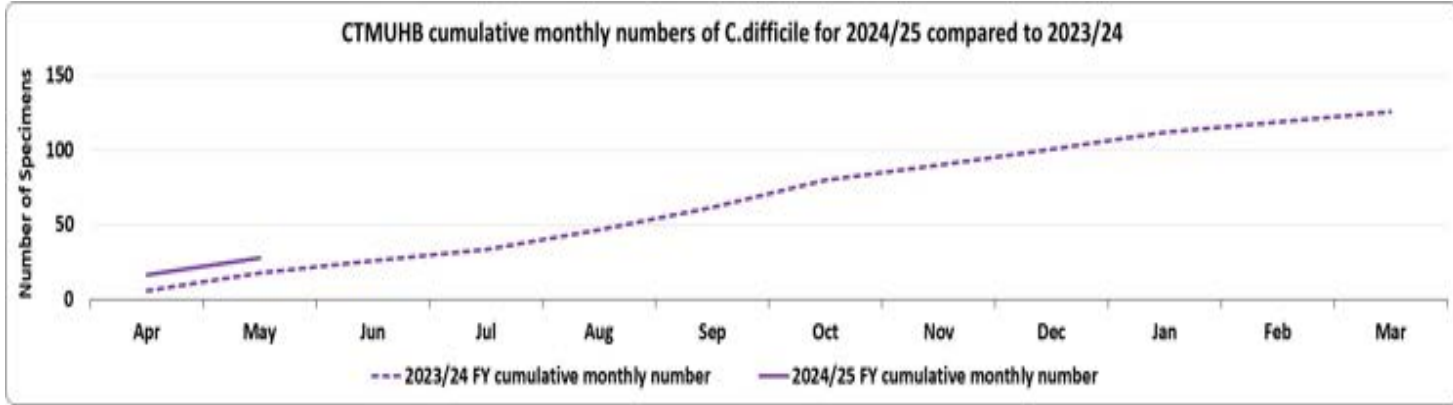
How do we compare with our peers?



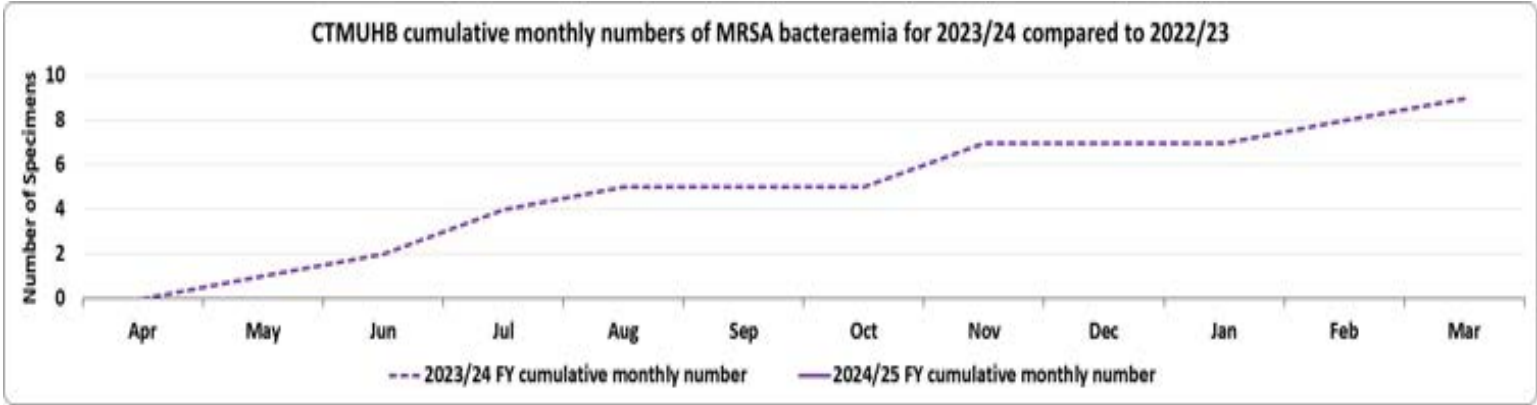
Status as at May 2024		
Health Board	Compliance	Rank
Powys	55	1st
C&V	179	2nd
SB	220	3rd
AB	237	4th
HDda	247	5th
CTM	338	6th
BCU	348	7th

CTMUHB Safe Services – Healthcare Acquired Infections

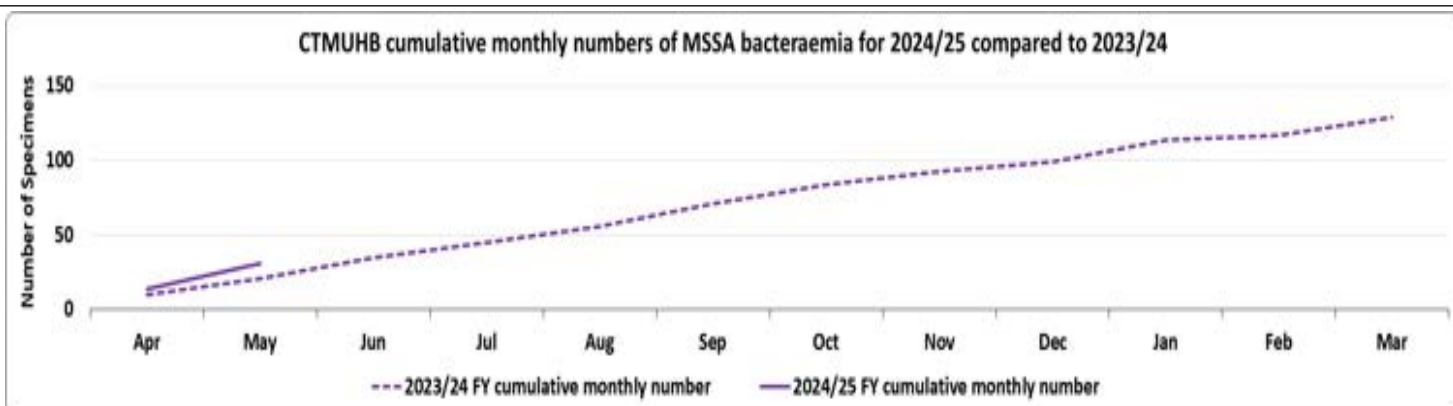
C.difficile
28 C.difficile cases have been reported by CTM for Apr-May 2024. This is 10 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 37.73, which compares to the All Wales rate of 47.96. In CTM 32% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient). The IPC team are working with the care groups to improve the RCA process in order to maximise opportunities for learning and sharing best practice.



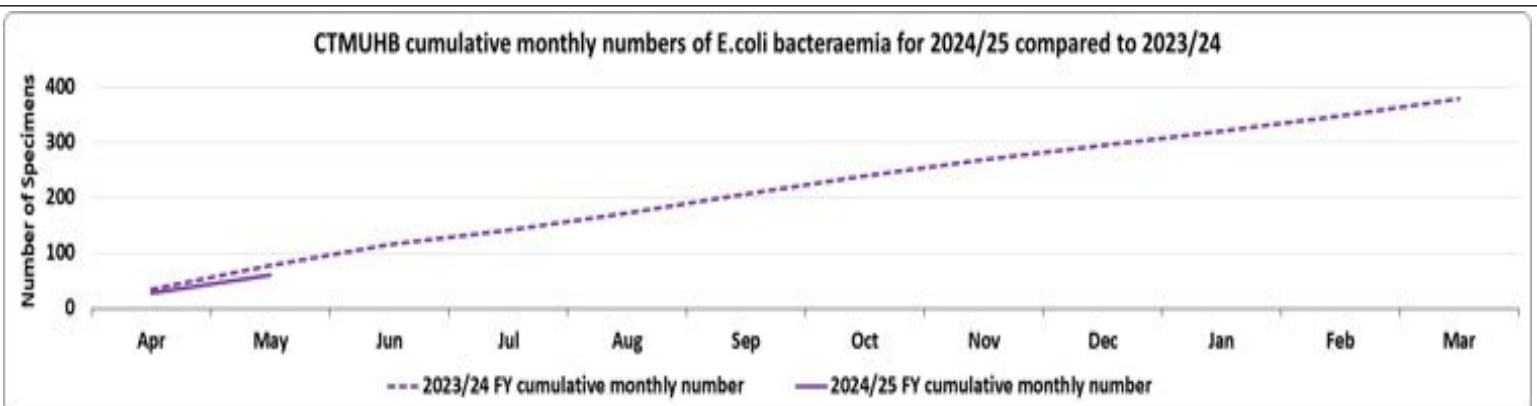
MRSA
Zero MRSA bacteraemia have been reported by CTM for Apr-May 2024. This is 1 case less than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 0.00, which compares to the All Wales rate of 1.34.



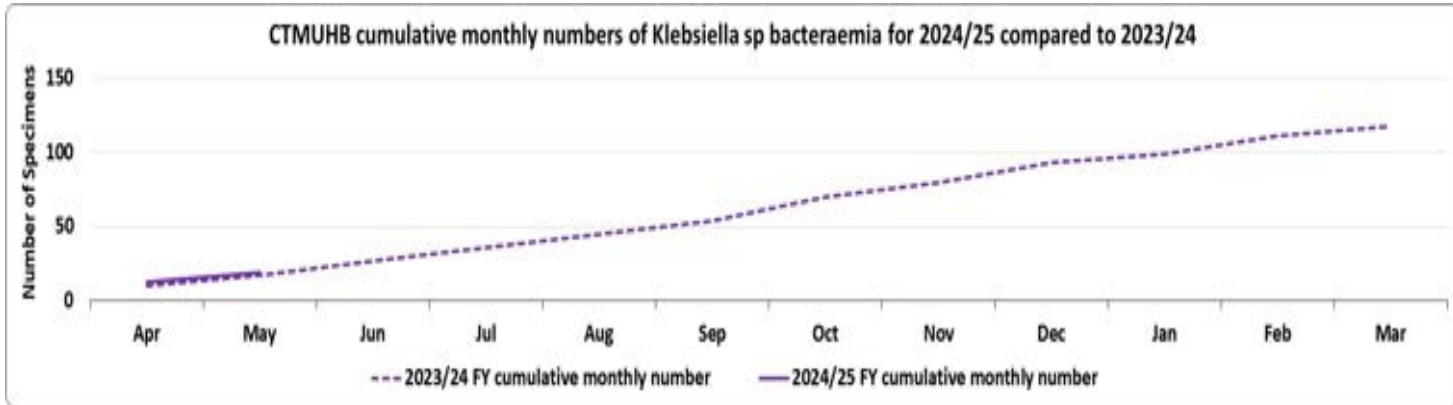
MSSA
31 MSSA bacteraemia have been reported by CTM for Apr-May 2024. This is 10 (48%) cases more than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 41.77, which compares to the All Wales rate of 30.00. 71.0% of the specimens taken are community onset with 10% of the total cases being associated with an IV device. Support is required to restart the IV Steering Group to provide direction for IV device management across CTM.



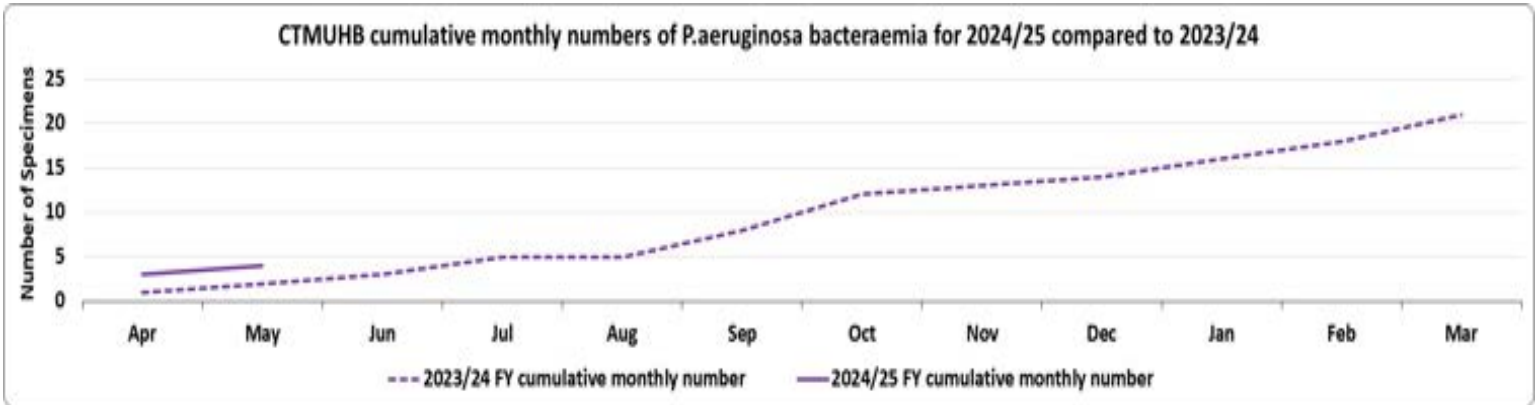
E.coli
61 E.coli bacteraemia have been reported by CTM for Apr-May 2024. This is 17 fewer cases than the equivalent period of 2023/24. The provisional rate per 100,000 population for 2024/25 is 82.2, which compares to the all Wales rate of 70.5. Community onset cases account for 72% of the specimens taken. Around 8% of cases are linked to a urinary catheter. Urinary catheter management needs to be improved across the Health Board. Improvement work has been temporarily halted due to critical staff shortages within the IPC team.



Klebsiella sp
19 Klebsiella sp bacteraemia have been reported by CTM for Apr-May 2024. This is 2 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 25.6, which compares to the All Wales rate of 21.21. Of the specimens taken, 84% are community acquired infections. 11% of the total cases are associated with a urinary catheter. IPC huddles are held to discuss both community onset and healthcare onset urinary catheter related bacteraemia.

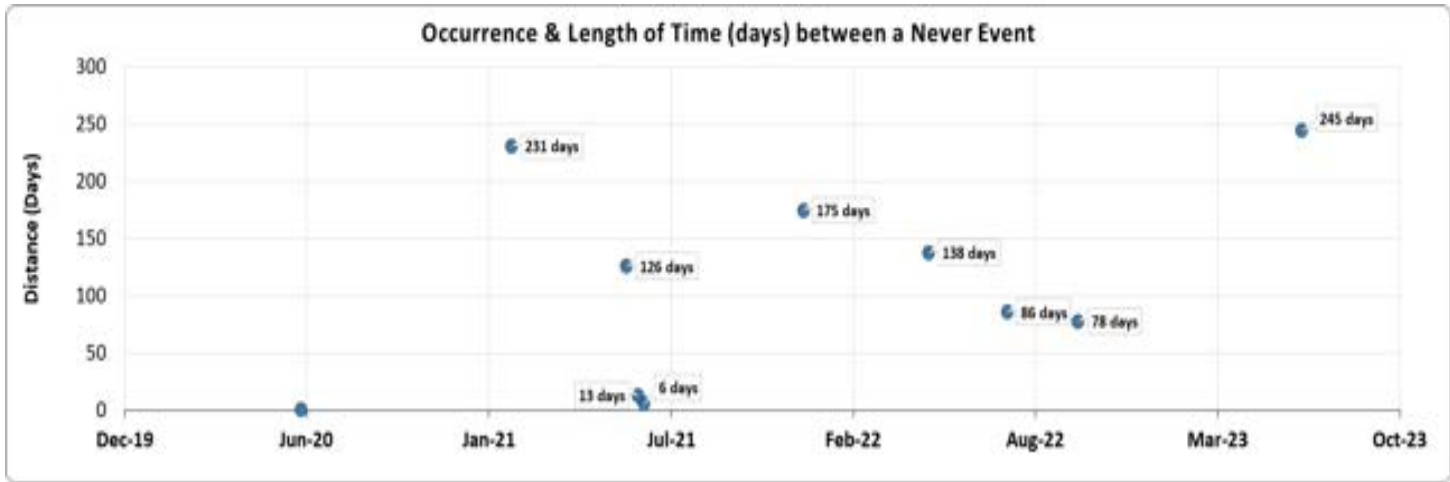


P.aeruginosa
4 P.aeruginosa bacteraemia have been reported by CTM for Apr-May 2024. This is 2 more cases than in the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 5.39, which compares to the All Wales rate of 4.39. 50% of infections are community acquired infections. None of the cases are considered preventable from an IPC perspective.



Safe Services – Never Events & Nationally Reportable Incidents

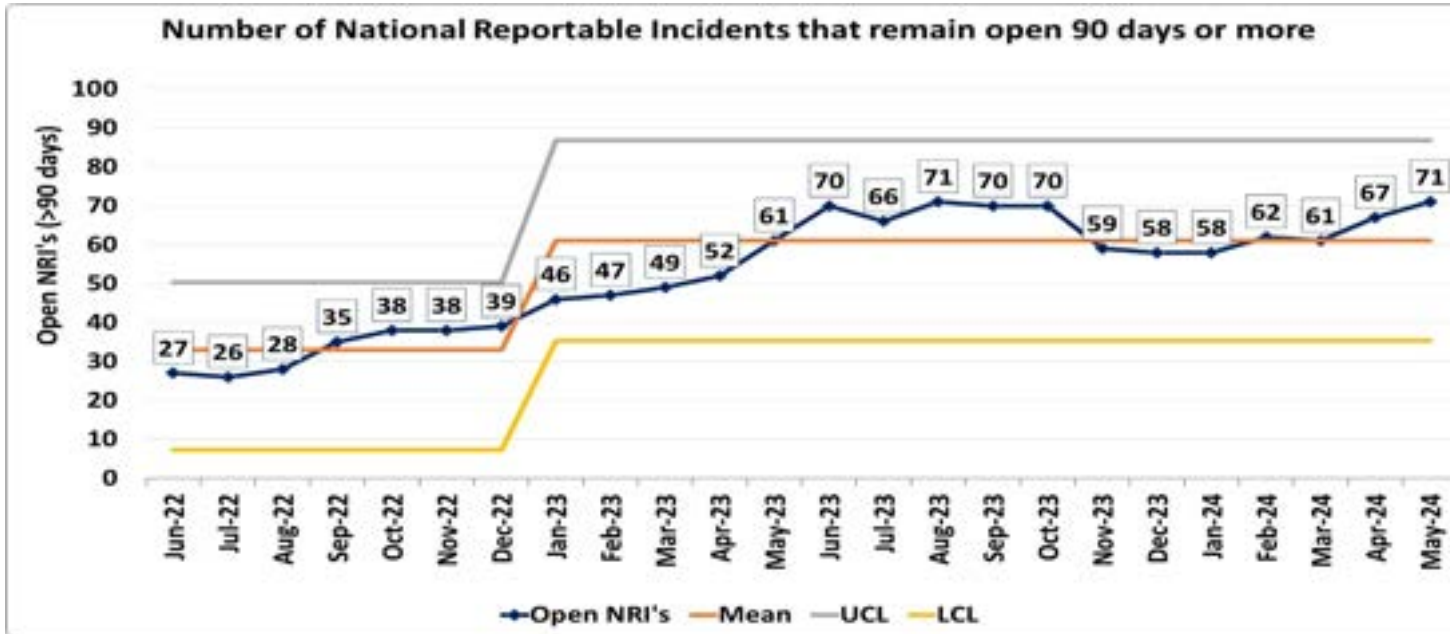
Number of Never Events – June 2024 - Zero



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 June 2024, with the last occurrence being June 2023, relating to a wrong side surgery and investigations are continuing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – May 2024 - 71

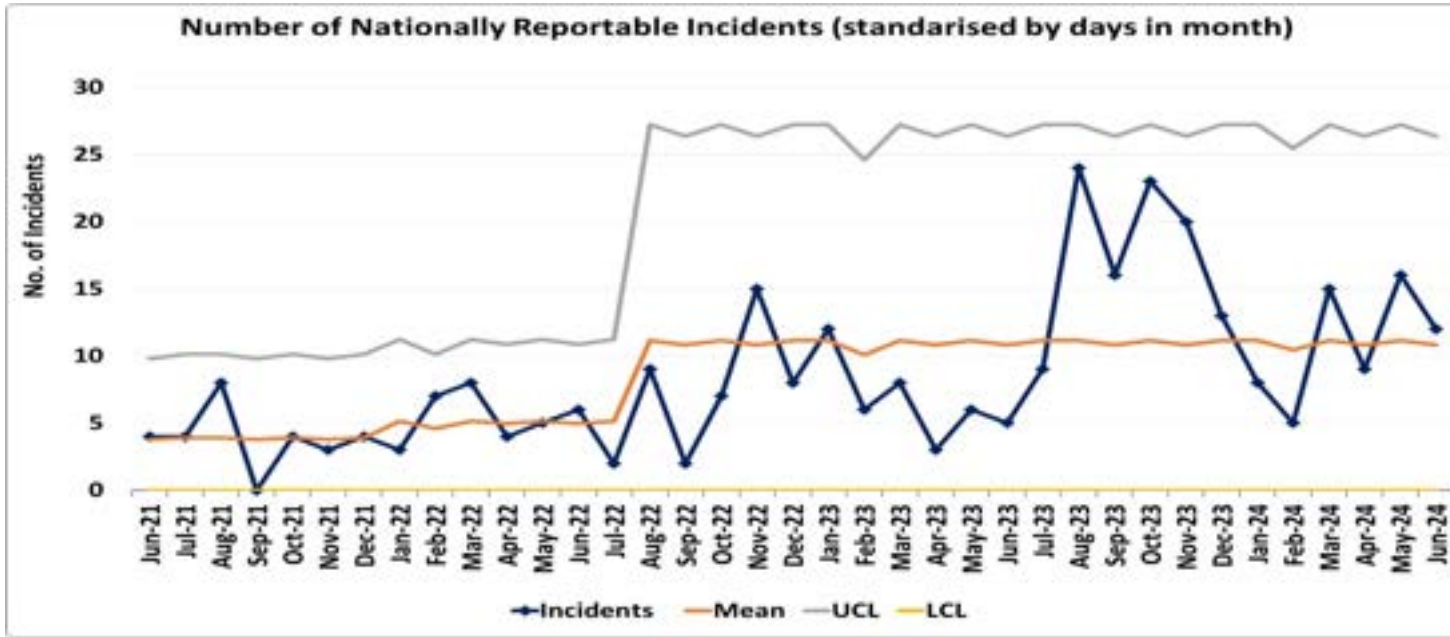


N.B. in order to allow for accurate reporting there is a time lag of approx. one month for the 90 days measure.

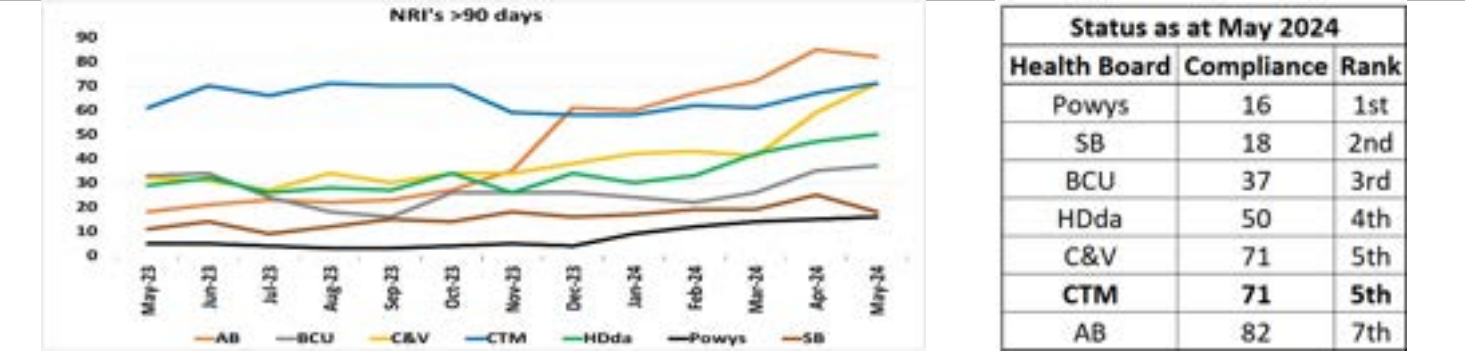
During June, 12 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 193 incidents submitted during the last 12 months.

Provisionally, as at 2nd July, the Health Board has 77 open Nationally Reportable Incidents, of which 44 are overdue the timescale (60 days) for completion. A trajectory plan is in place to ensure investigations are concluded and an outcome provided to patients and their families.

Type of Nationally Reportable Incidents	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Admission / Transfer / Discharge	1			1	1	1	3		2	1	1		11
Behaviour (including violence and aggression)										1			1
Clinical Assessment, clinical diagnosis	2		3		5	3			2		1	2	19
Infection Prevention & Control		6	10	13	5	1				1		2	38
Infrastructure (Staffing/Facilities/Environment)		6	10	13	1								30
Maternity/Neonatal adverse occurrence	1	4				1	1	1	2	4	2	3	19
Medication	1			1									2
Patient/Service user death		1					1		2		1	2	7
Pressure Damage	2	6	2	7	8	5	3	3	5	1	4	3	49
Safeguarding									1				1
Slip, Trip or Fall								1					1
Treatment, Procedure	2		1	1		2			1	1	7		15
Grand Total	9	24	26	36	20	13	8	5	15	9	16	12	193



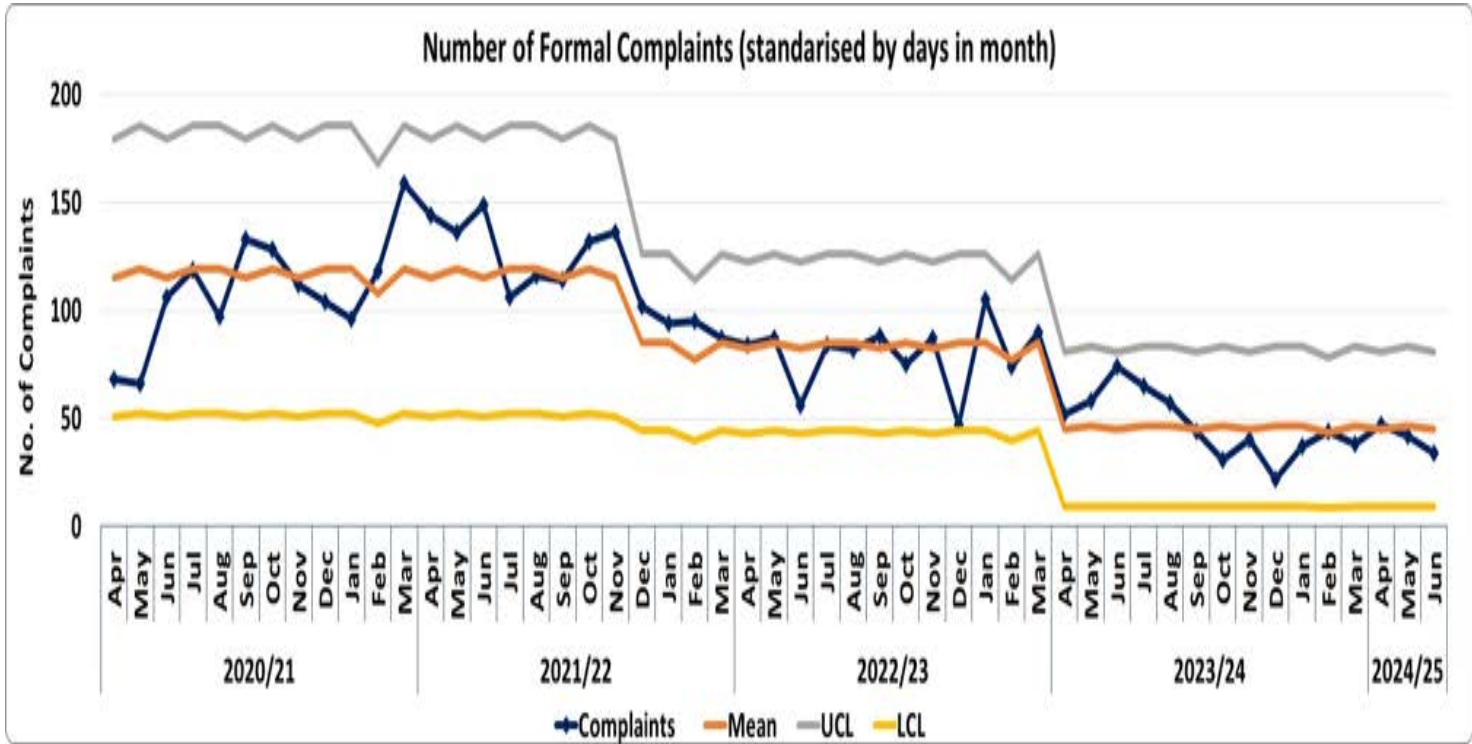
How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
Powys	16	1st
SB	18	2nd
BCU	37	3rd
HDda	50	4th
C&V	71	5th
CTM	71	5th
AB	82	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – June 2024 - 34 Formal Complaints

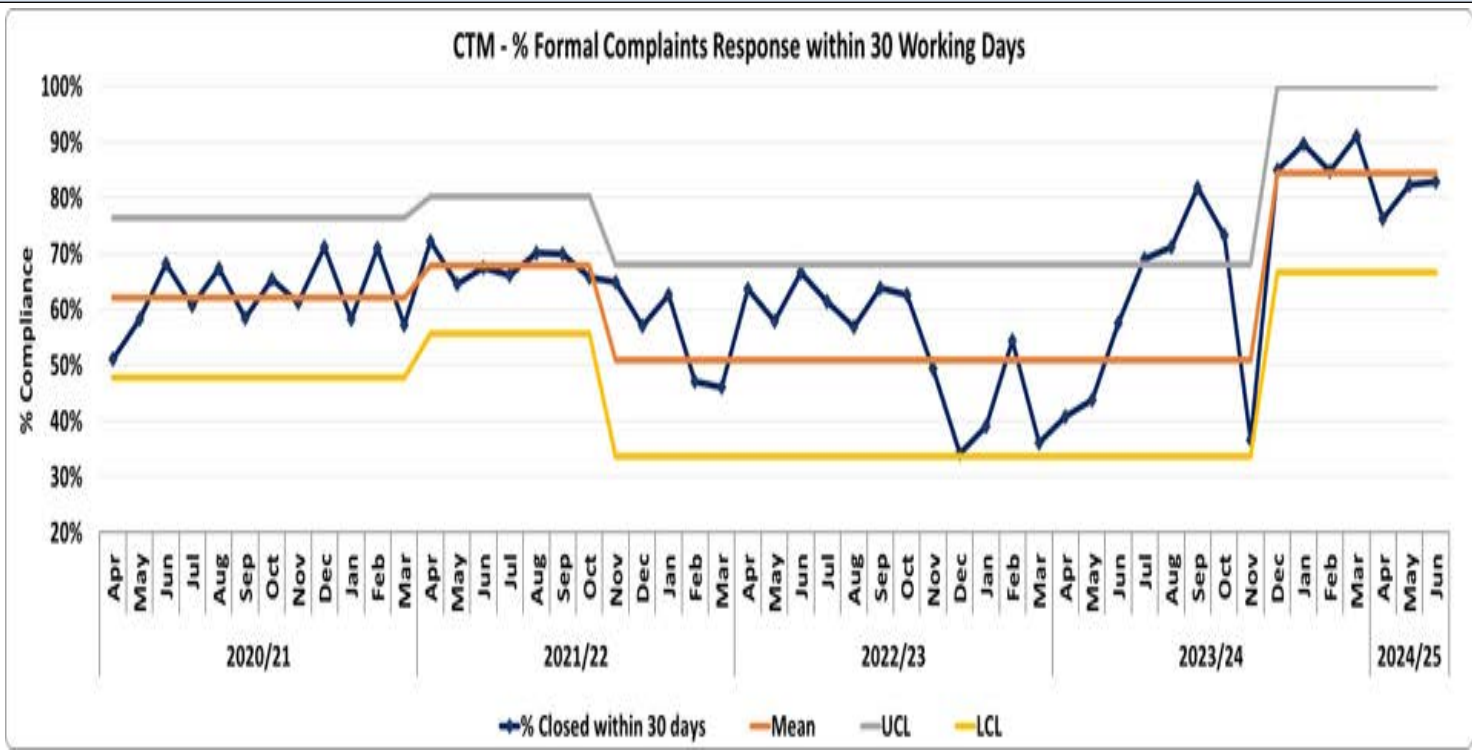


During June, 34 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations with volumes below the current mean of 45.

For those complaints received during June, the majority related to clinical treatment/assessment (33), with the one remaining compliant relating to discharge issues.

Top Ten - Main Themes from Complaints during the last 12 month period	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
Clinical treatment/Assessment	36	45	33	23	33	16	31	34	28	38	39	33	389
Other	3	4	5	2	0	2	2	1	1	1	0	0	21
Discharge Issues	3	2	0	0	0	0	0	3	6	3	0	1	18
Attitude and Behaviour	5	2	1	0	2	1	0	0	1	1	1	0	14
Appointments	6	1	1	1	0	1	1	1	0	0	1	0	13
Medication	2	1	1	1	2	1	2	2	0	1	0	0	13
Patient Care	2	0	2	0	1	0	1	0	0	0	0	0	6
Access (to Services)	1	2	0	1	0	0	0	2	0	0	0	0	6
Communication Issues (including Language)	3	0	0	0	0	0	0	0	1	1	0	0	5
Referral	1	0	0	2	1	0	0	0	0	0	0	0	4

% formal complaints response within 30 working days – June 2024 – 82.9%



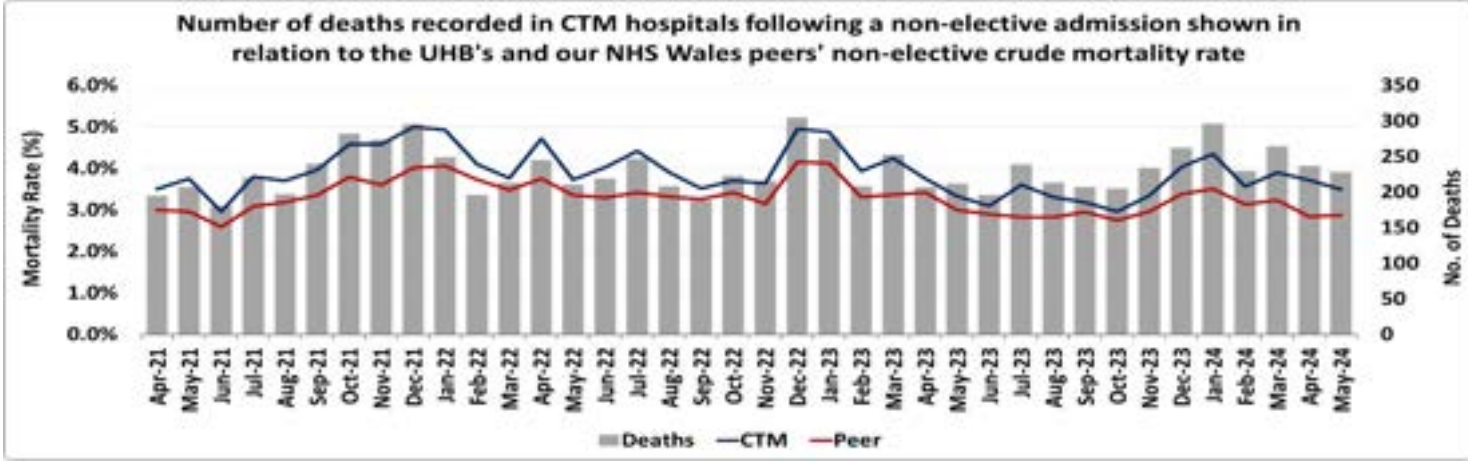
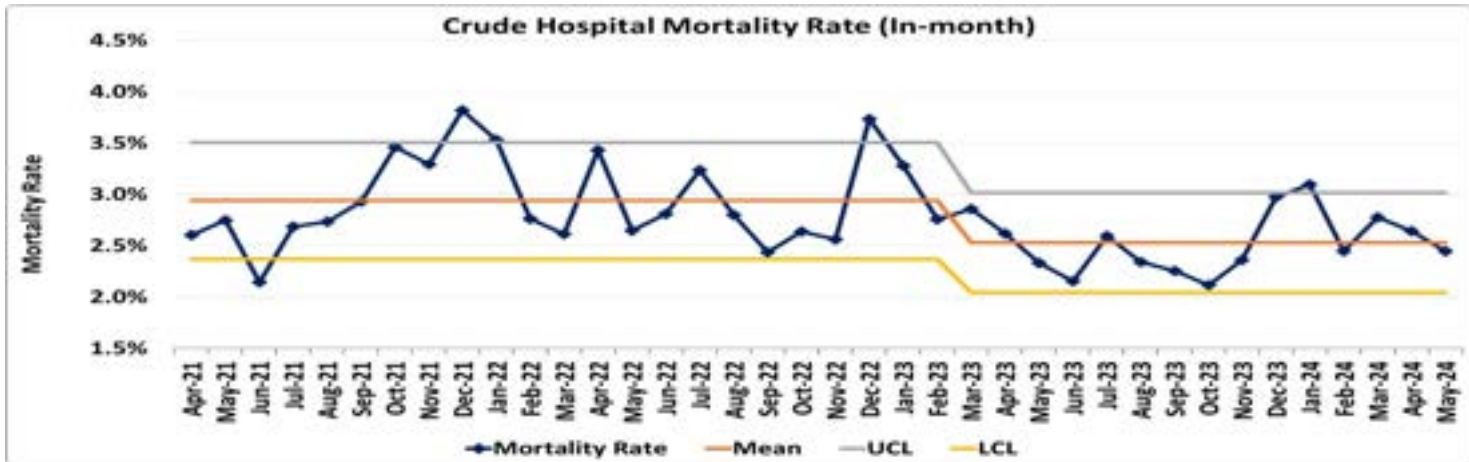
Compliance during June remained stable at 82.9% and rests just below the current mean of 84.5%.

Compliance remains over the national target of 75%, however performance has fallen below the Health Board's internal target of 85%. A review of processes has been conducted to ensure robust escalation is in place.

As at 5th July, the Health Board has 64 open formal complaints and of these, 19 complaints are open over 30 working days.

CTMUHB Focus on Mortality Rates

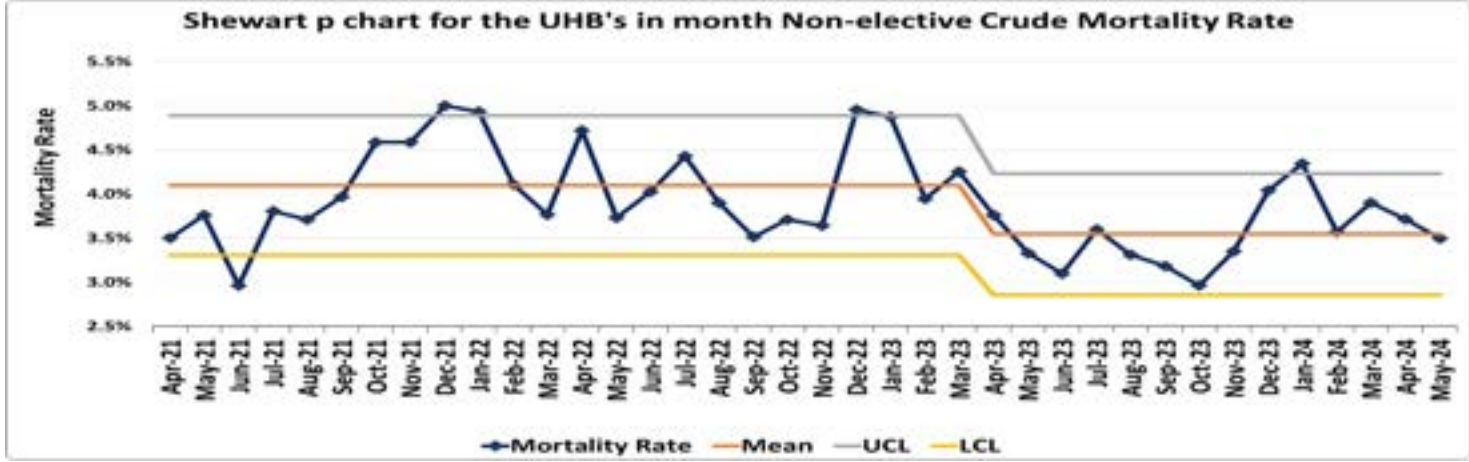
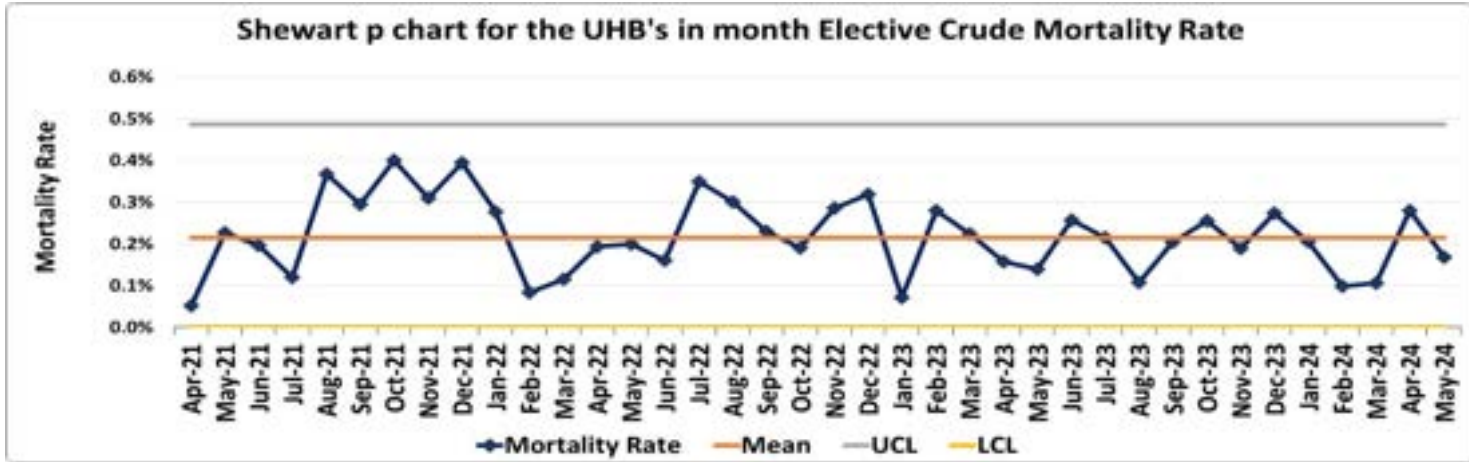
Crude Hospital Mortality Rates - Please note the mortality data in this report is sourced from CHKS and is derived from the Admitted Patient Care (APC) dataset



The observed increase in the growth of rate over the winter months is expected and in line with both previous years and our peers as seen in the chart above.

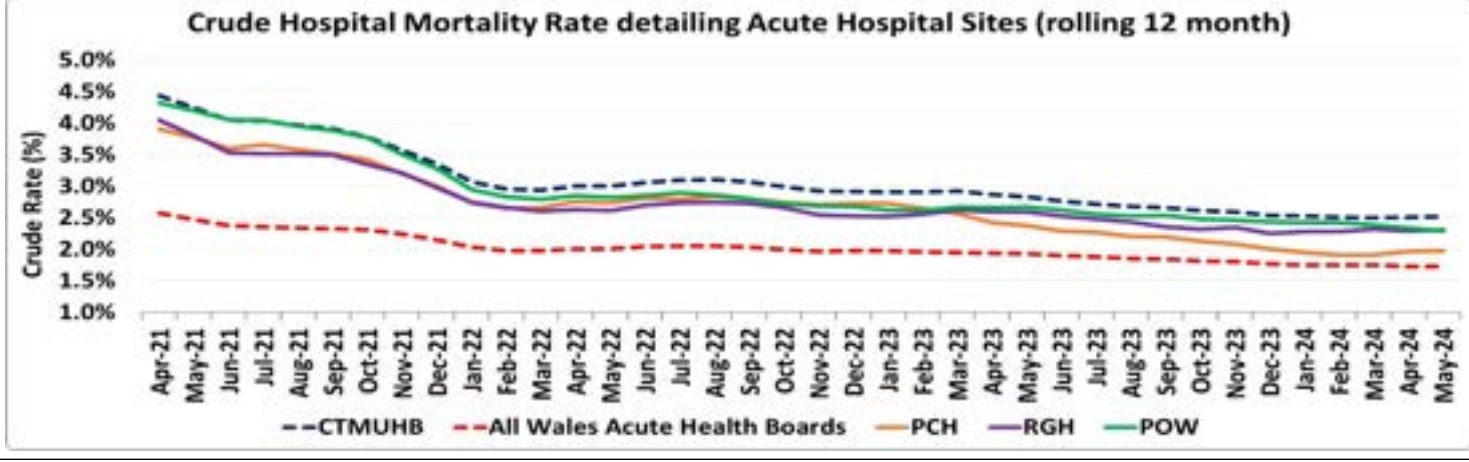
The various mortality indicators used by the Health Board (Crude, Standardised Hospital and Risk Adjusted) are also influenced by the changes in counting practice, with more patients now being admitted following a presentation to the Emergency Department.

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.

Data linkage between the reason for death stated on the death certificate and Health Board held information has been undertaken, which may re-enforce or inform our actions to reduce avoidable deaths.



Finance Update – Month 3

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

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The key risks for the **Quality** quadrant are:
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work continues 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.
 - Maintaining compliance with the 30 working days complaints response rate.
 - Trajectory plan in place to reduce 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	Data to Knowledge



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	
	If more than one applies please list below: Data to Knowledge
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 a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language 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/Committee is asked to **NOTE** the Integrated Performance Dashboard.

2024-25 Finance Report

Month 3

Summary

Situation	Background
This Finance report outlines our financial performance for Month 3 (i.e. the period to 30 June 2024). This Finance report is discussed at the Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m. It is important to note that , even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Summary

Assessment	Recommendation
Overall Revenue position - 2024/25: • The M3 position was a £0.4m deficit in month. • The M3 YTD position is now a £2.7m deficit. • The main driver for the £2.7m YTD deficit is a £4.8m shortfall in savings delivery compared to the straight-line YTD savings target of £6.6m (£2.2m per month), plus adverse operating variance of £1.0m. These cost pressures have been offset by £3.1m of other improvements. • As at M3 we are continuing to forecast a break even position for 24/25. This is consistent with the break-even plan submitted to WG. • The key risks to the forecast break even position at M3 are estimated at £9.2m and these are summarised on Page 18. The main risk is the delivery of the £26.3m savings target. Recurrent Revenue position: • The b'fwd recurrent deficit at the end of 2023/24 was £19.4m. • The planned recurrent surplus at the end of 2024/25 is £2.1m. However, we are currently off plan at M3 and this presents a risk to the both the In year forecast and the recurrent forecast. A detailed review of the forecast recurrent position will be undertaken at M6.	The Board, the PPFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 30th June 2024.

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Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7	YTD Performance & Forecast
8	Forecast Current Year Position
9	Forecast Underlying Position
10-12	Pay Expenditure Trends
13	Non pay Expenditure Trends
14	Income Trends
15-16	Income Assumptions
17	Savings
18	Risk Management
19	Capital Expenditure
20	Statement of Financial Position
21	Cash Flow forecast
22	Public Sector Payment Policy Compliance

Overall Revenue Position

- The M3 position was a £0.4m deficit and the M3 YTD position is now a £2.7m deficit.
- The main driver for the £2.7m YTD deficit is a £4.8m shortfall in savings against the straight-line YTD savings target of £6.6m (£2.2m per month), plus an adverse operating variance of a £1.0m. This has been offset by £3.1m of other improvements.
- The Health Board is continuing to forecast a break even position for 24/25. This is consistent with the break-even plan submitted to WG.
- The key risks to the forecast break even position at M3 are estimated at £9.2m and these are summarised on Page 18. The main risk is delivery of the £26.3m savings target.

Savings Position

- Actual savings in M3 was £0.9m which was £1.3m below the M3 target of £2.2m. The M3 YTD savings is now £1.8m which is £4.8m below the M3 YTD target of £6.6m.
- The M3 forecast In year savings is £17.7m, which is £8.6m below the £26.3m target. The M3 savings profiles from Care Groups and directorates are showing low levels of savings in M3 and M4 before increasing significantly from M5 onwards.
- The £17.7m forecast savings plans have been risk assessed as £12.1m Green and £5.6m Amber. The estimated savings delivery risk at M3 has been estimated at £3.8m. This risk is included in our M3 Risk assessment on Page 18.
- The M3 forecast Recurrent savings is £23.6m, which is £2.7m below the £26.3m target.

Cash

- The closing cash balance at 30th June 2024 was £3.95m. It is projected that the cash balance will be reduced to zero by the end of the financial year.

Capital

- The latest Capital Resource Limit for 24/25 is £54.8m. This was issued on the 19th June 2024.
- Expenditure to M3 was £12.2m and the forecast outturn Capital position is breakeven.

Summary Income & Expenditure Account



	M3 Actual	M3 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(111.1)	(341.7)	(1,461.6)
02. Capital Donation / Government Grant Income	0.0	0.0	0.0
03. Welsh NHS Local Health Boards & Trusts Income	(6.3)	(19.5)	(78.1)
04. WHSSC Income	(1.1)	(3.1)	(12.3)
05. Welsh Government Income (Non RRL)	0.1	(0.1)	(0.8)
06. Other Income	(4.1)	(11.9)	(47.5)
Total Allocations & Income	(125.5)	(376.3)	(1,600.4)
08. Primary Care Contractor	13.0	38.9	155.8
09. Primary Care - Drugs & Appliances	8.3	25.1	103.8
10. Provided Services - Pay	56.5	168.9	675.3
11. Provider Services - Non Pay	10.2	29.8	116.7
12. Secondary Care - Drugs	4.2	14.4	58.4
13. Healthcare Services Provided by Other NHS Bodies	22.6	68.0	270.1
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.0	18.5	73.6
16. Other Private & Voluntary Sector	1.0	3.1	12.2
17. Joint Financing and Other	0.4	(5.1)	(8.6)
18. Losses Special Payments and Irrecoverable Debts	0.3	8.4	23.3
22. DEL Depreciation\Accelerated Depreciation\Impairments	3.3	8.7	34.1
23. AME Donated Depreciation\Impairments	0.0	0.1	85.7
25. Profit\Loss Disposal of Assets	0.0	0.0	0.0
Total Expenditure	125.9	379.0	1,600.4
Grand total	0.4	2.7	0.0

- Key Points:**
- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
 - The year to date position is reporting a deficit of £2.7m.
 - The Year end forecast remains a breakeven position.
 - The risks to this forecast position are shown on Page 18.



Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0
Month 2	1.4	2.3	0
Month 3	0.4	2.7	0

Key Points:

The main driver for the £0.4m overspend in M3 is a £1.3m shortfall in savings delivery compared to the monthly savings target of £2.2m/month.

The M3 YTD overspend of £2.7m includes a £4.8m shortfall in savings against the straight-line savings target of £6.6m (£2.2m per month), plus adverse operating variances of £1.0m. This has been offset by £3.1m of improvements compared to plan:

- Reduction in Contracting & Commissioning costs compared to the financial plan- YTD £1.25m and forecast £5.0m.
- Reduction in Agency costs compared to the financial plan- YTD £0.6m and forecast £2.4m.
- Accountancy gains – YTD £1.25m and forecast £5.0m.



	M3 Forecast
	£m
Delegated budgets:	
Savings shortfall v £24.0m savings target	10.3
Other Operating variances	7.7
Sub total	18.0
Non Delegated budgets:	
Savings surplus v £2.3m savings target	(1.7)
Accountancy gains	(5.0)
Reserves:	
Contracting & Commissioning	(5.0)
Agency inflation	(2.4)
Other	(0.2)
Sub total	(14.3)
Minimum further savings required to achieve break even position	(3.7)
Total forecast	0

Key Points:

- Delegated budgets are forecasting a £18.0m overspend. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 3 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.
- Non Delegated budgets are forecasting a £(14.3)m underspend.
- Minimum further savings of £3.7m are required in order to achieve the forecast break-even position for 2024/25.
- In addition to this further savings requirement, the Health Board also needs to manage the key risks to the forecast break even position. These are estimated at £9.2m and are summarised on Page 18.

Forecast Underlying Position



Underlying Deficit	Plan	M1 F/Cast	M2 F/Cast	M3 F/Cast
	£'m	£'m	£'m	£'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)
Grand Total	(2.1)	(2.1)	(2.1)	(2.1)

Key Points:

- The b'fwd recurrent deficit at the end of 23/24 was £19.4m.
- The planned recurrent surplus at the end of 2024/25 is £2.1m and full delivery of the recurrent financial plan in 2024/25 (Year 1)) should present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.
- **As at M3 we are reporting a forecast underlying surplus at the end of 2024/25 of £(2.1)m, which is consistent with the IMTP submission at the end of March. However, we are currently off plan at M3 and this presents a risk to the both the In year forecast and the recurrent forecast. A detailed review of the forecast recurrent position will be undertaken at M6.**

Pay Expenditure Trends

Staff Group	Feb-24 £'m	Mar-24 £'m	Qtr4 Ave £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m
Administrative & Clerical	7.7	7.1	7.4	7.5	7.6	7.6	7.6
Medical And Dental	15.7	15.1	15.5	15.5	15.4	15.3	15.4
Nursing And Midwifery Registered	19.3	19.7	19.0	17.9	18.3	18.4	18.2
Add Prof Scientific And Technical	1.7	1.4	1.6	1.7	1.7	1.7	1.7
Additional Clinical Services	7.5	7.7	7.5	7.3	7.5	7.5	7.4
Allied Health Professionals	3.8	3.6	3.7	3.6	3.6	3.6	3.6
Healthcare Scientists	1.2	1.1	1.1	1.2	1.1	1.1	1.1
Estates And Ancillary	3.3	3.3	3.3	3.5	3.4	3.3	3.4
Students	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Grand Total	60.4	59.2	59.3	58.1	58.6	58.6	58.4

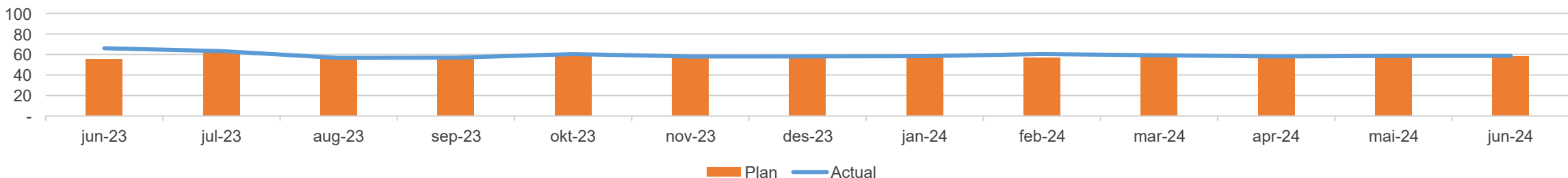
Spend category	Feb-24 £'m	Mar-24 £'m	Qtr4 Ave £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m
Core	51.0	49.8	50.3	49.9	50.2	50.7	50.3
Agency	4.5	3.7	3.9	3.3	3.6	3.2	3.4
Overtime	1.8	2.1	1.9	1.5	1.4	1.4	1.4
ADH	1.8	2.1	1.9	2.0	2.1	1.9	2.0
Bank	1.2	1.3	1.2	1.1	1.3	1.1	1.2
WLI	0.1	0.2	0.1	0.2	0.1	0.2	0.2
Grand Total	60.4	59.2	59.3	58.1	58.6	58.6	58.4

Key Points:

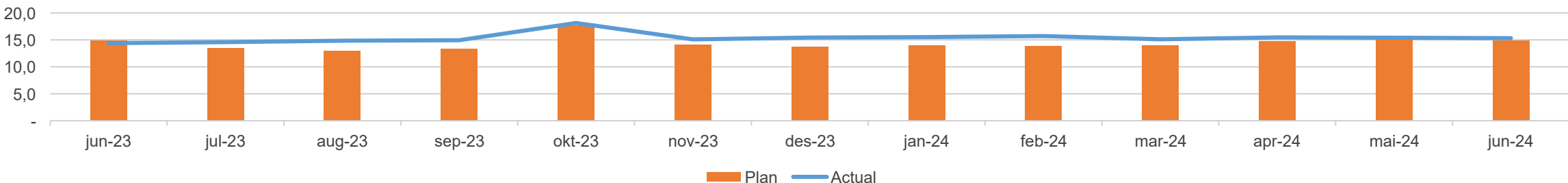
- Total expenditure in M3 is consistent with M2 and the Q1 average is £0.9m lower than Q4. The main area of improvement in Q1 is Nursing which has reduced by £0.8m compared to Q4.
- Medical remains consistent with the Q4 average. However, since Q1 does not include any impacts of industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.
- Total agency expenditure has improved by £0.4m in M3 compared to M2 and the Q1 average is £0.5m lower than Q4.
- Total Overtime expenditure continues to remain £0.5m lower than the Q4 average.
- Other variable pay expenditure has remained consistent when compared to Q4 average.

Pay Expenditure Trends

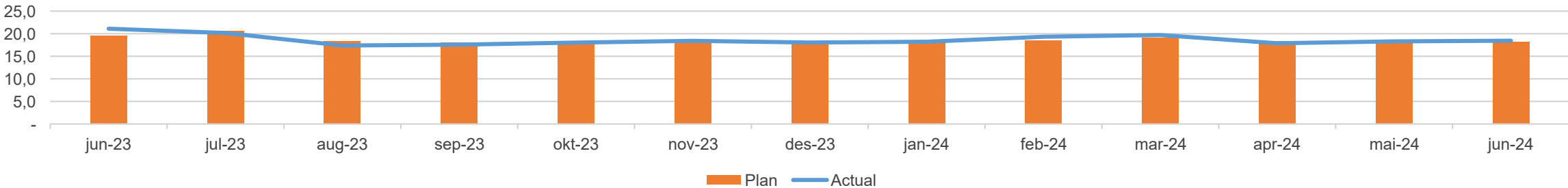
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



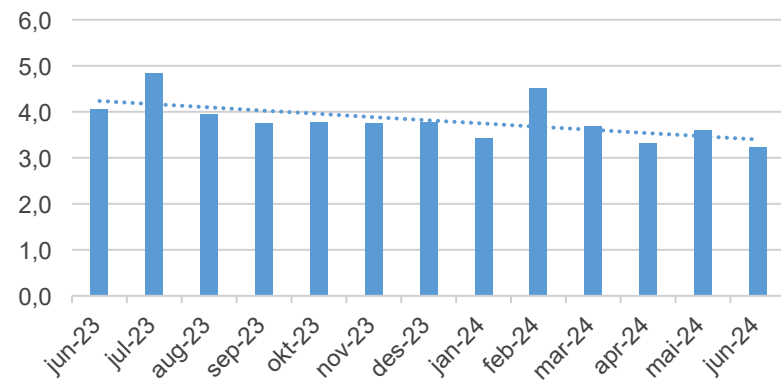
Nursing & Midwifery Pay Expenditure Trend (£'m)



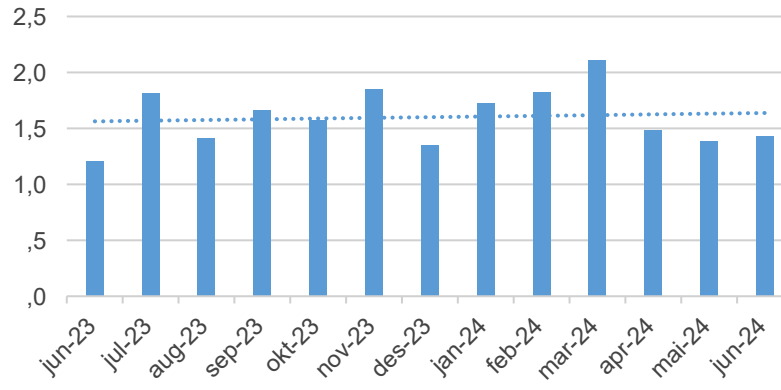
Variable Pay Expenditure Trends



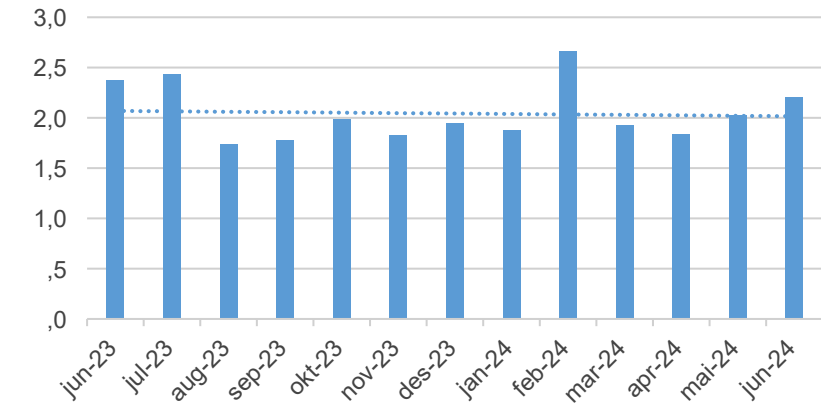
Total Agency Expenditure (£'m)



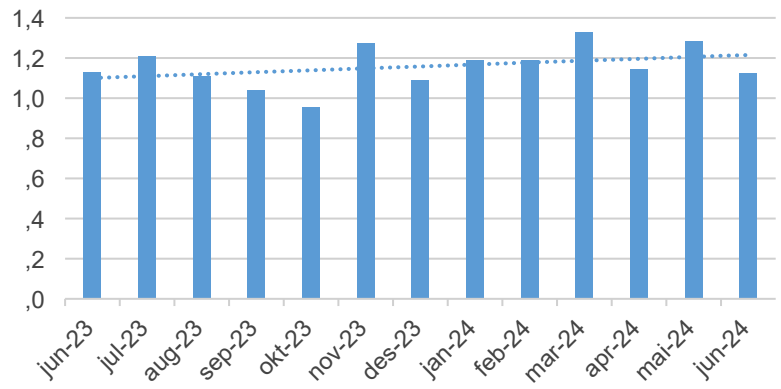
Total Overtime (£'m)



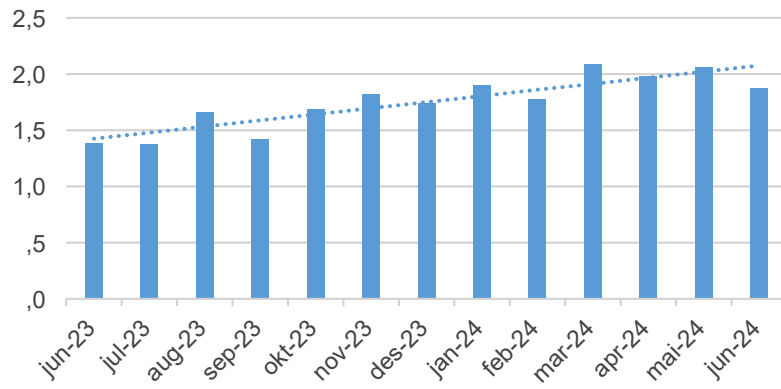
Core Enhancements Expenditure (£'m)



Total Bank Expenditure (£'m)



Total ADH (£'m)



Key Points :

- ADH spend – small decrease in M3 but an increasing trend.
- Bank - £0.2 decrease in M3 and an increasing trend.
- Agency spend – £0.4m decrease in M3 and overall a downward trend.
- Overtime payments- £0.0m movement in M3 and trend broadly flat.
- Core enhancements - £0.2m increase in M3 and trend broadly flat.

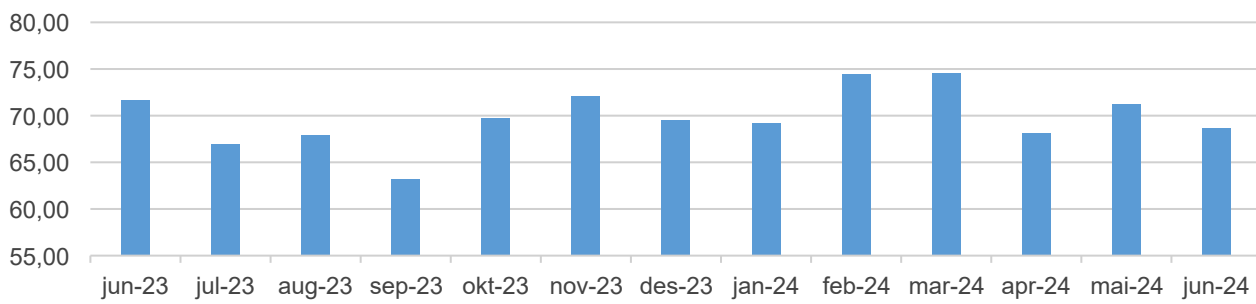


Non Pay Expenditure Trends



Non Pay Group	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m
Primary Care Contractors	12.7	16.5	14.5	11.6	12.8	11.9
Primary Care Drugs	8.5	8.4	8.5	8.8	7.9	8.3
Provider Non Pay	12.7	10.6	13.0	9.6	11.2	10.2
Secondary Care Drugs	4.8	4.9	4.6	4.7	5.4	4.2
Healthcare Commissioning	19.9	23.7	29.8	22.5	22.9	22.6
CHC & FNC	6.2	5.7	5.5	6.0	6.8	6.4
Other	4.3	4.7	(1.4)	4.9	4.2	5.1
Total Expenditure	69.2	74.5	74.5	68.1	71.2	68.7

Non Pay Expenditure Trend (£'m)



Key Points:

- The level of expenditure in M11 & M12 was higher than normal due to a number of year end adjustments and arrears being processed.
- The total spend in M3 of £68.7m was £2.5m lower than M2. The main movements were:
 - Decrease in Primary Care Contractors £0.9m – This mainly relates to a correction of Non Cash Limited expenditure in M2.
 - Increase in Primary Care Drugs £0.4m – The M1 & M2 position reflects the current plan as no actual data will be received until M3. M3 now reflects the actual M1 data received and an estimate for M2 & M3.
 - Decrease in Secondary Care drugs £0.8m – Mainly relates to expenditure within Rheumatology and Dermatology returning from the increased spend in M2.
 - Decrease in CHC & FNC £0.4m – This reflects the application of inflation to placements in M2 which also included arrears for M1 . M3 has returned to normal after the inflation catch up in M2.



Income Trends

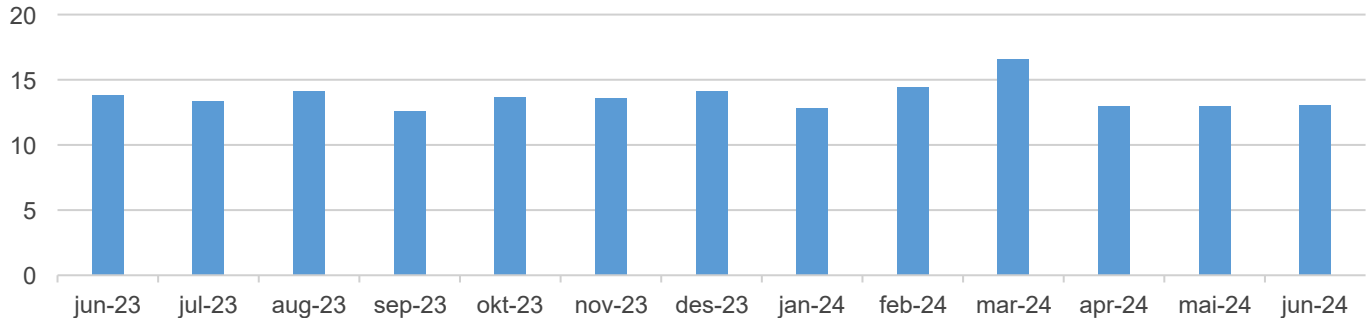


Income Group	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m
Welsh NHS Income	5.7	7.2	7.7	6.6	6.6	6.3
WHSSC Income	1.1	1.0	1.1	1.0	1.0	1.1
Primary Care Contractor Income	1.6	1.4	1.2	1.0	1.1	1.0
CHC Income	0.5	0.4	0.5	0.4	0.4	0.4
Other Income	4.0	4.3	6.0	4.0	3.8	4.3
Total Income	12.8	14.4	16.6	13.0	13.0	13.1

Key Points:

- The level of income received in M12 was higher than normal due to a number of year end adjustments .
- The total Income in M3 of £13.1m remains consistent with M1and M2.

Income Trend (£'m)



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,178.0	29.7	25.0	86.6	1,319.3
Anticipated Allocations:					
2022/23 Pay award	8.9				8.9
2023/24 Pay award	32				32.0
2024/25 RLW Pay award	2.6				2.6
Substance Misuse Funding	4.0				4.0
Emergency/Urgent Care	1.4				1.4
RLW Social Care	2.4				2.4
Dementia Action Plan	1.2				1.2
IFRS 16 Adjustment	(2.4)				(2.4)
WRP Recovery	(4.6)				(4.6)
Trainees	1.5				1.5
Depreciation	89.7				89.7
Other	5.6				5.6
Total Allocations	1,320.4	29.7	25.0	86.6	1,461.6

Key Points:

- As at M3 the confirmed Revenue Resource allocation was £1,319.3m.
- The forecast position assumes a further £149.3m of additional allocations offset by a reduction of £7.0m for IFRS 16 adjustments and Welsh Risk Pool 9WRP) recovery to give a Total allocation of £1,461.6m.
- Our anticipated allocations for Pay awards in 22/23 and 23/24 of £40.9m has recently being confirmed by WG.



Income Assumptions - NHS



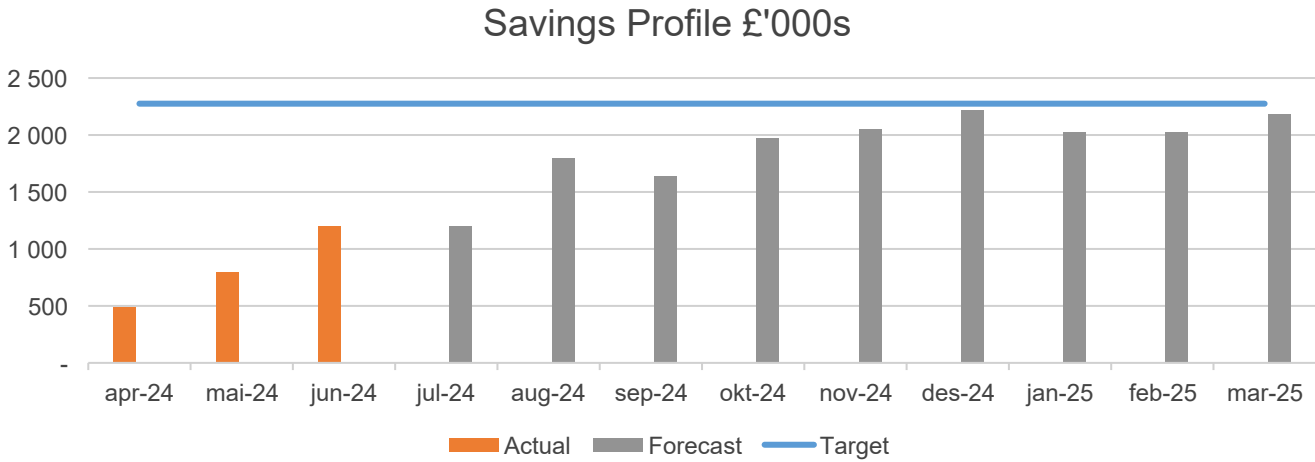
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.0	2.1	22.1
Betsi Cadwaladr University	0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.4
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.4	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0	11.8	11.8
NWSSP	0	0.0	0.0
DHCW	0.7	0.7	1.4
Wales Ambulance Services	0.0	0.1	0.1
JCC	11.7	1.0	11.7
HEIW	0.0	16.9	16.9
NHS Wales Executive	0.0	0.0	0.0
Total	88.5	33.4	121.9

Key Points :

- With the exception of ABUHB, all LTAs and SLAs were agreed by the 30 June deadline.
- As required under WHC (2024) 022, arbitration documentation was submitted on the 1st July 2024 for the ABUHB LTA agreement.
- Most of the LTA documentation has been agreed and signed by both parties. Although agreement has been reached, work continues to progress the final documentation and signing of the following LTAs:
 - Cardiff & Vale UHB
 - Velindre NHS Trust



	Month 3			Month 2		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	6.6	26.3	26.3	4.4	26.3	26.3
Actual and Forecast Savings	(1.8)	(17.7)	(23.6)	(0.9)	(22.2)	(24.2)
Total	4.8	8.6	2.7	3.5	4.1	2.1



- Key Points:**
- Actual YTD savings in M3 was £1.8m which was £4.8m below the target of £6.6m.
 - The M3 forecast In year savings is £17.7m, which is £8.6m below the £26.3m target. The M3 savings profiles from Care Groups and directorates are showing low levels of savings in M3 and M4 before increasing significantly from M5 onwards.
 - The £17.7m forecast savings plans have been risk assessed as £12.1m Green and £5.6m Amber. The estimated savings delivery risk at M3 has been estimated at £3.8m (65% of the Amber schemes). This risk is included in our M3 Risk assessment on Page 18.
 - The M3 forecast Recurrent savings is £23.6m, which is £2.7m below the £26.3m target.

Risk Management Risks and Opportunities

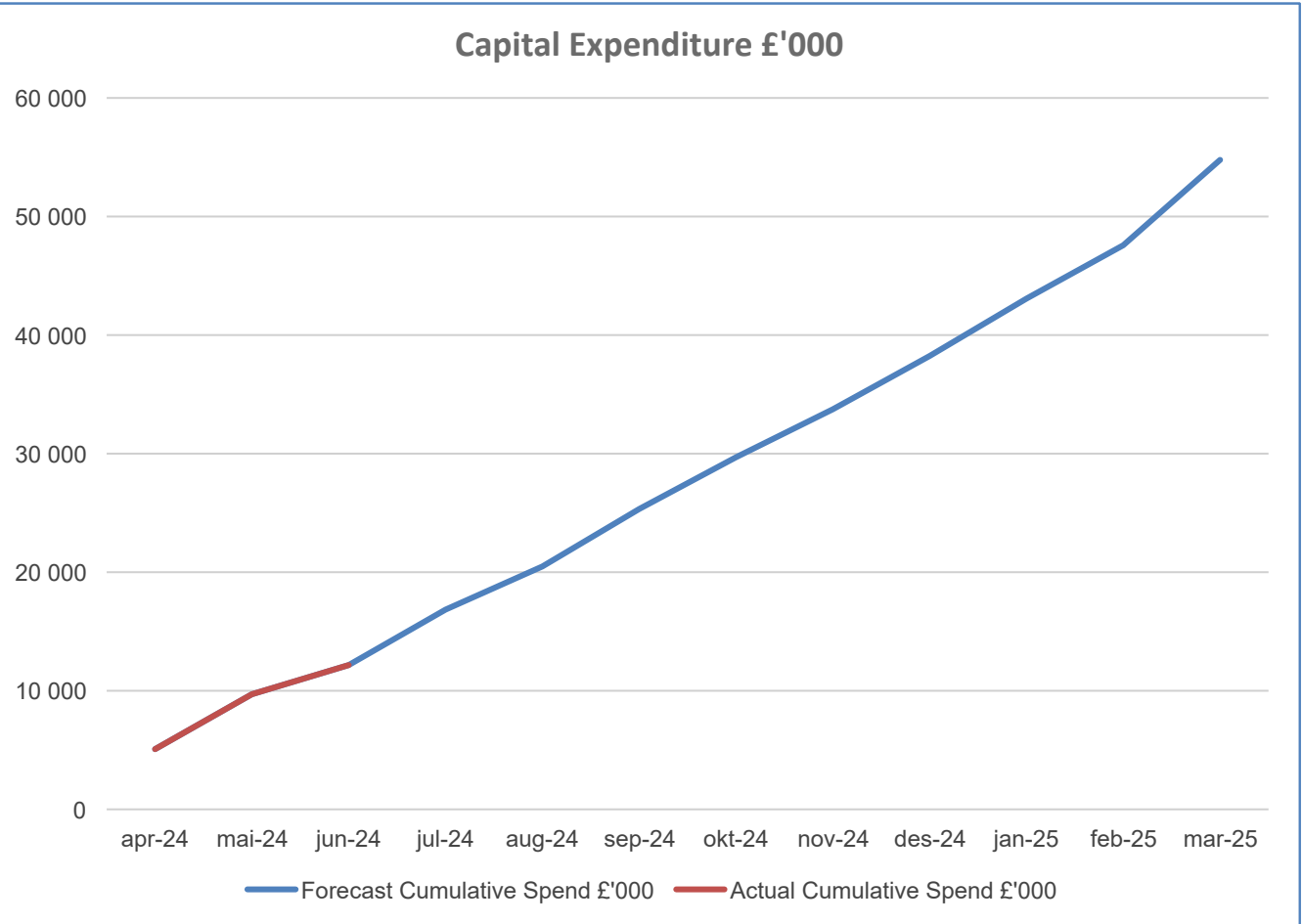


	M3 £m	M2 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	0	2.6	Risk removed following confirmation that the 23/24 allocation will be made recurrent.
Risk of the 24/25 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement of £3.7m over and above the M3 forecast savings plans of £17.7m	3.7	2.7	
Delivery risk on latest savings plans for £17.7m	3.8	8.2	65% of Amber schemes £5.8m
Cost pressures	0	5.0	Operational variances now included in year end forecast
Further industrial action in 24/25.	Tbc	Tbc	
ABUHB Arbitration Risk	1.7	0	Risk relating to the Arbitration case with ABUHB regarding the 24/25 LTA.
Total Risks	9.2	18.5	
Opportunities			
Balance sheet opportunities in 24/25	Tbc	(5.0)	Accountancy gains now included in year end forecast
Retrospective vat recoveries – Microsoft contract	Tbc	(2.3)	Updated assessment from DHCW shows a potential £2.3m benefit but with a high level of uncertainty .
Potential reduction in Energy costs	Tbc	Tbc	
Total Opportunities	0	(7.3)	
Net Risk	9.2	11.2	

Key Points :

- As at M3 we are reporting an estimated net risk of £9.2m.
- WG have recently confirmed the 23/24 recurrent pay award allocation will match the 23/24 in year actual allocation. As a result the risk of £2.6m has been removed.
- The M3 forecast savings plans of £17.7m have been risk assessed as £12.1m Green and £5.6m Amber. The estimated savings delivery risk at M3 has been estimated at £5.8m, which is 65% of the Amber schemes.

Capital Expenditure



- Key Points:**
- The latest Capital Resource Limit for 2024/25, issued on the 19th June 2024, is £54.8m.
 - Expenditure to M3 was £12.2m.
 - The outturn capital position is forecast to be balanced against the CRL target.



Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M03 £'000
Non Current Assets		
Property, Plant & Equipment	730,452	733,746
Intangible Assets	2,092	2,092
Trade and Other Receivables	63,977	63,977
Total Non-Current Assets	796,521	799,815
Current Assets		
Inventories	7,367	7,387
Trade and Other Receivables	80,949	84,239
Cash and Cash Equivalents	1,485	3,951
Non Current Assets Classified as Held for Sale	0	0
Total Current Assets	89,801	95,577
Current Liabilities		
Trade and Other Payables	161,743	161,743
Provisions	36,955	36,955
Total Current Liabilities	198,698	198,698
Non-Current Liabilities		
Trade and Other Payables	18,437	22,194
Provisions	65,735	71,807
Total Non-Current Liabilities	84,172	94,001
TOTAL ASSETS EMPLOYED	603,452	602,693
Financed By:		
General Fund	493,867	493,108
Revaluation Reserve	109,585	109,585
TOTAL	603,452	602,693

Key Points :

This is the first update on balance sheet movements and highlights the main movements since the opening balance at the start of April 2024:

- Trade and Other payables (Non Current) have increased by £3.8m. The early payment of the Pensions and National Insurance Contributions (PANISU) in 2023/24 resulted in a lower creditor balance at year end. This increase in the PANISU creditor in M3 has been offset by a decrease in other creditors (including capital creditors) of £2.6m.
- Trade and Other Receivables have increased by £3.2m. This is mainly due to an increase in the debtor from the Welsh Risk Pool for Clinical negligence of £6.8m. This increase has been offset by a general decrease in trade and other receivables.
- The total balance for Provisions has increased by £6.1m and is due to an increase in the value of Clinical Negligence claims. This offsets the movement of Welsh Risk Pool debtors detailed above.



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	104,060	121,501	110,845	112,500	121,500	105,500	115,500	122,500	115,500	113,500	116,500	91,673	1,351,079
WG Capital Funding	6,000	3,000	3,600	4,450	4,450	4,450	4,450	4,450	4,450	4,450	4,450	8,947	57,147
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	13,521	8,976	10,095	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	131,592
Other	6,489	5,527	3,110	5,200	5,200	5,200	5,200	5,200	5,200	5,200	5,200	5,200	61,926
Total Receipts	130,070	139,004	127,650	133,150	142,150	126,150	136,150	143,150	136,150	134,150	137,150	116,820	1,601,744
Payments													
Primary Care Services	18,876	30,646	10,140	20,313	26,238	10,563	20,714	28,333	20,293	18,857	21,310	9,081	235,364
Salaries and Wages	(262)	(169)	0	0	0	0	0	0	0	0	0	431	0
Non Pay Expenditure	44,837	57,323	58,000	58,000	58,000	58,000	58,000	58,000	58,000	58,000	58,000	58,000	682,160
Capital Payments	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	64,537	54,230	56,100	57,500	57,500	57,500	57,500	57,500	57,500	57,500	57,500	50,838	685,705
Total Payments	127,988	142,030	124,240	135,813	141,738	126,063	136,214	143,833	135,793	134,357	136,810	118,350	1,603,229
Net Cash In/Out	2,082	(3,026)	3,410	(2,663)	412	87	(64)	(683)	357	(207)	340	(1,530)	
Balance B/F	1,485	3,567	541	3,951	1,288	1,700	1,787	1,723	1,040	1,397	1,190	1,530	
Balance C/F	3,567	541	3,951	1,288	1,700	1,787	1,723	1,040	1,397	1,190	1,530	0	

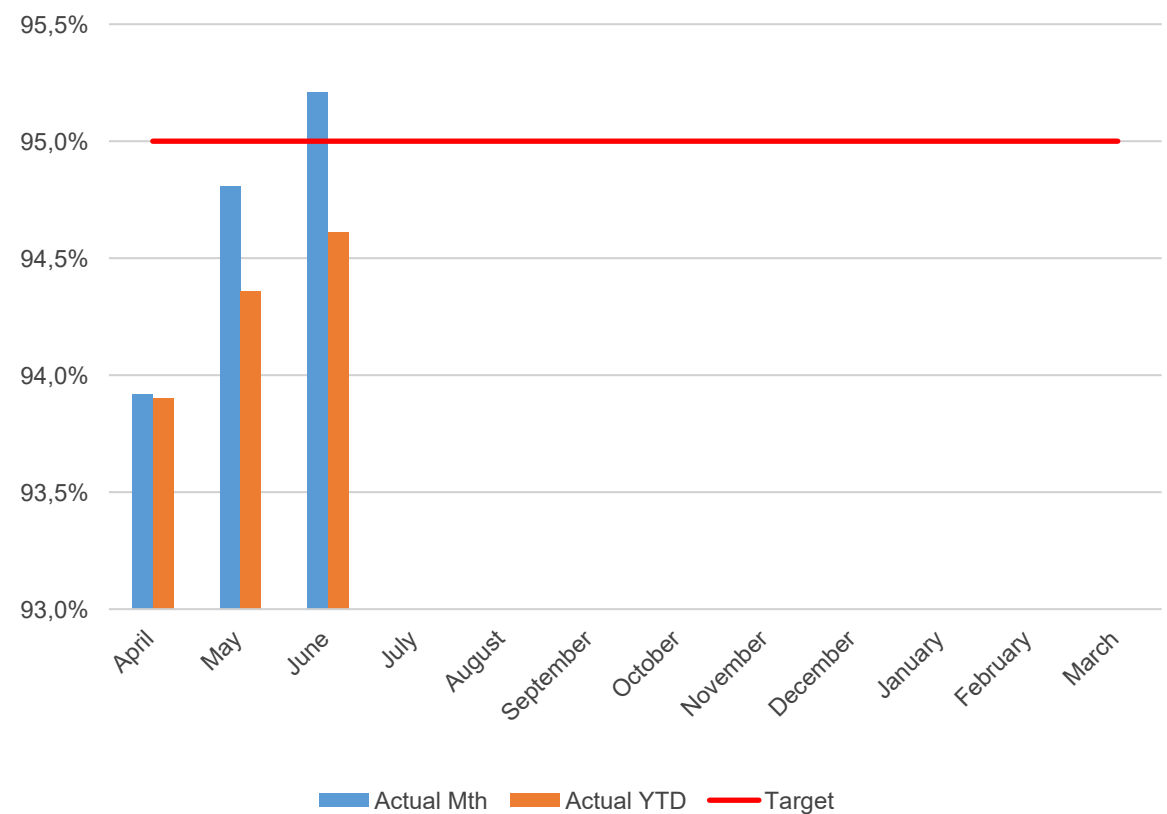
Key Points within the Cash Flow Forecast :

- The closing cash balance at 30th June 2024 was £3.95m. It is projected that the cash balance will be reduced to nil at the end of the financial year.



Public Sector Payment Policy

30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in June was 95.2%
- The cumulative percentage to M3 is 94.6%.
- We are forecasting to achieve the 95%^ target by the end of the year.



Agenda Item

8.3

CTM Health Board

Digital & Data Strategy Update

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stuart Morris, Director of Digital
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	
EHR	Electronic Health Record
EPR	Electronic Patient Record

1. Situation /Background

- 1.1 The purpose of this report is to update the Board on the work undertaken since our Board development session in March 2024 and a request to approve the development of specifications for the evaluation and procurement of a strategic partner(s) for development of our core Integrated Health Care System / Electronic Patient Record (EPR).
- 1.2 This development is central to the Health Boards Digital First Strategy and enabling CTM2030, regional working and any future Clinical Transformation Plans.

2. Specific Matters for Consideration

2.1 Case for Change

- 2.1.1 The current provision of digital and data solutions has improved the provision of services across the Health Board.
- 2.1.2 However, a modern Health & Care system requires technologies and functionality that are aligned to modern and enhanced ways of working (for example, clinical workflow, decision support, integration, interoperability, mobility, automation and patient centred care).
- 2.1.3 The current suite of systems and technologies does not provide this functionality, and there are no published plans or timeframes to do so.
- 2.1.4 The current suite of systems does not meet the digital and data ambition to support our workforce to operate at the top of their licence in a '**Safer, Faster & Happier**' way.
- 2.1.5 There is not a digital view of the entire patient record.
- 2.1.6 The current operating model is heavily dependent on significant volumes of paper to complement the existing digital solutions, with duplication of processes common place.
- 2.1.7 Hand-written notes can be difficult to read and interpret, and as a result could lead to potential patient safety risks.
- 2.1.8 Data for mandatory reporting, clinical audit, clinical effectiveness constrained by current clinical systems.
- 2.1.9 Current provisions to contribute to workforce burn out, recruitment and retention issues.
- 2.1.10 Variation in clinical decision-making puts patients at risk.

- 2.1.11 Significant time spent entering data, transferring records (by foot, by vehicle), locating records, storing records across the Health Board.
- 2.1.12 Lack of access to data limits the Health Boards ability to do population health management, targeted interventions.
- 2.1.13 Users must log into multiple systems, on poor specification devices.
- 2.1.14 Business transformation focussed on processes that do not rely on digital solutions.
- 2.1.15 Research and innovation are hindered by access to quality data.

2.2 National Perspective

- 2.2.1 The current digital and data landscape across Wales has several complex programmes of work that have been subject to scrutiny regarding implementation timescales, budget and realisation of benefits.
- 2.2.2 The proposed benefits of delivering national systems are understood, for example benefits such as, the potential for lower administrative support costs, simplifying integrations with the current national architecture, simplifying and standardising configuration of systems once across Wales.
- 2.2.3 However, the ability to achieve this level of standardisation, consensus across Wales and delivery of fit for purpose solutions has been subject to implementation delays and in some cases increased costs and/or non-delivery.
- 2.2.4 During the Spring of 2024, the Welsh Government commissioned an evaluation across Wales for a Health organisations ability to deliver an Electronic Patient Record.
- 2.2.5 The output of this work is due to be published in the summer of 2024, however indications suggest that there is support for a modular approach to development and deployment of an Electronic Patient Record.
- 2.2.6 This modular approach has been determined following a detailed evaluation in one Health Board in NHS Wales.
- 2.2.7 A modular deployment approach enables organisations to implement parts of the system in a phased and iterative manner, aligned to their key priorities or highest scoring risks. For example, if Unscheduled Care is a high scoring risk, an organisation can take the opportunity to focus its resources on implementing an enhanced Emergency Department module as its first priority, before moving to another module. There is also the possibility of deploying more than one module at a time.

- 2.2.8 Alternative approaches are either to develop from within (locally or nationally), or “big-bang” implementation of a new system across the whole organisation.
- 2.2.9 A more local development from within, using open platform technologies, would be a significant undertaking for a Health Board. While modular in its approach, it would rely on a commitment to recruit and develop our own capabilities at scale. That said, all organisations would still require a level of capability to be developed within their own organisation, to maximise the benefits of a modular or “big-bang” implementation.
- 2.2.10 A “big-bang” deployment, is where all modules are implemented at the same time across an organisation. The scale of this type of change is significant and would impact all parts of the organisation.
- 2.2.11 Therefore, given the scale of the change and the capacity of services to safely manage an implementation, it is widely acknowledged across NHS Wales, that a modular approach is the most achievable, realistic and safe way to deliver transformation across a Health and Care organisations.

2.3 Technical Assumptions

- 2.3.1 Deployment of an Integrated Health Care System for the Health Board will take the form of a Modular development and deployment.
- 2.3.2 The Modular deployment will prioritise core gaps in the current digital and data solutions for the Health Board.
- 2.3.3 A core Integrated Health Care System will require integration with current and future digital solutions.
- 2.3.4 A core Integrated Health Care System will operate in tandem with the Health Board Data Repositories and feed any national data repositories (i.e. the National Data Resource (NDR)) as required.
- 2.3.5 Development of a Strategic Delivery Plan for implementation will be a key output of the specifications produced.
- 2.3.6 Any deployment would need to incorporate enhancements to the core digital and data infrastructure provision across the Health Board.
- 2.3.7 Development of current skillsets and introduction of new skillsets will be required to deliver a modular Integrated Health Care System.

2.4 Financial Assumptions

- 2.4.1 Any procurement / commitment of investment will require subsequent approval in alignment with the Health Board Standard Financial Instructions.
- 2.4.2 Any partnership that is procured will be for a minimum term of 5 years.
- 2.4.3 The investment required will be a combination of Capital and Revenue.
- 2.4.4 The Capital requirement will be outside the delegated authority of the Health Board, i.e. Welsh Government support will be required.
- 2.4.5 It is anticipated that deployment of all the functionality required for an Integrated Health Care System will be in the region of five (5) to eight (8) million per annum.
- 2.4.6 This level of Capital and Revenue is beyond the current digital and data budget/allocation, and outside the parameters of the Health Board's current forward financial plan.
- 2.4.7 Separate Business Cases will be required to support the delivery of prioritised modules.

3. Key Risks / Matters for Escalation

- 3.1 It is acknowledged that the current financial climate and operating model for the Health Board makes the level of investment requirement for full deployment of an Integrated Health Care System challenging.
- 3.2 Alignment with National policy and architecture will be critical to the successful implementation.
- 3.3 The total scope of change will cut across the entire Health Board and hence transform the way in which the Health Board operates locally, regionally and nationally.

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: Digital & Data is central to all of the Strategic Goals of the Health Board
Dolen i Feysydd Strategol BIP CTM /	Not Applicable



Objectives / Strategy	
Link to CTMUHB Strategic Areas	If more than one applies please list below: Digital & Data is central to all of the Strategic Areas of the Health Board
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)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below: Culture and Valuing People Whole System Approach Leadership Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below: Digital & Data is central to all Domains of Quality
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: This will be completed as part of the next phases of work if approved
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This will be completed as part of the next phases of work if approved

	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
	Any procurement exercise will have significant legal implications	
Enw da / Reputational	Yes (Include further detail below)	
	Successful delivery of transformation programmes are subject to significant reputational scrutiny	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	An implementation of an Integrated Care Record will require significant investment in Capital & Revenue (to include but not limited to, People, Hardware, Software, Professional Services)	

5. Recommendation

- 5.1 The Board are requested to note the contents of the report.
- 5.2 The Board is requested to approve the development of specifications to procure a Strategic Partner(s) for the implementation of a Modular Integrated Care System / Electronic Patient Record.
- 5.3 These documents will be developed over the next 6 months and subject to subsequent approval by the Board.

6. Next Steps

- 6.1 Subject to approval of 5.2, development of specifications, an outline timeframe and cost profile for deployment.

8.4	25 th July 2024	Public Board Meeting	Development of Plan to address Delayed Discharge Issues

Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	Not Applicable
Prepared By:	Julia Wilkinson, Clinical Service Group Manager (Community Health)
Presented By:	Gething Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gething Hughes, Chief Operating Officer
Report Purpose	For Noting

Impact Assessment:

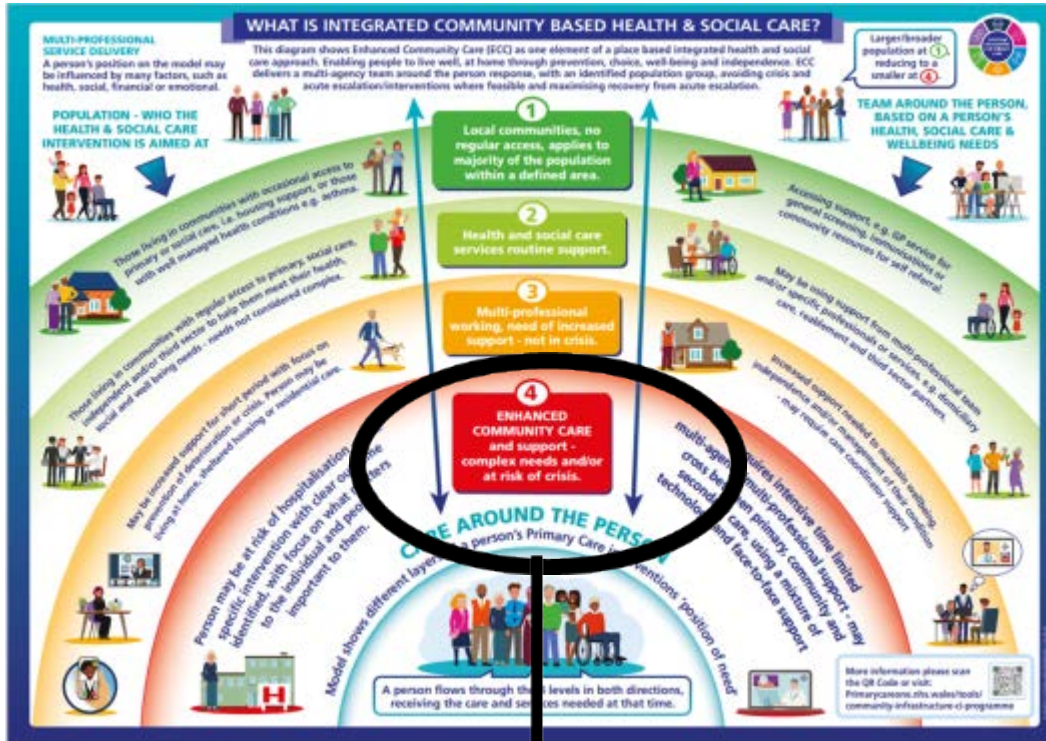
Indicate the Quality / Safety / Patient Experience Implications:	All Quality Standards apply.
Related Health and Care Standard	All Health & Care Standards would apply.
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Not required due to the nature of this report.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Please see detail within the slides.
Link to Strategic Goals	Improving Care

The development of a crisis intermediate care team within Cwm Taf Morgannwg University Health Board CTM Hospital@Home

Development of an integrated reablement service within CTM

- Despite a reduction in total non elective admissions and increases in 0 day management, occupied bed days at CTM have increased and this is driven by a significant increase in the over 29 day cohort.
- This level of OBD consumption is not sustainable the impact on bed occupancy having a significant impact on
 - Timely handover of ambulances and 12 hour performance
 - Significant risk of harm to patients at the start of the admission journey
 - High levels of deconditioning to those patients whose discharge is delayed
 - High levels of 'boarding' on wards at Prince Charles Hospital (PCH) and Royal Glamorgan Hospital (RGH)
- In response to the high level of concern, the board requested a proposal was developed to address
 - capacity to support pathway 1 discharges
 - admission avoidance pathways
 - Increase opportunity to develop Early Supported Discharge pathways
- There are a number of services within CTM which provide elements of the reablement service but have differential cover across differing geographies
- It is therefore opportune build upon the current good practice to re-focus and deliver a coherent approach to intermediate (enhanced community) care in line with national priorities and localised intelligence.

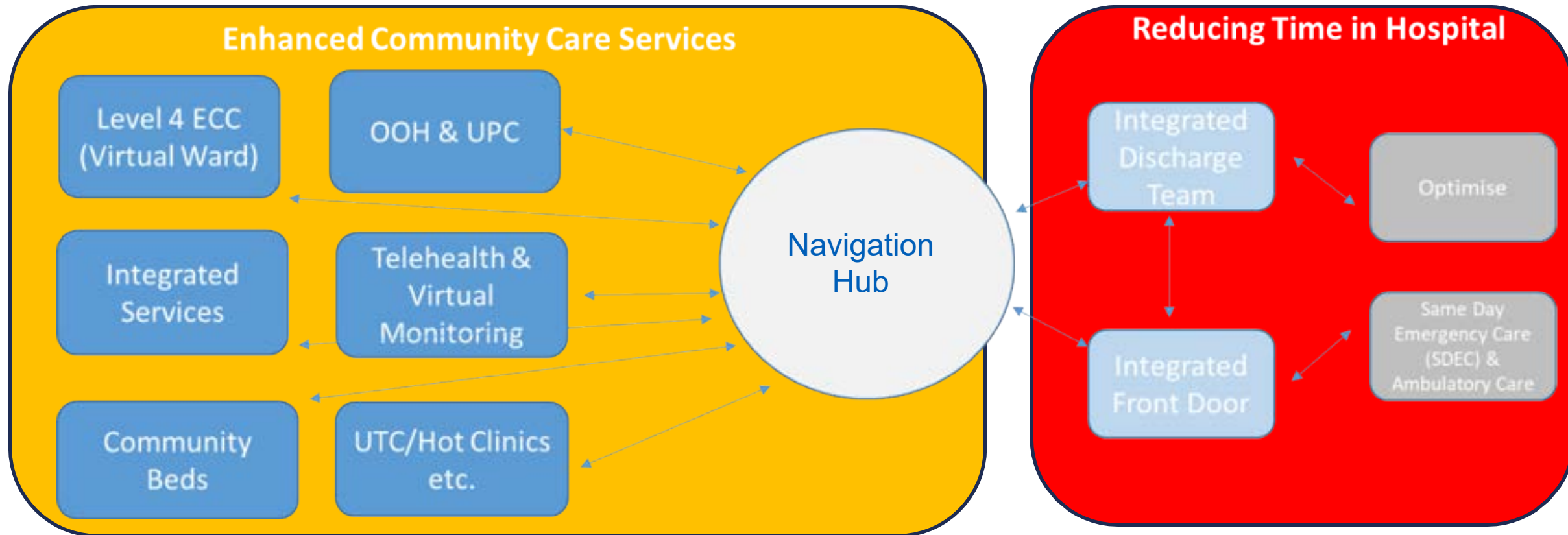
Enhanced Community Care (ECC) and the Urgent Emergency Care (UEC) System



Coordinated intensive, **time-limited**, multi-agency and multi-professional support for someone in crisis, at risk of hospital admission and/or significant deterioration.

- Whilst all levels are vital to the overall system Level 4 of ECC is defined as part of the Urgent and Emergency Care System.
- ECC level 4 is there to de-escalate the crisis, provide treatment and care to enable the person to remain in the community, preferably at home.
- ECC level 4 can also be used to facilitate swift and timely discharge from hospital if Point of Care Discharge (PoCD) targets are not met.
- Level 4 services are for patients in crisis often with high acuity, with the need for clinical intervention with limited partnership requirements in line with national benchmarking.

Priority for Primary and Community Care Group: Delivery of Level 4 ECC

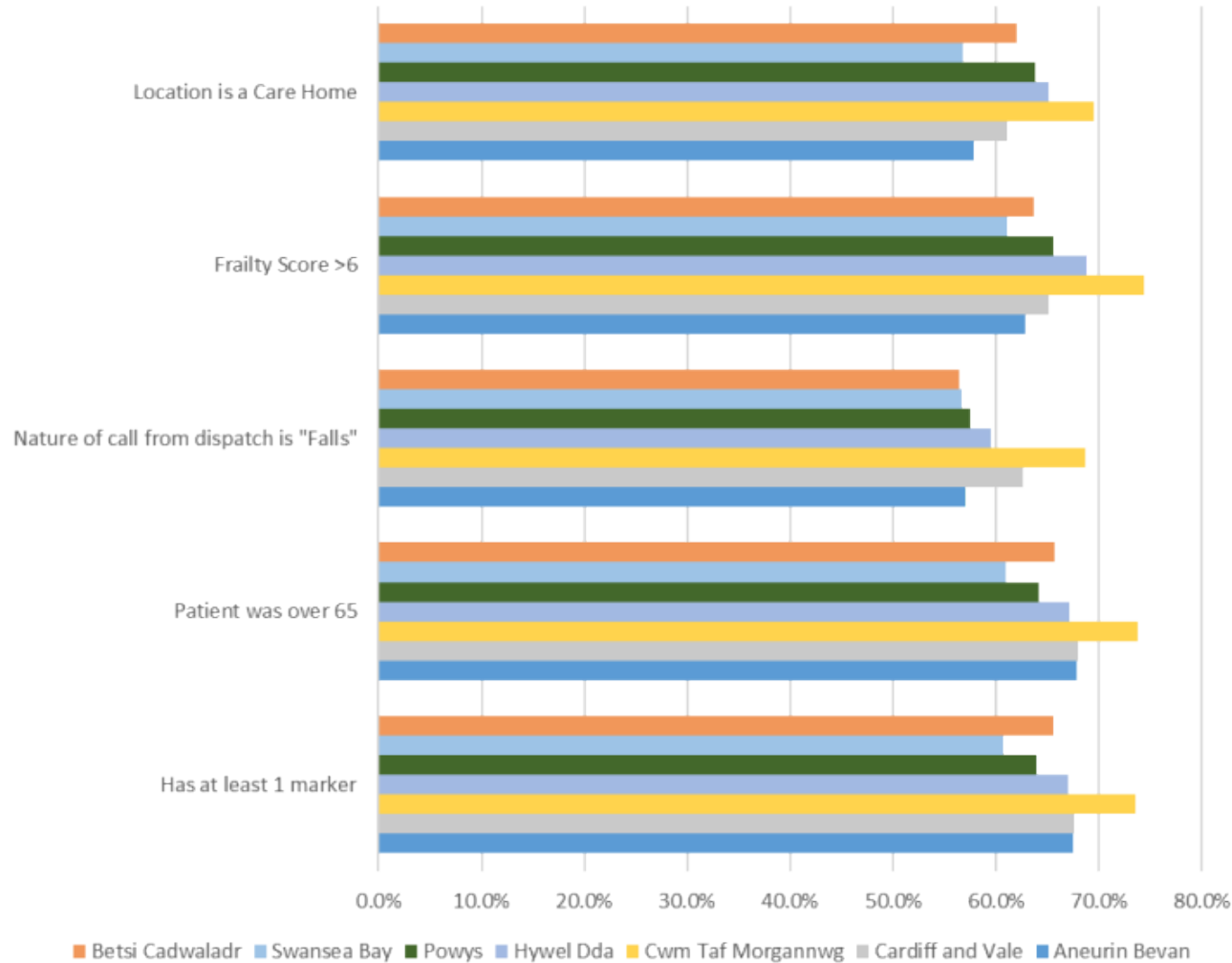


Priority 1: Deliver an equitable and responsive ECC Service across CTM

Situation

- There are a number of services in the community but they are fragmented, often work in silos with evidence of duplication, gaps and missed opportunities.
- We can deliver a proportion of intermediate care from within current resources, whilst working towards system integration. Evidence from national benchmarking shows that higher acuity intermediate care, such as crisis response, home based rehabilitation and bed based services are predominantly delivered by health staff.
- Whilst there are enough registrant in the system there is a lack of care staff. Research identifies the 'need for more non-registered staff', with healthcare support workers making up the second largest discipline within Urgent Intermediate Care Services. (NHS Benchmarking Intermediate Care 2023)

Situation: What do we need intermediate care services for?



Demand: Avoiding Admission

- Difficult to quantify demand for Urgent Intermediate Care to avoid admission but CTM has highest levels of conveyance for patients living with frailty.
- No crisis response service that meets NICE guidelines.
- Case by case evidence from navigation hub shows potential for impact.

Situation: What do we need intermediate care services for?

Demand: Urgent Discharge to Avoid Deconditioning & Harm

- June 18th 314 patients are clinically optimised in CTM.
- EWB data shows missed opportunities for discharge, with escalation of care needs and deconditioning associated with higher LoS.
- 139 are in area on Discharge To Recover and Assess (D2RA) Pathway 1, i.e a period of recovery/reablement /rehabilitation to allow for an appropriate MDT assessment of long term care need for up to 6 weeks or waiting LT PoC.
- Audit of proportionate assessment shows that on average 80% of service users need between 2 – 4 care calls per day, an estimated 20% require complex care (such as QDSx2).
- Based on patterns of demand and local audit, capacity is needed to support
80 patients per week with on average of 60 P1 patients becoming clinically optimised every week.

Situation: What do we need intermediate care services for?

Demand: Contd.

- This equates to the need for 240 care calls per day and 1,680 care calls per week.
- Care hours needed per Local Authority (LA) area is based on population split:
 - 218 hours of care per week in Merthyr
 - 907 hours of care per week in RCT
 - 554 hours of care per week in Bridgend
- Care should be delivered between the hours of 7:00 to 22:00
- Shift scheduling should take into consideration fluctuating daily demand around meals and bedtimes.
- Contingency will be planned for carers capacity with an average of 5 care calls per shift.

Situation: What do we need intermediate care services for?

There is evidence of demand for the following number of carers per Local Authority area to delivery the first priority for ECC:

Care Hours Required with 5 Calls per day per Carer + Enhanced Hourly				
Area	Care Hours Per Week	Care Hours Per Day	Carers Per Day (7.5 Hour Shift - 5 x 1 Hour Calls)	Number of Staff Required (7am-10pm, 7 Days a Week)
RCT	907.00	129.57	25.91	46.11
Bridgend	554.00	79.14	15.83	28.16
Merthyr	218.00	31.14	6.23	11.08
Total	1680.00	240.00	48.00	85.40

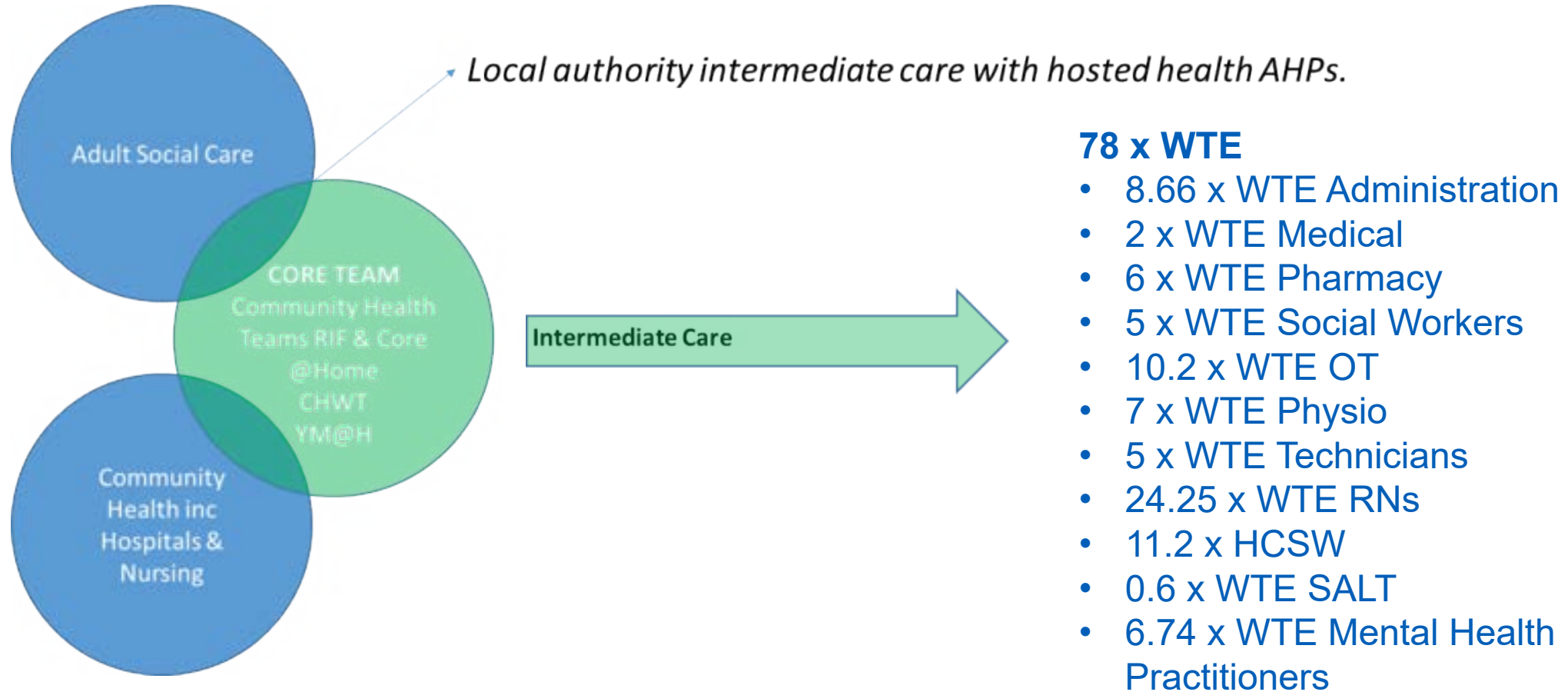
Assessment

- There is a need to create a community health team in line with NICE guidelines that provides co-ordinated intensive, time-limited, multi-agency and multi-professional support for someone in crisis, at risk of hospital admission, in need of discharge who are at risk of deterioration.
- This team should be made up of a core team of registrants and support staff with an additional resource of suitably qualified, trained and managed care staff.

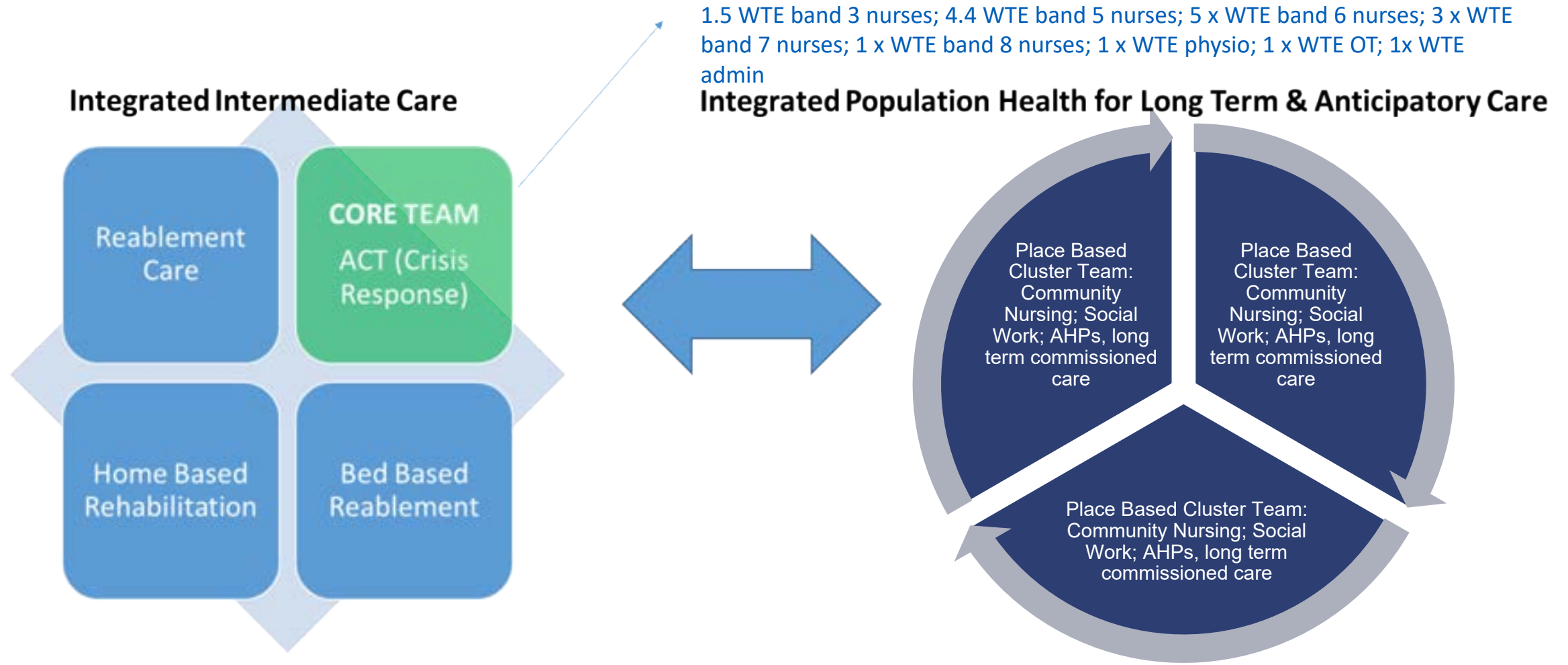
Objectives of the Service:

- Providing the right care in the right place targeted at people who would otherwise face admission to acute in-patient care or unnecessary prolonged acute hospital stays.
- Enhanced hospital discharge to reduce hospital based harm for those experiencing a delay with a proactive case finding approach.
- Have a planned outcome of maximising independence and typically enabling patients/users to resume living at home.
- Provide time limited care, normally no longer than six weeks and frequently as little as 1 – 2 weeks or less with established and agreed discharge pathways into other intermediate care services or long term adult social care.

Assessment: Capacity in RCT & Merthyr Localities for the Core Team



Assessment: Capacity Bridgend Locality for the Core Team



Recommendations to create an Enhanced Community Care Service

1. An ECC service in Rhondda Cynon Taf & Merthyr will be established from community based services that will be merged to create one new service. This team will establish an ECC pathway in balance with other priorities.
2. ACT will become the ECC service in Bridgend and flexibly support patients across the whole CRT.
3. Additional carers will be employed on a locality footprint and deliver care in corresponding geographical lots to domiciliary care.
4. Carers will be aligned to cluster based community nursing teams for OOH support and risk management associated with missed care calls.

Risks and Barriers

Risks

- Recruitment could destabilise domiciliary care services in social care.
- A balanced focus on admission avoidance not just discharge.
- Issues of economies of scale for carers and provider of last resort if there are workforce gaps in smaller localities. Mitigation will be to align to district nursing.
- If we do not create an urgent response to intermediate care we will continue to see urgent care delays and PoCD with a continued cycle of failure demand.

Challenges

- Organisational Change Process (OCP).
- Realigned priorities for current teams and the need to balance current workloads and priorities with additional objectives.

Next Steps

Working to a timeline to establish the revised service for late autumn

- Completion of the Business Case (to come to Planning, Performance & Finance Committee in August)
- Finalise the clinical staffing model including training competencies
- Deliver the OCP for the revision to the existing services
- Develop the operating model of the service

Recommendation:

The Board to NOTE this report and the programme of activity outlined.



Agenda Item

9.1

CTM Health Board

Update on Acute Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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
	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 key areas of focus since the previous update in May 2024 include:
 - The future appointment of an ACSP Programme Director. A job description has been delivered and is currently going through a job matching process.
 - Understanding the resourcing needed to deliver the ACSP programme. This is being taken forward by the Executive Director of Strategy and Transformation and the Deputy Director of Strategy and Partnerships meeting with each of the executive teams to explore the resourcing needs for programme delivery and how this will be achieved. It is recognised that the resourcing elements must be in place before any pre-engagement process commences, as the health board has to ensure delivery of the programme. This may lead to a delay in previously shared timelines as it is currently unlikely that the pre-engagement phase will be able to commence as originally planned in the Autumn as resources are not yet identified.
 - Care groups are revisiting the baseline work to ensure they reflect an accurate service description. This will then inform the production of a base model, which will include activity, workforce and finance data. The base model will be used in the future to understand the impact of potential scenarios.
 - Learning from other areas, especially the approach taken in Hywel Dda University Health Board which produced an issues paper last year (equivalent to a Case for Change document) and is currently in phase 2 of their programme, which is the production of options.

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 ACSP 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), engagement, 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.
- 3.3 There is a risk to the timescales related to delivery if the resources (as set out in 3.2) are not in place.

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
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	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 <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: Will be considered as part of the development of the options
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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 (<i>Pobl / Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	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:
- review of governance processes
 - recruitment of a programme director
 - full understanding of resources needed to deliver the programme
 - commence the development of a base model

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 30 May 2024 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
Kath Palmer	Vice Chair
Patsy Roseblade	Independent Member
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member
Dilys Jouvenat	Independent Member
Helen Lentle	Independent Member (Virtual attendee)
Nicola Milligan	Independent Member
Rachel Rowlands	Independent Member
Lauren Edwards	Executive Director for Therapies & Health Sciences
Hywel Daniel	Executive Director for People
Greg Dix	Executive Director of Nursing/Deputy Chief Executive
Linda Prosser	Executive Director of Strategy & Transformation
Sally May	Executive Director of Finance
Gethin Hughes	Chief Operating Officer
Phillip Daniels	Executive Director of Public Health (In Part)
Lisa Curtis-Jones	Associate Member (In part)
Anne Morris	Associate Member
Sally Bolt	Associate Member (In part)

In Attendance:

Simon Blackburn	Director of Communications, Engagement and Fundraising
Gareth Watts	Director of Corporate Governance / Board Secretary
Suzanne Rodgers	Assistant Director for Digital Transformation
Sallie Davies	Deputy Medical Director
Robert Green	Public Health Consultant
Ana Llewellyn	Care Group Nurse Director (In part)
Lowri Morgan	Dementia Programme Manager (In part)
Rebecca Jones	Community Sister (In part)
Dale Stolzenberg	Assistant Director of Transformation (In part)
Daniel Price	Regional Director, Llais Cymru
Ceri Bear	Llais Cymru Representative
Cally Hamblyn	Assistant Director of Governance & Risk (Attending virtually)
Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Lisa Love Gould	Clinical Director of Allied Health Professionals (Observing)
Suzanne Hardacre	Director of Midwifery (Observing)

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;
- Geraint Hopkins, Independent Member;
- Dom Hurford, Executive Medical Director;
- Stuart Morris, Director of Digital

1.3 Declarations of Interest

No Declarations of Interest were noted prior to or during 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 Morgan and R Jones presented the listening & learning story which related to dementia and the patients' story.

The Chair asked the Team to extend the thanks of the entire Board to the patient and their family for sharing the story, which was a powerful explanation as to the experience for the patient and their family. The Chair advised that Dementia has a significant impact on individuals, their families and friends and on staff also, who often form strong relationships with patients for significant periods of time.

S Davies echoed her thanks to the Team for sharing the powerful story, which highlighted the many difficulties families and patients have with dementia, and added that she found it fantastic to hear of the work being undertaken by the Team, and advised that with an ageing population this will become more of an issue for all of our staff, in most of our specialties, across all sites.

G Dix welcomed the way in which the story was delivered by L Morgan, which he found to be powerful and empathetic, and also extended his thanks to R Jones for the update she provided and advised the Board that the work undertaken by R Jones had been published nationally. G Dix sought clarity as to how the Team planned to spread and scale the work undertaken at Prince Charles Hospital. A Llewellyn advised that R Richards was the workstream lead for the Hospital Charter and added that champions were in place across each Hospital across the Health Board, who were responsible for taking this work forward. Members noted that this work was about hearts and minds and passion and noted that the work undertaken at Prince Charles Hospital was as a result of the champions engaging and being positive about the work.

D Jouvenat advised that she had recently undertaken a walkround with the Medical Director of Ward 3 at Prince Charles Hospital and witnessed the work being undertaken as referenced by the Team in their presentation. D Jouvenat advised that the staff were amazing in terms of the care they provided to the patients and advised that one of the therapy dogs that visited the patients belonged to a member of staff, which evidenced how much the staff cared for the patients on the ward.

G Hughes advised he found the story to be moving and extended his thanks to the Team for sharing on behalf of the family. G Hughes sought clarity as to how transition could be made from Angelton for example, into nursing or residential care, and added that the story clearly highlighted that this transition did not go well for this particular patient on two occasions. G Hughes advised that consideration needed to be given as to what more could be done as a Health Board to support that transition, whilst recognising the challenges. A Llewellyn advised that in regards to strategic planning for the future, the development of Care Home in-reach provision would help, and added that early conversations were being held in relation to older adult mental health redesign, in order to ensure there were no breakdowns in placements. A Llewellyn advised that the staff at Angelton had worked closely with the patient, who had significant needs, and added that the placement in the patient's own home was an experiment which had worked well and had been collaboratively supported by a range of agencies.

The Chair sought the views of L Curtis-Jones as to what a collaborative approach would look like, reflecting on the model of the older adult services particularly in Mental Health referred to earlier in the meeting. L Curtis-Jones advised that she found the story to be emotive and advised that a placement breakdown within Children's Services would be reviewed in relation to lessons learnt and added that the same approach needed to be taken within adult services. L Curtis-Jones advised that she would be happy to undertake a review of the story outside the meeting, alongside other Local Authority Directors, to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.

P Roseblade sought clarity as to how honest the Health Board were with the Care Home or other facilities in relation to the condition of the patient, given

that there is pressure on bed base and a clear need to move patients into a suitable alternative place outside of the Hospital, in order to ensure the Care Home was capable or suitable for a particular patient. L Curtis-Jones advised that even though there were pressures in the system, usually a senior member of staff from social services visits the hospitals to assess the patients prior to placement following receipt of a referral form. A Llewellyn confirmed that full transparency was in place, with Care Homes undertaking face to face assessments with patients and having full access to patient records as part of the process. Members noted that patients with dementia often behave differently depending on the environment in which they are in. G Hughes added that Wards are good at identifying what care homes are best suited for patients with particular needs, and often work with families to choose the right home for their relatives.

P Mears reflected on the story which he found to be powerful and advised that in relation to length of stay data, a diagnosis of dementia added a significant amount of time, which affects the individual in trying to find onward care for the patient. P Mears advised that this was an area that needed to be looked at by the Regional Partnerships Board in regards to Commissioning plans as there was awareness that the capacity within the independent sector to accept these patients is quite challenged, which was concerning given the predicted growth in this space. Members noted that consideration needed to be given to partnership working to ensure good quality provision of care was in place for the future.

P Mears advised that patients with Dementia were using a wide range of services within healthcare settings, and added that consideration needed to be given to ensuring future designing of services were fit for purpose for caring for patients with dementia.

R Jones advised that there was a gap in the service being provided to patients living within the community who were being transferred from secondary care. R Jones suggested consideration needed to be given to the introduction of a liaison service between secondary and primary care, which may limit the instances of patients being given notice from care homes and enable care to be better facilitated.

The Chair agreed that it would be helpful for the Board to consider what the gaps were, in regards to planning services for the future and what resources were required to address the gaps. The Chair advised that discussions had already commenced in regards to the development of an Acute Clinical Services Plan, and added that as a longer term view is realised as to what services need to be delivered on our Hospital sites, consideration could then be given as to what capacity was required to support a potential increase in people who may require hospitalisation at some point.

L Prosser advised that clarity was required as to why patients need a bed and advised that a piece of work needed to be undertaken in relation to the integrated pathway. L Prosser added that she was unclear as to why Angelton was considered to be the best place for the patient at the start of their journey.

A Llewellyn advised that this particular patient had significant complex dementia and came into Angelton, which is an Assessment centre led by Mental Health Practitioners, and as a result of his complex needs he had significant behaviours that challenged, which were difficult for other providers to support.

N Milligan advised that whilst the Board hear a number of patient stories at Board, the Board very rarely receives updates at future meetings as to what has been done to address the lessons that needed to be learnt. N Milligan added that it would be helpful if an update could be presented to a future meeting on the work that has been undertaken to address some of the concerns that had been raised by this family.

I Wells made reference to the potential gaps within this service and sought clarity as to whether equality was in place across the different regions covered by the Health Board. A Llewellyn advised that in relation equity provision, an external agency had been commissioned through the Dementia Steering Group to review equity provision, and added that there was some resource available through the Regional Partnership Forum which was linked to Dementia which was being used to assess equity, with the findings being reported into the Regional Partnerships Board.

The Chair advised that on reflecting on the point made by N Milligan, he would be grateful if a summary of key actions from the meeting today could be developed by A Llewellyn and presented back to a future Board meeting for further discussion. The Chair recognised that there were areas where involvement from the Regional Partnerships Board would be required which need to be taken into consideration also.

Resolution: The Listening & Learning Story was **NOTED**.

Actions: Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.

Report to be presented to a future meeting outlining the key actions required that needed to be taken forward

4. **SETTING THE SCENE**

4.1 **Chair's Report and Affixing of the Common Seal**

The Chair presented the report and highlighted the key matters for Members' attention.

Resolution The Board **NOTED** the report, **ENDORSED** the Affixing of the Common Seal and **APPROVED** the Chairs Urgent Action.

4.1.1 **Action Log**

The Chair presented the action log. G Watts provided an update in relation to the action regarding Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review into Quality Governance and advised that the information requested was submitted to Audit Wales colleagues on the 15 April, with confirmation received from Audit Wales that the information had been received and would be reviewed further.

Resolution The Action Log was **NOTED**.

4.2 Chief Executive's Report

P Mears presented the report and highlighted the key matters for Members' attention.

In relation to the update provided regarding the Seren Award winners, P Mears suggested that consideration could be given to inviting some of the Seren Award winners to meet with the Board at a future meeting.

In reference to the update provided within the report regarding the National Nosocomial COVID-19 Programme, P Mears extended his thanks to D Bennion and her Team for sensitively leading this significant piece of work, which was a difficult subject matter to deal with for those families involved.

L Curtis-Jones extended her congratulations for the communications that had been released in relation to Maternity Services and welcomed the photos of the babies that had been born which she found to be really positive and advised this it was impactful for members of the public to see good news stories.

L Curtis-Jones made reference to the work being undertaken in relation to Delayed Discharges and sought clarity as to whether Social Worker representation was required in relation to the Task & Finish Group. P Mears advised that social worker representation would be helpful moving forwards. R Rowlands also requested that the Task & Finish Group included representatives from the Third Sector to ensure a whole system approach was in place.

N Milligan made reference to the Seren Awards and advised that not only were individuals being celebrated, the Health Board was showing diversity in recognising staff from a range of professions. In response to a comment made by N Milligan regarding updates no longer being shown on the staff Facebook page, S Blackburn confirmed that the Communications Team were in the process of addressing this, which would be resolved shortly.

D Price, made reference to the work undertaken in relation to the Nosocomial Programme and advised that no issues had been raised with Llais Cymru regarding the process followed, which was positive.

In response to a query raised by D Price as to whether the Health Board had been requested by Welsh Government to submit a revised plan, P Mears confirmed that the Health Board had not been asked to submit a revised plan, given that the financial plan for this year was a balanced plan. P Mears added

that narrative commentary had been received from Welsh Government in relation to some of the priorities identified.

Resolution: The report was **NOTED**

Action: Consideration to be given to inviting some of the Seren Award winners to meet with the Board at a future meeting.

5. GOVERNANCE, RISK AND ASSURANCE

5.1 Board Committee and Advisory Group Highlight Reports

5.1.1 Charitable Funds Committee Highlight Report 23 April 2024

S May presented the report that updated Members on the items the Charitable Funds Committee wished to escalate to the Board following the meeting held on 23rd April 2024. S Blackburn advised that a Head of Charity and Income Generation had been appointed and would be commencing on 12 June 2024.

Resolution: The report was **NOTED**

5.1.2 Stakeholder Reference Group Highlight Report 11 April 2024

A Morris presented the report that updated Members on the items the Stakeholder Reference Group wished to escalate to the Board following the meeting on 11th April 2024. A Morris advised that she had now received Ministerial approval in relation to the extension of her Term of Office as Chair of the Stakeholder Reference Group.

Resolution: The report was **NOTED** and the Board **RATIFIED** the agreement previously made by the Board to hold four Stakeholder Reference Group meetings per year with one ad hoc meeting if required.

5.1.3 Quality & Safety Committee Highlight Report 14 March 2024

C Donoghue presented the report and highlighted the matters contained within the alert/escalate section raised at the meeting held on 14 March 2024. C Donoghue advised that a detailed discussion had been held in relation to the concerns regarding boarding of patients and added that whilst assurance was provided that individual risk assessments were in place, Committee Members were concerned that this was becoming normal practice and had agreed to closely scrutinise the position moving forwards.

The Chair advised that the Health Board should not be normalising behaviours and advised he felt it appropriate that Committee Members had escalated this as a concern.

P Mears advised that the first meeting of the Joint Commissioning Committee had recently been held, which now incorporated the Emergency Ambulance Services Committee (EASC), where a significant discussion was held in relation

to the whole pathway. P Mears advised that in addition to reviewing metrics in relation to boarding, a review of the whole pathway needed to be undertaken, with further work to be undertaken with the Ambulance Service to ensure patients were not being conveyed to hospital if they could be treated in an alternative setting.

Resolution: The report was **NOTED**.

5.1.4 Hosted Bodies Audit & Risk Committee Highlight Report 18 April 2024

P Roseblade presented the report and highlighted the matters contained within the alert/escalate section raised at the meeting held on 18 April 2024. Members noted that an update on progress in relation to the establishment of the Joint Commissioning Committee (JCC) was provided by the Interim Chief Commissioner which was welcomed and noted the legacy reports from the Welsh Health Specialised Services Committee (WHSSC) and EASC would be presented to the June meeting.

P Mears echoed the comments made by P Roseblade that the Joint Commissioning Committee felt collaborative in its approach and added that a Development Session would shortly be held between Chief Executives and the JCC to discuss collaborative working arrangements moving forwards

Resolution: The report was **NOTED**.

5.2 Escalation Status Update

Members noted that an update in relation to escalation status was included in the Chief Executive's Report.

5.3 Board Assurance Framework

G Watts presented the Board of Assurance Framework report that was received by the Executive Leadership Group on 13 May 2024.

P Roseblade made reference to Strategic Risk 1: Sufficient Capacity to meet Emergency and Elective Demand, which had been allocated the same risk rating for some time. P Roseblade queried whether the likelihood of four was appropriate, given the staffing shortages within Endoscopy, long Emergency Department waits and significant waiting times in a number of speciality areas. G Hughes advised discussions had been held in relation to splitting this risk, given that the plan for Planned Care was now in an improved position, compared to the Emergency Care position which remained challenging. Members noted that this risk did not allow for the identification of board level assurance in relation to other services and noted that at a future meeting the risk would be divided into Planned Care, Emergency Care and other services to ensure there was a level of sensitivity in place and to enable the Board to focus on the specific assurances required.

K Palmer welcomed the work being undertaken in relation to the new risk regarding the Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government given the significant challenges regarding capital budgets and Estates issues. K Palmer made reference to Leadership and Management and advised that whilst she recognised that the Care Groups were still relatively new, she would find it helpful if an update could be presented to a future meeting in relation to how Care Groups were bedding in. K Palmer sought clarity as to whether consideration needed to be given outside the meeting to adding a new risk which related to risks relating to not moving patients out from secondary care into primary and community care.

R Rowlands made reference to the Shared Listening & Learning Forum which had been paused, and sought clarity as to when this would be re-instated. G Dix advised that this had been paused as a result of phase two of the Organisational Change process, and added that plans were in place to hold two face to face learning events, in addition to meetings via Teams each quarter. Members noted this new process would be launched on the 22 June 2024.

In response to the query raised by K Palmer in regards to bedding in for the Care Groups, G Hughes advised that phase two had been completed, with all posts appointed to. Members noted that some external appointments were made who would be commencing over the next month, and noted that internal appointments were made into existing roles alongside some internal promotional appointments. Members noted that all new Directorate Managers, Clinical Directors and Heads of Nursing were settling into their roles well. G Hughes advised that a Care Group launch event was recently held which was well attended and added that six monthly events would be held moving forwards. Members noted that appointments had also been made into the Site Clinical Lead roles for Princess of Wales and Royal Glamorgan Hospitals.

In relation to leadership and development, H Daniel advised that redesign had been undertaken of two flagship leadership programmes, one of which would be specifically delivered for Care Group leadership Teams, which would be commencing within the next month, and the other for Directorate Leadership Teams. Members noted that positive feedback had been received from Care Group Teams in relation to the investment being made. K Palmer welcomed the update provided and advised that some of the feedback from staff she was receiving was related to staff feeling that the Care Groups needed to have the chance to bed in and added that she was pleased to hear of the plans to undertaken leadership and management training throughout the organisation. H Daniel advised that a redesign of the entry level Aspire programme was being undertaken to ensure this was more practical, which meant that all staff had an entry route into a potential programme.

L Prosser responded to the query raised by K Palmer regarding the suggestion made to introduce a risk relating to shifting services into the community and advised that she would like to consider this further outside the meeting, as she felt this needed to be more related to the failure to deliver on our strategic goals.

Resolution: The Board Assurance Framework was **APPROVED**.

Action: Consideration to be given outside the meeting regarding the suggestion made to introduce a risk relating to shifting services into the community as it was felt this needed to be more related to the failure to deliver on our strategic goals.

5.4 Annual Review of Board Effectiveness Self-Assessment

J Morgan presented the report and highlighted the key areas for Board Members' attention.

P Mears welcomed the comments received from Board Members that they would welcome further development as a Board which would be considered further with the Chair and Director of Corporate Governance as to how this could be put into place over the next 12 months. The Chair advised that he would be keen to ensure that Board Development sessions were in place to support Board Members in understanding key areas of business further that the Health Board were seeking to develop and change, particularly for the matters that would require formal discussion at the Board at a later stage. The Chair reminded Members that a broader review had been undertaken by Board Members over the last 12 months in regards to reviewing Committee structures as part of the broader Board Committee effectiveness, which would be kept under review in terms of its implementation.

P Roseblade made reference to the Self-Assessment Maturity Rating of Level 4 and advised that it was shame that there was no scale within that given that the Board were much further progressed compared to previous years. P Roseblade made reference to a statement made within appendix three regarding operational decisions sitting below the Board and suggested this needed to be amended to reflect that operational decisions sit with the Executive Team, with implementation below the Executive Team.

L Prosser advised that she would be interested to understand why one Board Member had not selected a self-assessment maturity rating of level 4 to determine what steps could be taken to make a difference on their view of this. The Chair advised that he would be happy to explore this with the individual if required.

K Palmer welcomed the process which she found to be very open, and extended her thanks to the Directorate of Corporate Governance and his Team for their support and for this excellent piece of work

Resolution: The Board **APPROVED** the Self-Assessment Maturity Rating of Level 4.

Action: Statement made within appendix three regarding operational decisions sitting below the Board to be amended to reflect that operational decisions sit with the Executive Team, with implementation below the Executive Team.

5.5

Working in Partnership Report – Development of Maesteg Hospital

D Stolzenberg shared the presentation that updated the Members on the redevelopment of Maesteg Hospital and its services.

The Chair extended his thanks to D Stolzenberg for sharing the presentation and advised that after visiting the site and seeing the scale of the ambition, he was encouraged to see that a significant strategic project was being undertaken to meet the needs of a disconnected community, and added that there were a range of communities throughout Cwm Taf Morgannwg, where challenges were being faced in regards to accessing a variety of services.

S May advised that whilst this was an exciting scheme, steps needed to be taken to ensure that the scheme met the requirements of the Integrated and Rebalancing Capital Fund (IRCF), which focusses on developing health and care centres across Wales. Members noted that the original applications were in the region of £70m for this current year, £50m for year one, £60m in year two and it was expected that funding would continue in future years for a number of schemes. Members noted that the original estimate for this scheme was £15.5m and feedback from a Capital Review meeting held recently indicated that steps needed to be taken to ensure the Health Board did not go beyond what is affordable in order to limit the need for All Wales Capital.

P Mears welcomed the work being undertaken on this project, which was a good example of looking at ways to address the inequalities within our communities and how these were being responded to, and expressed the need to ensure that careful consideration was being given to the ideas being suggested in terms of future use of the site. P Mears added that whilst engagement was being undertaken with external partners in regards to future joint working opportunities, the process was being run through a health service traditional process which meant there were building standards regulations that needed to be adhered to. P Mears sought clarity as to whether consideration needed to be given as to whether there were some spaces within the site that could be segmented into areas which were less Health Board led, in order to limit potential escalating costs. D Stolzenberg advised that the company that was working with the Health Board to develop the site had experience in this area and were bringing their knowledge with them in regards to similar developments in other Health Board areas.

L Prosser advised that in relation to doubling of costs, this was as a result of the increase in construction costs and recognised that whilst the size of the national pot of funding was a constraint, the Health Board needed to ensure it worked with the funding available. D Stolzenberg advised that the Health Board was the first Health Board to undertake a joint Strategic Outline Business Case (SOC) Outline Business Case (OBC) and Full Business Case (FBC) approach which meant that an iterative process needed to be followed in relation to managing the development of joint business cases.

P Mears advised that this was a really important project for both the Health Board and the Maesteg Community given the strategic location of the site and

that feedback from the engagement event had found that members of the community had found it difficult to get to Princess of Wales Hospital for treatment as a result of public transport provision

I Wells advised that he was a resident of Maesteg and understood the issues being faced by members of the community, and added that the work being undertaken was welcomed by residents. In response to a question raised by I Wells, D Stolzenberg confirmed that the Ophthalmology service were based at Maesteg at present. G Hughes added that Ophthalmology provision was being increased on the site, with plans in place for the site to become a Glaucoma Hub.

I Wells made reference to the Active Travel Plan which was vital to the community, and welcomed the plans to work with the Local Authority to address transport issues.

G Hughes welcomed the work being undertaken to expand and redevelop the building and made reference to the 20 year differential life expectancy within the south of Bridgend in comparison to north Bridgend. G Hughes advised that a piece of work needed to be undertaken in relation to engaging with the local population as to what they can do differently in terms of managing their health and how the Health Board can help them to do that, from a public health perspective, in order to close the health inequalities gap.

The Chair advised that the presentation had highlighted a range of Third Sector partners who could be involved in this project and could make use of the space and suggested that expectations needed to be set that organisations who were working with the Health Board and would be delivering services in that space, also signed up to supporting the Health Board's work in relation to the public health ambition.

P Mears advised that work was already being undertaken in the north Bridgend region, between Public Health and a GP Practice in the Caerau area, in relation to wider health inequalities and added that a programme of work was being undertaken to look at how Primary Care can be more outward facing in some of the most deprived communities across the whole of the UK.

P Mears added that a discussion had recently being held with the Executive Director of Public Health in relation to some learning from other parts of the UK who had implemented the Community Health Worker model, which involved community members undertaking health promotion advice and activities within the community, which could be considered as part of this project.

S Rodgers advised that a number of these services were highly dependent on being able to share information across health and social care boundaries and added that with the procurement of national systems commencing soon, centres like Maesteg needed to be incorporated into these discussions, given the challenges that had been faced with the previous integrated system. D Stolzenberg confirmed that engagement was being undertaken with Digital

colleagues in regards to what the digital offer looks like as a whole within this development.

H Daniel made reference to population health and referred to the Health Board's ability to look beyond health, influencing what is the economic future of valleys communities that were previously thriving in industrial times, how the transport strategy for Wales linked into this project and taking a broader view from a UK perspective on broader economics.

The Chair once again extended his thanks to D Stolzenberg for sharing the update and advised that it was evident that the Board fully supported the work being undertaken and looked forward to receiving future updates on progress.

Resolution: The report was **NOTED**.

5.5.1 Public Services Board Update

P Daniels presented the report and highlighted the key points for Board Members' attention.

L Prosser made reference to the joint work being undertaken in relation to the Climate Change Risk Assessment and advised that this could be an area where the Health Board could get involved and added that the Health Board needed to be better connected from a business continuity perspective, with Local Authority partners, who had a good understanding of the climate change risks in their areas and the hyper local events that could occur, for example flooding of roads which would lead to restricted access to services.

P Daniels advised that this is underpinned by the Wellbeing and Future Generations Act and advised that the Public Services Board had an ideological aspiration in relation to what it wants to achieve to change the way in which public services work and expressed the importance of the Health Board continuing to practically work in a way in which improves the lives of people.

Resolution: The Board **NOTED** the report.

5.5.2 Regional Partnership Board Update

L Prosser presented the report and highlighted key areas for Members' attention.

P Mears advised that on reflecting on the discussion held earlier in the meeting in relation to Dementia, there was a need to ensure that the Market Sustainability report was guiding some of the investments required. L Prosser advised that this matter was being discussed at the Regional Partnerships Board.

P Roseblade advised that she had found it helpful to see how many people had been helped as a result of the £5k funding that had been allocated and sought clarity as to whether the funding was recurrent or not. L Prosser advised that

whilst the funding does roll over each year, this was on a non-recurrent basis. P Mears advised that core health provision within the community was being funded with this allocation of money, which was a risk given that a large part of the Health Board's community services was funded using partnership funding.

K Palmer welcomed the links to films that had been included in the report which provided further information on projects being undertaken. K Palmer sought clarity as to how the Health Board could mainstream funding that was known to be essential for services and was making a difference and queried whether a discussion was required with Welsh Government regarding this.

R Rowlands advised that if the Health Board wanted to introduce community Health & Wellbeing workers, as referred to earlier in the meeting, the Regional Partnerships Board Regional Integrated Fund would be the most suitable fund to access to take this forward. R Rowlands advised that given that the fund was being used to support core activities, there needed to be shift, from a Welsh Government point of view, to understand that if this funding was utilised for something different, then core services would be at risk.

Resolution: The report was **NOTED**.

6. DELIVERING OUR PLAN

6.1 Integrated Performance Dashboard

L Prosser presented the report and highlighted key matters for the Board's attention. Other lead Executives also provided an update on their respective areas.

The Chair advised that the Health Board had submitted its Integrated Medium Term Plan (IMTP) to Welsh Government before the end of March 2024 and advised that part of the planning assumptions would have been the targets for improvement that had been set by Welsh Government for all Health Board's for this year. The Chair advised that since the plan was submitted, Welsh Government had now varied the targets required and sought clarity as to how this was being factored into planning for this year. G Hughes advised that revised plans had been developed which he would provide an update on later in the meeting. Members noted the changes included no patients waiting over 104 weeks for their Referral to Treatment Target position by December 2024, no patients waiting over three years by the end of August 2024 and by the end of March 2025, no patients waiting over two weeks for a first outpatient appointment.

P Mears advised that the Health Board had recently submitted its revised trajectories to Welsh Government and added that Chief Executives had written to Welsh Government to advise that the previous IMTP submission was based on previous performance ambitions, and it was likely that the revised performance trajectories would have an impact on financial performance. P

Mears advised that the risks that sit alongside delivery of the new targets would need to be identified.

I Wells made reference to a discussion held at the recent Digital & Data Committee in relation to Clinical Coding and the significant performance improvements that had been made in this area of work. Members noted that the Team had developed their own Artificial Intelligence system which had assisted with the improvement in performance. I Wells advised that the team were facing a potential staffing crisis moving forwards given there would be some retirements of senior staff within the team, and added that the staff were now in the process of training new staff. Members noted that this service was now being seen as an exemplar within Wales. P Mears advised that a discussion had recently been held on the challenges within coding at the NHS Wales Leadership Forum, with a number of coders in Wales being attracted to work for NHS Trusts in England who were offering higher rates of pay. Members noted that discussions were held as to how this position could be addressed, including the suggested development of a skills academy for coding staff in Wales. Members noted that the development of the Artificial Intelligence software was highlighted as an area of good practice.

P Roseblade made reference to the waits in the Emergency Department and sought clarity as to the reasons behind the performance reported. G Hughes advised that there had been a surge in numbers attending in a short window of time, with further delays being experienced if there was no space available to assess patients. G Hughes added that there were issues with workforce numbers on one site in particular and work was being undertaken to align workforce capacity to the demand profile. Members noted that triage performance was good, with patients being triaged in timely way, with those patients waiting the longest to be assessed by a Doctor being those whose clinical needs were less urgent. G Hughes advised that there was an issue on one site in relation to the types of patients attending, with one site having a higher attendance of primary care orientated patients, and added that work was being undertaken to determine the right workforce model required for that site.

P Roseblade made reference to the index colonoscopy position reported on page 6 and 8 of the report and advised that she had previously requested that the consequence of this in terms of quality was reported to Quality & Safety Committee, which she had not yet seen. P Roseblade added that page 8 stated that 50% of patients had refused their first appointment and sought clarity as to whether these patients were excluded from the headline figure of 8.4%. P Roseblade also highlighted that the update provided stated that a third room being planned for colonoscopy with a move date of 17 May 2024 and sought clarity as to whether this was additional capacity or a movement of capacity. G Hughes advised that in relation to colonoscopy, CWM Taf Morgannwg was now one of the highest performing Health Board's in Wales in relation to timeliness of patients coming through for treatment and added that there appeared to be data issues which needed to be reviewed further. G Hughes confirmed that the third room was additional capacity.

P Roseblade made reference to ambulance performance reported on page 15 of the report which stated that a multi-agency discharge meeting took place on 10 April and queried when the outcome of this meeting would be available. G Hughes advised that the multi-agency event was held at the Princess of Wales Hospital with the report from that meeting being presented through internal governance processes at present. G Hughes added that he would be happy to share this report at either the Quality & Safety Committee or Planning, Performance & Finance Committee so that learning could be shared.

P Roseblade made reference to Stroke and advised that it appeared that for the patients that had been diagnosed, all of the indicators were improving, however, it appeared that further work needed to be undertaken in relation to diagnosis particularly at Princess of Wales Hospital and sought clarity as to whether the reference made to new recruits earlier in the meeting would help to improve the position. L Edwards advised that the new staff in post had a pan CTM approach and were focussed on improving performance on both sites. L Edwards advised that when patients present out of hours, some variation was being seen between sites in relation to meeting the targets.

N Milligan referred to page 7 of the report and the update provided in relation to childhood immunisations and advised that whilst there had previously been good performance in this area, uptake had deteriorated. N Milligan advised that the reported challenges and actions had remained very much the same over the last four Board meetings and appeared to be focussed on what the Health Board could do to address this. N Milligan that she was not seeing any updates provided as to how engagement was being undertaken with the population to determine what barriers were in place which were stopping patients attending for their immunisations, which would help to ensure immunisations were being undertaken in the right places. P Daniels advised that a Vaccine Equity Strategy had been produced that outlined the actions that would be taken and added that there was awareness that targets were not being currently met. P Daniels advised that work was being undertaken in relation to behavioural insights in order to understand the barriers and added that approval had been given to recruit into the Vaccination Team which should hopefully help to address the position. Members noted that whilst CTM were still performing highly compared to other Health Board areas in Wales with regards to vaccination, increased reluctance was being seen post covid in regards to vaccination take up. N Milligan advised that whilst the development of the strategy was positive, engagement with members of the community was key in order to identify the barriers.

P Mears agreed with the comments made by N Milligan and advised that a wide range of health professionals were key in ensuring messages were being cascaded in relation to the importance of vaccinations. P Mears added that there were some communities who were dealing with challenging vaccine hesitancy issues which had become greater since covid. Members noted that in relation to school age children, G Dix had met with the Directors of Education within the three Local Authority areas to discuss what the School Nursing provision needed to look like in the future and what roles they could play in addressing some of these issues. P Mears expressed the importance of having

trusted individuals within communities, who were not necessarily healthcare professionals, to cascade key messages in relation to vaccines and the impacts associated with not having them.

P Daniels advised that in relation to Measles, there had been lower uptake of the second MMR vaccination and added that engagement was being undertaken within schools in lower uptake areas to offer vaccines directly within the school environment.

L Curtis-Jones advised that she was disappointed to see that Merthyr Tydfil was the lowest of the three local authority areas in relation to vaccination uptake and made reference to the Community Focussed Project taking place within the Merthyr Tydfil area, who are engaging with the local community in terms of prevention and suggested that the promotion of vaccinations could be built into this engagement programme.

L Curtis-Jones also made reference to the CAMHS and Neurodevelopmental performance data and queried whether the Local Authorities could support the Health Board in addressing some of the waiting list issues by offering Behavioural support or prevention work, given the investments being made in these areas through the Regional Partnerships Board.

Resolution: The report was **NOTED**.

Action: Report from the multi-agency event held at the Princess of Wales Hospital on 10 April 2024 to be shared at either the Quality & Safety Committee or Planning, Performance & Finance Committee so that learning could be shared.

6.2 Integrated Performance Dashboard Part 2 – Financial Performance

6.2.1 Month 12 Finance Update

S May presented the report and highlighted key updates to Board Members. Members noted that the reported position was subject to audit given that the draft accounts had now been submitted to Audit Wales.

Resolution: The report was **NOTED**.

6.2.2 Month 1 Finance Update

S May presented the report and highlighted key updates to Board Members.

K Palmer extended her thanks to S May and the Team for achieving the position reported. In relation to savings, K Palmer noted that in addition to the savings made last year, the Health Board was expected to achieve a further £23m of savings this year, with month 1 showing that the Health Board was off trajectory in relation to the savings target. S May advised that work was being undertaken to review the detail to determine whether there were any schemes that were unlikely to deliver savings and identify any alternative schemes that would potentially achieve savings delivery.

P Mears advised that reflecting on the last year, this had been a challenging position to reach and added that the confidence that delivering the financial position gives could not be underestimated and enabled the Health Board to focus on other areas of improvement. P Mears added that achieving financial balances had resulted in some difficult choices having to be made in regards to not investing in some areas, and advised that good progress had been made in some significant areas, for example, nursing agency and temporary staff spend, which had reduced significantly in the past 12 months. Members noted that the new rate card for medical staff would soon be launched which should help to improve savings delivery.

P Mears highlighted risks in relation to overseas international recruitment, as a result of the Health Board only being allocated 50% of the funding requested from Welsh Government which has been raised as an area of concerns with Welsh Government colleagues. Members noted that a proposal was being developed by the Director of Digital and his Team in relation to requesting funding from Welsh Government to support the transformation of Back Office Services. P Mears advised that the proposal articulated the opportunity for digitising back office services, particularly in relation to appointment booking, which is currently a manual labour intensive process, and highlighted the efficiencies this could realise in relation to improving savings and patient experience. Members noted that Welsh Government were keen to prioritise this piece of work.

Resolution: The Report was **NOTED**.

6.2.3 Capital Update – Quarterly Progress report

S May presented the report and highlighted the key updates to Board Members.

The Chair extended his thanks to S May for presenting the report which highlighted a significant amount of ambition, which was not without challenged risk.

K Palmer welcomed the report which provided an overview of capital spend and reinforced how little discretionary capital was available to the Health Board given the size of the organisation, and added that she was pleased to see the capital spend being made at Prince Charles Hospital. Looking forward into the future, K Palmer questioned that given there was limited capital funds available, did the Health Board have any innovative funding ideas that could be put forward to Welsh Government. S May advised that the only innovation that had been identified at present was the MIMS project in Velindre NHS Trust and added that at present there were no clear routes to innovation. S May advised that once the Health Board were able to understand what the IRFS16 capital cover regime would be, this would help balance the position.

P Mears made reference to the All Wales piece of work being undertaken to articulate the scale of this issue, which would potentially identify that there was no answer to resolving this problem as it was evident that sufficient

funding was not available within Welsh Government to fund the backlog issues, let alone the new developments that were being proposed. Members noted that it was likely that a wider UK Government discussion needed to be held as to how this could be addressed moving forwards. P Mears advised that internally, an accelerated piece of work would need to be undertaken to dispose of estates that were no longer fit for purpose, with any funding achieved through disposal being re-invested into key projects. S May advised of the need for caution when disposing of sites given that some older sites came with a number of environmental challenges. Members noted that significant capital investment was also required at the Princess of Wales Hospital which would need to be taken into consideration moving forwards.

The Chair advised that he recognised the significant challenge to attempt to achieve a balanced position, given the significant amounts of money being spent and matching the expenditure with delivery. The Chair advised that it was evident that investments were still being made into services whilst trying to balance budgets, which needed to be made clear to the public. The Chair extended his thanks to S May and the wider team for the work undertaken.

Resolution: The report was **NOTED**.

6.3 Update on Getting it Right First Time (GIRFT) Productivity Work

G Hughes shared a presentation with Members and highlighted key areas for Members' attention.

The Chair advised that he would like the Board to endorse the proposed approach outlined by G Hughes to work with the Care Groups and other staff to improve productivity.

P Mears highlighted the clear expectation from Welsh Government that all Board's should be sighted on these issues and should also be tracking progress and suggested that consideration now needed to be given to including the trajectories in the performance dashboard report moving forwards to enable the Board to monitor progress.

K Palmer made reference to a master class she had recently attended with G Dix in relation to productivity and waste, where an appeal was made to Health Board's in relation to involving staff to come up with ideas as to the areas of work in which savings could be made that were less productive. P Mears advised that this needed to be part of the solution to this piece of work which needed to be driven by staff working in those areas.

I Wells advised that he was fully supportive of this piece of work and sought clarity in relation to theatres being 100% staffed and queried whether there were time slots that were not being utilised or whether there was requirement for more staff in order to increase the flow through. G Hughes advised that there was a mixture of both elements, and that workforce was being considered as a CTM wide workforce, with staff being moved around sites in order to

maximise utilisation. Members noted that this was a very complex timetabling exercise which was why it was being operated through a 6/4/2 programme.

P Roseblade advised that she was also supportive of this piece of work, and sought clarity as to how the Health Board could avoid the risk of not getting it right in terms of increased productivity. G Hughes advised that the evidence available from GIRFT provided clarity on the optimal model and added that the Health Board currently had three different models across sites, which needed to be standardised. G Dix advised that the new PROMS platform was about to launch, which together with PREMS should hopefully alleviate anxieties in relation to productivity.

Resolution: The report was **NOTED** and the approach presented was **ENDORSED**.

Action: Trajectories to be included in future iterations of the Performance Dashboard report to enable progress to be tracked

7. STRATEGIC PLANNING

7.1 Acute Clinical Services plan Update

L Prosser presented the report and updated Board Members on the progress being made in relation to the development of the Acute Clinical Services Plan.

P Roseblade advised that whilst the report referred to engagement with clinicians, it was not evident that this work was being driven by clinicians, which needed to be made clear to ensure the public were aware that this was being undertaken in their best interests. G Hughes advised that the Clinicians were fully engaged with this piece of work and were fully aware of their responsibilities in regards to communicating key messages. L Prosser advised that there were plans in place to include a Clinical Directorship and Members noted that there would be an Assistant Medical Director in place soon who would be driving this work forward.

K Palmer advised that viewing this from a community member perspective, the case for change and the vision needed to be made clearer in a way that would be easily understandable to the public. P Mears advised that the case for change would be the detailed element of the plan, with a separate narrative to be developed which could be cascaded to Members of the communities, by utilising third sector and voluntary groups in the engagement process. L Prosser expressed the importance of having a dedicated team in place to help with ensuring key messages were being cascaded in an accessible language.

Resolution: The report was **NOTED**.

7.2 Tackling Type 2 Diabetes in Cwm Taf Morgannwg

P Daniels presented the report and highlighted the key matters for Members' attention.

The Chair advised that the report sets out the significant amount of work that was being undertaken in this area, with the approach being taken needing to be multi-led and multi-factored. The Chair advised that the Board needed to be advising that it was committed to flattening the curve, given that based on the trajectory over the last 10 years and moving forward 10 years, the position does not look positive.

The Chair made reference to the management and delivery of services, for example, could delivery of community based care and support to patients who have type 2 diabetes be improved by providing care closer to patients homes, as opposed to being required to travel some distances to get to hospital appointments.

P Mears advised that work was being undertaken with one of the Diabetes Consultants in relation to the model of care for diabetic patients. Consideration was being given as to whether relatively stable patients needed to be brought in for regular hospital appointments given the long term nature of their condition, with exploration being given to digital solutions for tracking patient's blood sugar levels remotely.

P Mears advised that this was an important piece of work and advised that he had not yet seen an analysis which showed that if investment was made into Diabetes prevention now, what savings and efficiencies would be realised in future years and added that he felt this piece of work needed to be undertaken by Public Health Wales as a health economics piece of work. P Daniels advised that this had been discussed by the Team and asked Board Members to note that many of these funding streams were short term, with some funding streams ending within year. P Daniels advised that he would welcome support from Board colleagues in raising this as an issue through discussions with Welsh Government in regards to the need for continued funding and the need for a Once for Wales approach.

I Wells advised that patients were having a number of blood tests undertaken and sought clarity as to whether diabetes was being routinely tested for in these tests, as this may identify patients who have pre-diabetes which would then enable them to take steps to improve their lifestyles to prevent future development of the condition. P Daniels advised that Public Health Wales were developing a national campaign in relation to screening opportunities which could potentially assist with diabetes prevention.

R Rowlands expressed the importance of engaging with patients within their communities and added that whilst she recognised that there was limited funding available to achieve this, if investment was not made into this area in terms of engagement, the work being undertaken in other projects could be wasted if the engagement was not undertaken correctly. P Daniels advised that this work was not related to reducing demand, and mostly related to managing demand and ensuring the right services were being provided to the right people at the right time.

P Roseblade commented that throughout the meeting the Board had heard that funding was required for a range of services, in addition to applauding the fact on the benefits that had been achieved from breaking even, and added that this was not about receiving additional money, this was about ensuring that the money was being used differently.

Resolution: The direction of travel was **APPROVED** and **SUPPORTED**.

8.0 CONSENT AGENDA

8.1 FOR APPROVAL

8.1.1 Unconfirmed Minutes of the meetings held on 28 March 2024

Resolution The minutes were **APPROVED**.

8.1.2 Unconfirmed Minutes of the Extra Ordinary Board Meeting held on 9 April 2024

Resolution: The minutes were **APPROVED**.

8.1.3 Committee Annual Reports

Resolution The Annual Reports were **APPROVED**.

8.1.4 Annual Review of the Risk Management Framework

Resolution: The Framework was **APPROVED**.

8.1.5 Infection, Prevention & Control Strategy

Resolution: The Strategy was **APPROVED**.

8.1.6 Amendment to the Standing Orders – Stakeholder Reference Group (Frequency of Meetings)

Resolution The Amendments were **APPROVED**.

8.2 FOR NOTING

8.2.1 Board Annual Cycle of Business

The Annual Cycle of Business was **NOTED**.

8.2.2 Board Forward Work Programme

Resolution The Forward Work Programme was **NOTED**

8.2.3 Board Committee and Advisory Group Highlight Reports

Resolution The report was **NOTED**.

8.2.4 Civil Contingencies & Business Continuity Report

Resolution: The report was **NOTED**.

8.2.5 Internal Audit Annual Plan 2024-2025

Resolution: The report was **NOTED**.

8.2.6 Director of Public Health Annual Report

Resolution: The item was deferred to the September 2024 Board Meeting following the presentation to the August 2024 Population Health & Partnerships Committee.

8.2.7 Nurse Staffing Levels Annual Assurance Report 2023-2024 and Three year report 2021-2024

The report was **NOTED**.

9. CLOSE OUT BUSINESS

9.1 ANY OTHER BUSINESS

The Chair advised that he had not been notified of any other business.

9.2 HOW DID WE DO IN THIS MEETING?

The Chair sought any comments which attendees may wish to make in respect of improvement at that 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 and how future meetings could be improved.

10. PRIVATE / IN COMMITTEE SESSION

The following items were discussed at the In-Committee session held earlier in the morning;

- Regional Diagnostics Programme Update

11. DATE & TIME OF NEXT MEETING

Members noted that an Extra Ordinary Public Board meeting would be held on the 11 July to formally approve the Annual Report and Annual Accounts for 2023/2024.

CLOSE OF MEETING

12.

Prior to closing the meeting, the Chair advised Board Members that Professor Sir Mansel Aylward had sadly passed away. The Chair advised that Mansel was

an amazing man who had made a significant contribution to the life of the National Health Service in Wales and England. The Chair advised that Mansel had spent a significant period of time as Chief Medical Officer, Medical Director and Chief Scientist at the Department of Work and Pensions and the Department of Health and Social Services in Whitehall and was also the first Chair of Public Health Wales. The Chair advised that Mansel would be sorely missed and had touched many lives and on behalf of the Board extended his deepest condolences to Mansel's family and friends.

The Chair brought the Board Meeting to a close and extended thanks to all that participated in the meeting and /or observed the proceedings.

Rhif Eitem Agenda:

Cofnodion Cyfarfod Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg a gynhaliwyd ddydd Iau 30 Mai 2024 fel cyfarfod Wyneb yn Wyneb yn Yr Hwb, Safle Ysbyty Brenhinol Morgannwg, Llantrisant (Darllledwyd yn Fyw hefyd drwy Microsoft Teams)

Aelodau yn Bresennol:

Jonathan Morgan	Cadeirydd
Paul Mears	Prif Weithredwr
Kath Palmer	Is-gadeirydd
Patsy Roseblade	Aelod Annibynnol
Carolyn Donoghue	Aelod Annibynnol
Ian Wells	Aelod Annibynnol
Dilys Jouvenat	Aelod Annibynnol
Helen Lentle	Aelod Annibynnol (Mynychwr rhithwir)
Nicola Milligan	Aelod Annibynnol
Rachel Rowlands	Aelod Annibynnol
Lauren Edwards	Cyfarwyddwr Gweithredol Therapiau a Gwyddorau Iechyd
Hywel Daniel	Cyfarwyddwr Gweithredol Pobl
Greg Dix	Cyfarwyddwr Gweithredol Nyrsio/Dirprwy Brif Weithredwr
Linda Prosser	Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid
Sally May	Cyfarwyddwr Gweithredol Cyllid
Gethin Hughes	Prif Swyddog Gweithredu
Phillip Daniels	Cyfarwyddwr Gweithredol Iechyd y Cyhoedd (Yn rhannol)
Lisa Curtis-Jones	Aelod Cyswllt (yn rhannol)
Anne Morris	Aelod Cyswllt
Sally Bolt	Aelod Cyswllt (yn rhannol)

Yn Bresennol:

Simon Blackburn	Cyfarwyddwr Cyfathrebu, Ymgysylltu a Chodi Arian
Gareth Watts	Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd
Suzanne Rodgers	Bwrdd
Sallie Davies	Cyfarwyddwr Cynorthwyol Trawsnewid Digidol
Robert Green	Dirprwy Gyfarwyddwr Meddygol
Ana Llewellyn	Ymgynghorydd Iechyd y Cyhoedd
Lowri Morgan	Cyfarwyddwr Nyrsio Grŵp Gofal (yn rhannol)
Rebecca Jones	Rheolwr Rhaglen Dementia (Yn rhannol)
Dale Stolzenberg	Prif Nyrs Gymunedol (yn rhannol)
Daniel Price	Cyfarwyddwr Cynorthwyol Trawsnewid (Yn rhannol)
Ceri Bear	Cyfarwyddwr Rhanbarthol, Llais Cymru
Cally Hamblyn	Cynrychiolydd Llais Cymru
	Cyfarwyddwr Cynorthwyol Llywodraethu a Risg (yn mynychu yn rhithiol)
Emma Walters	Pennaeth Llywodraethu Corfforaethol a Busnes y Bwrdd
Lisa Love Gould	(Ysgrifenyddiaeth)
Suzanne Hardacre	

Cyfarwyddwr Clinigol Gweithwyr Proffesiynol Perthynol i
Iechyd (Yn arsylwi)
Cyfarwyddwr Bydwreigiaeth (Yn arsylwi)

1 MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

Croesawodd y Cadeirydd bawb i'r cyfarfod, yn enwedig y rhai a oedd yn ymuno am y tro cyntaf, y rhai a oedd yn arsylwi a'r cydweithwyr oedd yn ymuno ar gyfer eitemau penodol ar yr agenda. **Nododd** y Cadeirydd fformat y trafodion hefyd.

1.2 Ymddiheuriadau am Absenoldeb

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth:

- Lynda Thomas, Aelod Annibynnol;
- Geraint Hopkins, Aelod Annibynnol;
- Dom Hurford, Cyfarwyddwr Meddygol Gweithredol;
- Stuart Morris, Cyfarwyddwr Digidol

1.3 Datganiadau o Fuddiant

Ni nodwyd datganiadau o fuddiant cyn nac yn ystod y cyfarfod.

2. BUSNES YR AGENDA GYDSYNIAD

Gofynnodd y Cadeirydd i'r aelodau a oedd unrhyw eitemau o'r agenda gydsyniad yr oedd Aelodau'r Bwrdd yn dymuno eu dwyn ymlaen i'r brif agenda i'w trafod. Nid oedd unrhyw eitemau.

3. GWRANDO A DYSGU AR Y CYD

3.1 Stori Gwrando a Dysgu

Cyflwynodd A Llewellyn, L Morgan ac R Jones y stori gwrando a dysgu a oedd yn ymwneud â dementia a stori'r cleifion.

Gofynnodd y Cadeirydd i'r Tîm estyn diolch y Bwrdd cyfan i'r claf a'i deulu am rannu'r stori, a oedd yn esboniad grymus o'r profiad i'r claf a'i deulu. Dywedodd y Cadeirydd fod Dementia yn cael effaith sylweddol ar unigolion, eu teuluoedd a'u ffrindiau ac ar staff hefyd, sy'n aml yn ffurfio perthnasoedd cryf gyda chleifion am gyfnodau sylweddol o amser.

Ategodd S Davies ei diolch i'r Tîm am rannu'r stori bwerus, a oedd yn amlygu'r anawsterau niferus y mae teuluoedd a chleifion yn eu cael gyda dementia, ac

ychwanegodd ei bod yn ei chael hi'n wych clywed am y gwaith sy'n cael ei wneud gan y Tîm, a dywedodd wrth i'r poblogaeth heneiddio, bydd hyn yn dod yn fwy o broblem i'n holl staff, yn y rhan fwyaf o'n harbenigedau, ar draws pob safle.

Croesawodd G Dix y ffordd y cafodd y stori ei chyflwyno gan L Morgan, a oedd, yn ei farn ef, yn rymus ac yn llawn empathi, ac estynnodd ei ddiolch hefyd i R Jones am y diweddariad a roddodd a dywedodd wrth y Bwrdd fod y gwaith a wnaed gan R Jones wedi'i gyhoeddi yn genedlaethol. Gofynnodd G Dix am eglurder ynghylch sut roedd y Tîm yn bwriadu lledaenu a graddio'r gwaith a wnaed yn Ysbyty'r Tywysog Siarl. Dywedodd A Llewellyn mai R Richards oedd yr arweinydd ffrwd gwaith ar gyfer y Siarter Ysbytai ac ychwanegodd fod hyrwyddwyr ar waith ar draws pob Ysbyty ar draws y Bwrdd Iechyd, a oedd yn gyfrifol am symud y gwaith hwn yn ei flaen. Nododd yr aelodau fod y gwaith hwn yn ymwneud â chalonnau a meddyliau ac angerdd a nodwyd bod y gwaith a wnaed yn Ysbyty'r Tywysog Siarl o ganlyniad i'r hyrwyddwyr yn ymgysylltu â'r gwaith ac yn gadarnhaol yn ei gylch.

Dywedodd D Jouvenat ei bod wedi cynnal taith gerdded yn ddiweddar gyda Chyfarwyddwr Meddygol Ward 3 yn Ysbyty'r Tywysog Siarl a gwelodd y gwaith sy'n cael ei wneud fel y cyfeiriwyd ato gan y Tîm yn eu cyflwyniad. Dywedodd D Jouvenat fod y staff yn wych o ran y gofal yr oeddent yn ei ddarparu i'r cleifion a dywedodd fod un o'r cŵn therapi a ymwelodd â'r cleifion yn perthyn i aelod o staff, a oedd yn dangos faint o ofal yr oedd y staff yn ei roi i'r cleifion ar y ward.

Dywedodd G Hughes ei fod yn teimlo bod y stori yn un teimladwy ac estynnodd ei ddiolch i'r Tîm am rannu ar ran y teulu. Gofynnodd G Hughes am eglurder ynghylch sut y gellid trosglwyddo o Angelton er enghraifft, i ofal nyrsio neu ofal preswyl, ac ychwanegodd fod y stori'n amlygu'n glir nad oedd y cyfnod pontio hwn yn mynd yn dda i'r claf penodol hwn ar ddau achlysur. Dywedodd G Hughes fod angen ystyried beth arall y gellid ei wneud fel Bwrdd Iechyd i gefnogi'r trawsnewid hwnnw, tra'n cydnabod yr heriau. Dywedodd A Llewellyn, o ran cynllunio strategol ar gyfer y dyfodol, y byddai datblygu darpariaeth mewngymorth Cartrefi Gofal yn helpu, ac ychwanegodd fod sgysiau cynnar yn cael eu cynnal mewn perthynas ag ailgynllunio iechyd meddwl oedolion hŷn, er mwyn sicrhau nad oedd unrhyw achosion o fethiannau mewn lleoliadau. Dywedodd A Llewellyn fod y staff yn Angelton wedi gweithio'n agos gyda'r claf, a oedd ag anghenion sylweddol, ac ychwanegodd fod y lleoliad yng nghartref y claf ei hun yn arbrawf a oedd wedi gweithio'n dda ac wedi'i gefnogi ar y cyd gan amrywiaeth o asiantaethau.

Gofynnodd y Cadeirydd am farn L Curtis-Jones ynghylch sut olwg fyddai ar ddull cydweithredol, gan adlewyrchu ar fodel y gwasanaethau oedolion hŷn yn enwedig ym maes Iechyd Meddwl y cyfeiriwyd ato yn gynharach yn y cyfarfod. Dywedodd L Curtis-Jones ei bod yn gweld y stori'n un emosiynol a dywedodd y byddai methiant o fewn lleoliadau yn y Gwasanaethau Plant yn cael ei hadolygu mewn perthynas â'r gwersi a ddysgwyd ac ychwanegodd fod angen defnyddio'r un dull yn y gwasanaethau oedolion. Dywedodd L Curtis-Jones y byddai'n hapus i gynnal adolygiad o'r stori y tu allan i'r cyfarfod, ochr

yn ochr â Chyfarwyddwyr Awdurdodau Lleol eraill, i bennu'r rhesymau pam fod y lleoliadau wedi methu ac a oedd unrhyw gamau y gellid bod wedi'u cymryd ar wahanol gamau i atal y methiannau.

Gofynnodd P Roseblade am eglurder ynghylch pa mor onest oedd y Bwrdd Iechyd gyda'r Cartref Gofal neu gyfleusterau eraill mewn perthynas â chyflwr y claf, o ystyried bod pwysau ar sylfaen gwelyau a bod angen clir i symud cleifion i le amgen addas y tu allan i yr Ysbyty, er mwyn sicrhau bod y Cartref Gofal yn alluog neu'n addas ar gyfer claf penodol. Dywedodd L Curtis-Jones, er bod pwysau yn y system, bod uwch aelod o staff y gwasanaethau cymdeithasol fel arfer yn ymweld â'r ysbytai i asesu'r cleifion cyn eu lleoli ar ôl derbyn ffurflen atgyfeirio. Cadarnhaodd A Llewellyn fod tryloywder llawn ar waith, gyda Chartrefi Gofal yn cynnal asesiadau wyneb yn wyneb gyda chleifion ac yn cael mynediad llawn at gofnodion cleifion fel rhan o'r broses. Nododd yr aelodau fod cleifion â dementia yn aml yn ymddwyn yn wahanol yn dibynnu ar yr amgylchedd y maent ynddo. Ychwanegodd G Hughes fod Wardiau'n dda am nodi pa gartrefi gofal sydd fwyaf addas ar gyfer cleifion ag anghenion penodol, ac yn aml yn gweithio gyda theuluoedd i ddewis y cartref cywir ar gyfer eu perthnasau.

Myfyriodd P Mears ar y stori a oedd yn bwerus yn ei farn ef a dywedodd, mewn perthynas â data hyd arhosiad, fod diagnosis o ddementia wedi ychwanegu cryn dipyn o amser, sy'n effeithio ar yr unigolyn wrth geisio dod o hyd i ofal ymlaen i'r claf. Dywedodd P Mears fod hwn yn faes yr oedd angen i'r Bwrdd Partneriaethau Rhanbarthol edrych arno o ran cynlluniau Comisiynu gan fod ymwybyddiaeth bod gallu'r sector annibynnol i dderbyn y cleifion hyn yn eithaf heriol, a oedd yn peri pryder o ystyried y twf a ragwelwyd yn y gofod hwn. Nododd yr aelodau bod angen ystyried gweithio mewn partneriaeth i sicrhau bod darpariaeth gofal o ansawdd da yn ei le ar gyfer y dyfodol.

Dywedodd P Mears fod cleifion â Dementia yn defnyddio ystod eang o wasanaethau o fewn lleoliadau gofal iechyd, ac ychwanegodd fod angen ystyried sicrhau bod y gwasanaethau a gynllunnir yn y dyfodol yn addas at y diben ar gyfer gofalu am gleifion â dementia.

Dywedodd R Jones fod bwlch yn y gwasanaeth a ddarperir i gleifion sy'n byw yn y gymuned ac a oedd yn cael eu trosglwyddo o ofal eilaidd. Awgrymodd R Jones fod angen ystyried cyflwyno gwasanaeth cyswllt rhwng gofal eilaidd a gofal sylfaenol, a allai gyfyngu ar yr achosion o gleifion yn cael rhybudd o gartrefi gofal a galluogi gofal i gael ei hwyluso'n well.

Cytunodd y Cadeirydd y byddai'n ddefnyddiol i'r Bwrdd ystyried beth oedd y bylchau, o ran cynllunio gwasanaethau ar gyfer y dyfodol a pha adnoddau sydd eu hangen i fynd i'r afael â'r bylchau. Dywedodd y Cadeirydd fod trafodaethau eisoes wedi cychwyn mewn perthynas â datblygu Cynllun Gwasanaethau Clinigol Acíwt, ac ychwanegodd, wrth i olwg tymor hwy gael ei wireddu o ran pa wasanaethau sydd angen eu darparu ar safleoedd ein Hysbytai, y gellid ystyried wedyn pa gapasiti oedd ei angen i gefnogi cynnydd posibl yn nifer y bobl a allai fod angen mynd i'r ysbyty ar ryw adeg.

Dywedodd L Prosser fod angen eglurder ynghylch pam mae angen gwely ar gleifion a dywedodd fod angen gwneud darn o waith mewn perthynas â'r llwybr integredig. Ychwanegodd L Prosser ei bod yn aneglur pam yr ystyriwyd mai Angelton oedd y lle gorau i'r claf ar ddechrau eu taith. Dywedodd Llewellyn fod gan y claf penodol hwn ddementia cymhleth sylweddol a daeth i Angelton, sy'n ganolfan Asesu a arweinir gan Ymarferwyr Iechyd Meddwl, ac o ganlyniad i'w anghenion cymhleth roedd ganddo ymddygiadau sylweddol a oedd yn heriol, a oedd yn anodd i ddarparwyr eraill eu cefnogi.

Dywedodd N Milligan, er bod y Bwrdd yn clywed nifer o straeon cleifion yn y Bwrdd, anaml iawn y bydd y Bwrdd yn derbyn diweddariadau mewn cyfarfodydd yn y dyfodol ynghylch beth sydd wedi'i wneud i fynd i'r afael â'r gwersi sydd angen eu dysgu. Ychwanegodd N Milligan y byddai'n ddefnyddiol pe gellid cyflwyno diweddariad i gyfarfod yn y dyfodol ar y gwaith sydd wedi'i wneud i fynd i'r afael â rhai o'r pryderon a godwyd gan y teulu hwn.

Cyfeiriodd I Wells at y bylchau posibl yn y gwasanaeth hwn a gofynnodd am eglurder ynghylch a oedd cydraddoldeb ar waith ar draws y gwahanol ranbarthau a gwmpesir gan y Bwrdd Iechyd. Dywedodd A Llewellyn mewn perthynas â darpariaeth ecwiti, fod asiantaeth allanol wedi'i chomisiynu drwy'r Grŵp Llywio Dementia i adolygu'r ddarpariaeth ecwiti, ac ychwanegodd fod rhywfaint o adnoddau ar gael drwy'r Fforwm Partneriaeth Rhanbarthol a oedd yn gysylltiedig â Dementia a oedd yn cael ei ddefnyddio i asesu ecwiti, gyda'r canfyddiadau'n cael eu hadrodd i'r Bwrdd Partneriaethau Rhanbarthol.

Dywedodd y Cadeirydd, wrth fyfyrio ar y pwynt a wnaed gan N Milligan, y byddai'n ddiolchgar pe gallai A Llewellyn ddatblygu crynodeb o'r camau allweddol o'r cyfarfod heddiw a'i gyflwyno'n ôl i gyfarfod o'r Bwrdd yn y dyfodol i'w drafod ymhellach. Roedd y Cadeirydd yn cydnabod bod meysydd lle byddai angen cyfranogiad gan y Bwrdd Partneriaethau Rhanbarthol a bod angen eu hystyried hefyd.

NODWYD y Stori Gwrando a Dysgu.

Penderfyniad: Adolygiad o'r stori i'w gynnal, ochr yn ochr â Chyfarwyddwyr Awdurdodau Lleol eraill, y tu allan i'r cyfarfod i benderfynu ar y rhesymau pam fod y Camau Gweithredu: lleoliadau wedi methu ac a oedd unrhyw gamau y gellid bod wedi'u cymryd ar wahanol gamau i atal y methiant.

Adroddiad i'w gyflwyno i gyfarfod yn y dyfodol yn amlinellu'r camau allweddol y mae angen eu cymryd

4. CYFLWYNO'R CEFNDIR

4.1 Adroddiad y Cadeirydd a Gosod y Sêl Gyffredin

Cyflwynodd y Cadeirydd yr adroddiad a thynnu sylw'r Aelodau at y materion allweddol.

Penderfyniad **NODODD** y Bwrdd yr adroddiad a **CHYMERADWYODD** Osod y Sêl Gyffredin a Chamau Gweithredu Brys y Cadeirydd.

4.1.1 Log Camau Gweithredu

Cyflwynodd y Cadeirydd y log camau gweithredu. Darparodd G Watts y wybodaeth ddiweddaraf mewn perthynas â'r camau gweithredu ynghylch Cydadolygiad Dilynol ar Lywodraethu Ansawdd Archwilio Cymru ac Arolygiaeth Gofal Iechyd Cymru a dywedodd fod y wybodaeth y gofynnwyd amdani yn cael ei chyflwyno i gydweithwyr Archwilio Cymru ar 15 Ebrill, a chafwyd cadarnhad gan Archwilio Cymru bod y wybodaeth wedi dod i law a byddai'n cael ei adolygu ymhellach.

Penderfyniad **NODWYD** y Log Camau Gweithredu.

4.2 Adroddiad y Prif Weithredwr

Cyflwynodd P Mears yr adroddiad ac amlygodd y materion allweddol i sylw'r Aelodau.

Mewn perthynas â'r wybodaeth ddiweddaraf a ddarparwyd ynghylch enillwyr Gwobrau Seren, awgrymodd P Mears y gellid ystyried gwahodd rhai o enillwyr Gwobrau Seren i gyfarfod â'r Bwrdd mewn cyfarfod yn y dyfodol.

Gan gyfeirio at y diweddariad a ddarparwyd yn yr adroddiad ynghylch y Rhaglen Genedlaethol COVID-19 Nosocomiaidd, diolchodd P Mears i D Bennion a'i Thîm am arwain y darn sylweddol hwn o waith yn sensitif, a oedd yn bwnc anodd i'w drin i'r teuluoedd hynny dan sylw.

Estynnodd L Curtis-Jones ei llongyfarchiadau ar y cyfathrebiadau a oedd wedi'u rhyddhau mewn perthynas â'r Gwasanaethau Mamolaeth a chroesawodd y lluniau o'r babanod a gafodd eu geni a oedd yn gadarnhaol iawn yn ei barn hi a dywedodd ei bod yn effeithiol i aelodau'r cyhoedd weld straeon newyddion da.

Cyfeiriodd L Curtis-Jones at y gwaith sy'n cael ei wneud mewn perthynas â Rhyddhau Gohiriedig a gofynnodd am eglurder ynghylch a oedd angen cynrychiolaeth Gweithwyr Cymdeithasol mewn perthynas â'r Grŵp Gorchwyl a Gorffen. Dywedodd P Mears y byddai cynrychiolaeth gweithwyr cymdeithasol yn ddefnyddiol wrth symud ymlaen. Gofynnodd R Rowlands hefyd i'r Grŵp Gorchwyl a Gorffen gynnwys cynrychiolwyr o'r Trydydd Sector i sicrhau bod dull system gyfan yn ei le.

Cyfeiriodd N Milligan at Wobrau Seren a dywedodd nid yn unig bod unigolion yn cael eu dathlu, ond bod y Bwrdd Iechyd yn dangos amrywiaeth o ran cydnabod staff o amrywiaeth o broffesiynau. Mewn ymateb i sylw a wnaed gan N Milligan nad oedd diweddariadau bellach yn cael eu dangos ar dudalen Facebook y staff, cadarnhaodd S Blackburn fod y Tîm Cyfathrebu yn y broses o fynd i'r afael â hyn, a fyddai'n cael ei ddatrys yn fuan.

Cyfeiriodd D Price at y gwaith a wnaed mewn perthynas â'r Rhaglen Nosocomaidd a dywedodd nad oedd unrhyw faterion wedi'u codi gyda Llais Cymru ynghylch y broses a ddilynwyd, a oedd yn gadarnhaol.

Mewn ymateb i ymholiad a godwyd gan D Price ynghylch a oedd Llywodraeth Cymru wedi gofyn i'r Bwrdd Iechyd gyflwyno cynllun diwygiedig, cadarnhaodd P Mears na ofynnwyd i'r Bwrdd Iechyd gyflwyno cynllun diwygiedig, o ystyried bod y cynllun ariannol ar gyfer eleni yn gynllun cytbwys. Ychwanegodd P Mears fod sylwadau naratif wedi'u derbyn gan Lywodraeth Cymru mewn perthynas â rhai o'r blaenoriaethau a nodwyd.

Penderfyniad:

Cam
gweithredu:

NODWYD yr adroddiad

Ystyried gwahodd rhai o enillwyr Gwobr Seren i gwrdd â'r Bwrdd mewn cyfarfod yn y dyfodol.

5. LLYWODRAETHU, RISG A SICRWYDD

5.1 Adroddiadau Crynhoi Pwyllgorau'r Bwrdd a'r Grŵp Cyngori

5.1.1

Adroddiad Cryno y Pwyllgor Cronfeydd Elusennol 23 Ebrill 2024

Cyflwynodd S May yr adroddiad a oedd yn rhoi'r wybodaeth ddiweddaraf i'r Aelodau ar yr eitemau yr oedd y Pwyllgor Cronfeydd Elusennol yn dymuno eu huwchgyfeirio i'r Bwrdd yn dilyn y cyfarfod a gynhaliwyd ar 23 Ebrill 2024. Dywedodd S Blackburn fod Pennaeth Elusennau a Chynhyrchu Incwm wedi'i benodi ac y byddai'n dechrau ar 12 Mehefin 2024.

Penderfyniad:

5.1.2

NODWYD yr adroddiad

Adroddiad Cryno'r Grŵp Cyfeirio Rhanddeiliaid 11 Ebrill 2024

Cyflwynodd A Morris yr adroddiad a oedd yn diweddarau'r Aelodau ar yr eitemau yr oedd y Grŵp Cyfeirio Rhanddeiliaid yn dymuno eu huwchgyfeirio i'r Bwrdd yn dilyn y cyfarfod ar 11 Ebrill 2024. Dywedodd A Morris ei bod bellach wedi derbyn cymeradwyaeth y Gweinidog mewn perthynas ag ymestyn ei thymor yn y swydd fel Cadeirydd y Grŵp Cyfeirio Rhanddeiliaid.

Penderfyniad:

NODWYD yr adroddiad a chadarnhaodd y Bwrdd y cytundeb a wnaed yn flaenorol gan y Bwrdd i gynnal pedwar cyfarfod Grŵp Cyfeirio Rhanddeiliaid y flwyddyn gydag un cyfarfod ad hoc pe bai angen.

5.1.3

Adroddiad Cryno'r Pwyllgor Ansawdd a Diogelwch 14 Mawrth 2024

Cyflwynodd C Donoghue yr adroddiad a thynnodd sylw at y materion a gynhwyswyd yn yr adran rhybuddio/uwchgyfeirio a godwyd yn y cyfarfod a gynhaliwyd ar 14 Mawrth 2024. Dywedodd C Donoghue fod trafodaeth fanwl wedi'i chynnal mewn perthynas â'r pryderon ynghylch lletya cleifion ac ychwanegodd, er y rhoddwyd sicrwydd bod asesiadau risg unigol ar waith,

roedd Aelodau'r Pwyllgor yn pryderu bod hyn yn dod yn ddull arferol ac wedi cytuno i graffu'r sefyllfa yn fanwl wrth symud ymlaen.

Dywedodd y Cadeirydd na ddylai'r Bwrdd Iechyd fod yn normaleiddio ymddygiad a dywedodd ei fod yn teimlo ei bod yn briodol bod Aelodau'r Pwyllgor wedi codi hyn fel pryder.

Dywedodd P Mears fod cyfarfod cyntaf y Cydbwyllgor Comisiynu wedi'i gynnal yn ddiweddar, a oedd bellach yn ymgorffori'r Pwyllgor Gwasanaethau Ambiwlans Brys (EASC), lle cafwyd trafodaeth sylweddol mewn perthynas â'r llwybr cyfan. Dywedodd P Mears, yn ogystal ag adolygu metrigau mewn perthynas â lletya, fod angen cynnal adolygiad o'r llwybr cyfan, gyda gwaith pellach i'w wneud gyda'r Gwasanaeth Ambiwlans i sicrhau nad oedd cleifion yn cael eu cludo i'r ysbyty pe gallent gael eu trin mewn lleoliad amgen.

Penderfyniad:

NODWYD yr adroddiad.

5.1.4

Adroddiad Cryno'r Pwyllgor Archwilio a Risg Cyrff a Letyir 18 Ebrill 2024

Cyflwynodd P Roseblade yr adroddiad a thynnodd sylw at y materion a gynhwyswyd yn yr adran rhybuddio/uwchgyfeirio a godwyd yn y cyfarfod a gynhaliwyd ar 18 Ebrill 2024. Nododd yr aelodau fod diweddariad ar gynnydd mewn perthynas â sefydlu'r Cydbwyllgor Comisiynu (JCC) wedi'i ddarparu gan y Prif Gomisiynydd Dros Dro a oedd yn cael ei groesawu a nododd y byddai'r adroddiadau etifeddiaeth gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) a EASC yn cael eu cyflwyno yn y gyfarfod ym mis Mehefin.

Ategodd P Mears y sylwadau a wnaed gan P Roseblade fod y Cydbwyllgor Comisiynu yn teimlo'n gydweithredol yn ei ddull ac ychwanegodd y byddai Sesiwn Ddatblygu yn cael ei chynnal yn fuan rhwng y Prif Weithredwyr a'r JCC i drafod trefniadau cydweithio wrth symud ymlaen.

Penderfyniad:

NODWYD yr adroddiad.

5.2

Diweddariad Statws Uwchgyfeirio

Nododd yr Aelodau fod diweddariad mewn perthynas â statws uwchgyfeirio wedi'i gynnwys yn Adroddiad y Prif Weithredwr.

5.3

Fframwaith Sicrwydd y Bwrdd

Cyflwynodd G Watts adroddiad Fframwaith Sicrwydd y Bwrdd a dderbyniwyd gan y Grŵp Arweinyddiaeth Gweithredol ar 13 Mai 2024.

Cyfeiriodd P Roseblade at Risg Strategol 1: Digon o Gapasiti i gwrdd â Galw Argyfwng a Dewisol, y dyrannwyd yr un raddfa risg iddo ers peth amser. Holodd P Roseblade a oedd y tebygolrwydd o bedwar yn briodol, o ystyried y prinder staff o fewn Endosgopi, amseroedd aros hir yn yr Adran Achosion Brys ac amseroedd aros sylweddol mewn nifer o feysydd arbenigol. Dywedodd G

Hughes fod trafodaethau wedi'u cynnal mewn perthynas â rhannu'r risg hon, o ystyried bod y cynllun ar gyfer Gofal wedi'i Gynllunio bellach mewn sefyllfa well, o gymharu â sefyllfa Gofal Brys a oedd yn parhau i fod yn heriol. Nododd yr aelodau nad oedd y risg hon yn caniatáu ar gyfer nodi sicrwydd lefel bwrdd mewn perthynas â gwasanaethau eraill a nodwyd y byddai'r risg yn cael ei rannu i Ofal Wedi'i Gynllunio, Gofal Brys a gwasanaethau eraill mewn cyfarfod yn y dyfodol i sicrhau bod lefel o sensitifrwydd mewn lle ac i alluogi'r Bwrdd i ganolbwyntio ar y sicrwydd penodol sydd ei angen.

Croesawodd K Palmer y gwaith sy'n cael ei wneud mewn perthynas â'r risg newydd ynghylch y Methiant i gynllunio a rheoli adnoddau refeniw o fewn y terfynau Adnoddau Refeniw a osodwyd gan Lywodraeth Cymru o ystyried yr heriau sylweddol o ran cyllidebau cyfalaf a materion Ystadau. Cyfeiriodd K Palmer at Arweinyddiaeth a Rheolaeth a dywedodd, er ei bod yn cydnabod bod y Grwpiau Gofal yn dal yn gymharol newydd, y byddai'n ddefnyddiol pe gellid cyflwyno diweddariad i gyfarfod yn y dyfodol mewn perthynas â sut yr oedd Grwpiau Gofal yn ymsefydlu. Gofynnodd K Palmer am eglurder ynghylch a oedd angen rhoi ystyriaeth y tu allan i'r cyfarfod i ychwanegu risg newydd a oedd yn ymwneud â risgiau'n ymwneud â pheidio â symud cleifion allan o ofal eilaidd i ofal sylfaenol a chymunedol.

Cyfeiriodd R Rowlands at y Fforwm Gwranddo a Dysgu ar y Cyd a oedd wedi'i ohirio, a gofynnodd am eglurder ynghylch pryd y byddai hwn yn cael ei adfer. Dywedodd G Dix fod hyn wedi'i oedi o ganlyniad i gam dau o'r broses Newid Sefydliadol, ac ychwanegodd fod cynlluniau ar waith i gynnal dau ddigwyddiad dysgu wyneb yn wyneb, yn ogystal â chyfarfodydd trwy Teams bob chwarter. Nododd yr aelodau y byddai'r broses newydd hon yn cael ei lansio ar 22 Mehefin 2024.

Mewn ymateb i'r ymholiad a godwyd gan K Palmer ynghylch ymwreiddio ar gyfer y Grwpiau Gofal, dywedodd G Hughes fod cam dau wedi'i gwblhau, gyda phob swydd wedi'i phenodi. Nododd yr aelodau fod rhai penodiadau allanol yn cael eu gwneud a fyddai'n dechrau yn ystod y mis nesaf, a nodwyd bod penodiadau mewnol yn cael eu gwneud i rolau presennol ochr yn ochr â rhai penodiadau dyrchafiad mewnol. Nododd yr aelodau fod yr holl Reolwyr Cyfarwyddiaeth, Cyfarwyddwyr Clinigol a Phenaethiaid Nyrsio newydd yn ymgartrefu'n dda yn eu rolau. Dywedodd G Hughes fod digwyddiad lansio Grŵp Gofal wedi'i gynnal yn ddiweddar a oedd yn boblogaidd iawn ac ychwanegodd y byddai digwyddiadau chwe mis yn cael eu cynnal wrth symud ymlaen. Nododd yr aelodau fod penodiadau hefyd wedi'u gwneud i rolau Arweinydd Clinigol Safleoedd Ysbyty Tywysoges Cymru ac Ysbyty Brenhinol Morgannwg.

Mewn perthynas ag arweinyddiaeth a datblygiad, dywedodd H Daniel fod dwy raglen arweinyddiaeth flaengar wedi'i hailgynllunio, y byddai un ohonynt yn cael ei darparu'n benodol ar gyfer Timau arwain Grwpiau Gofal, a fyddai'n dechrau o fewn y mis nesaf, a'r llall ar gyfer Timau Arwain Cyfarwyddiaethau. Nododd yr aelodau y derbyniwyd adborth cadarnhaol gan Dimau Grwpiau Gofal mewn perthynas â'r buddsoddiad a wnaed. Croesawodd K Palmer y diweddariad a ddarparwyd a dywedodd fod rhywfaint o'r adborth gan staff yr

oedd yn ei dderbyn yn ymwneud â theimlad y staff bod angen i'r Grwpiau Gofal gael cyfle i ymsefydlu ac ychwanegodd ei bod yn falch o glywed am y cynlluniau i ymgymryd ag arweinyddiaeth a hyfforddiant rheoli ar draws y sefydliad. Dywedodd H Daniel fod rhaglen Aspire lefel mynediad yn cael ei hailgynllunio i sicrhau bod hyn yn fwy ymarferol, a oedd yn golygu bod gan bob aelod o staff lwybr mynediad i raglen bosibl.

Penderfyniad:

Cam
gweithredu:

Ymatebodd L Prosser i'r ymholiad a godwyd gan K Palmer ynghylch yr awgrym a wnaed i gyflwyno risg yn ymwneud â symud gwasanaethau i'r gymuned a dywedodd yr hoffai ystyried hyn ymhellach y tu allan i'r cyfarfod, gan ei bod yn teimlo bod angen i hyn fod yn fwy cysylltiedig â'r methu â chyflawni ein nodau strategol.

CYMERADWYWYD Fframwaith Sicrwydd y Bwrdd.

5.4

Mae ystyriaeth i'w rhoi y tu allan i'r cyfarfod ynglŷn â'r awgrym a wnaed i gyflwyno risg yn ymwneud â symud gwasanaethau i'r gymuned gan y teimlwyd bod angen i hyn fod yn fwy cysylltiedig â'r methiant i gyflawni ein nodau strategol.

Adolygiad Blynnyddol o Hunanasesiad Effeithiolrwydd y Bwrdd

Cyflwynodd J Morgan yr adroddiad a thynnodd sylw at y meysydd allweddol i sylw Aelodau'r Bwrdd.

Croesawodd P Mears y sylwadau a dderbyniwyd gan Aelodau'r Bwrdd y byddent yn croesawu datblygiad pellach fel Bwrdd a fyddai'n cael ei ystyried ymhellach gyda'r Cadeirydd a'r Cyfarwyddwr Llywodraethu Corfforaethol ynghylch sut y gellid rhoi hyn ar waith dros y 12 mis nesaf. Dywedodd y Cadeirydd y byddai'n awyddus i sicrhau bod sesiynau Datblygu'r Bwrdd ar waith i gefnogi Aelodau'r Bwrdd i ddeall meysydd busnes allweddol ymhellach yr oedd y Bwrdd Iechyd yn ceisio'u datblygu a'u newid, yn enwedig ar gyfer y materion y byddai angen eu trafod yn ffurfiol yn y Bwrdd yn ddiweddarach. Atgoffodd y Cadeirydd yr Aelodau fod adolygiad ehangach wedi'i gynnal gan Aelodau'r Bwrdd dros y 12 mis diwethaf o ran adolygu strwythurau Pwyllgorau fel rhan o effeithiolrwydd ehangach Pwyllgorau'r Bwrdd, a fyddai'n cael ei adolygu'n barhaus o ran ei weithrediad.

Cyfeiriodd P Roseblade at y Sgôr Aeddfedrwydd Hunan-Asesiad o Lefel 4 a dywedodd ei bod yn drueni nad oedd unrhyw raddfa o fewn hynny o ystyried bod y Bwrdd wedi symud ymlaen ymhellach o lawer o gymharu â blynnyddoedd blaenorol. Cyfeiriodd P Roseblade at ddatganiad a wnaed yn atodiad tri ynghylch penderfyniadau gweithredol sy'n eistedd o dan y Bwrdd ac awgrymodd fod angen ei ddiwygio i adlewyrchu mai'r Tîm Gweithredol sy'n gyfrifol am benderfyniadau gweithredol, gyda'r gweithredu yn is na'r Tîm Gweithredol.

Dywedodd L Prosser y byddai ganddi ddiddordeb mewn deall pam nad oedd un Aelod Bwrdd wedi dewis gradd aeddfedrwydd hunanasesiad o lefel 4 i benderfynu pa gamau y gellid eu cymryd i wneud gwahaniaeth i'w barn am

hyn. Dywedodd y Cadeirydd y byddai'n hapus i archwilio hyn gyda'r unigolyn pe bai angen.

Penderfyniad: Croesawodd K Palmer y broses a oedd yn agored iawn iddi, ac estynnodd ei diolch i'r Gyfarwyddiaeth Llywodraethu Corfforaethol a'i Dîm am eu cefnogaeth ac am y darn rhagorol hwn o waith.

Cam
gweithredu:

CYMERADWYODD y Bwrdd Raddfa Aeddfedrwydd Hunanasesiad Lefel 4.

5.5

Datganiad a wnaed yn atodiad tri ynghylch penderfyniadau gweithredol sy'n eistedd islaw'r Bwrdd i'w ddiwygio i adlewyrchu bod penderfyniadau gweithredol yn nwylo'r Tîm Gweithredol, gyda gweithrediad o dan y Tîm Gweithredol.

Adroddiad Gweithio mewn Partneriaeth – Datblygiad Ysbyty Maesteg

Rhannodd D Stolzenberg y cyflwyniad a oedd yn rhoi'r wybodaeth ddiweddaraf i'r Aelodau am ailddatblygu Ysbyty Maesteg a'i wasanaethau.

Diolchodd y Cadeirydd i D Stolzenberg am rannu'r cyflwyniad a dywedodd, ar ôl ymweld â'r safle a gweld maint yr uchelgais, ei fod wedi'i galonogi o weld bod prosiect strategol sylweddol yn cael ei gynnal i ddiwallu anghenion cymuned ddatgysylltiedig, a Ychwanegodd fod amrywiaeth o gymunedau ledled Cwm Taf Morgannwg, lle'r oedd heriau'n cael eu hwynebu o ran cael mynediad at amrywiaeth o wasanaethau.

Dywedodd S May, er bod hwn yn gynllun cyffrous, bod angen cymryd camau i sicrhau bod y cynllun yn bodloni gofynion y Gronfa Cyfalaf Integredig ac Ailgydbwyso (IRCF), sy'n canolbwyntio ar ddatblygu canolfannau iechyd a gofal ledled Cymru. Nododd yr aelodau fod y ceisiadau gwreiddiol oddeutu £70m ar gyfer y flwyddyn gyfredol hon, £50m ar gyfer blwyddyn un, £60m ym mlwyddyn dau a'r disgwyl oedd y byddai cyllid yn parhau yn y blynyddoedd i ddod ar gyfer nifer o gynlluniau. Nododd yr aelodau mai'r amcangyfrif gwreiddiol ar gyfer y cynllun hwn oedd £15.5m ac roedd adborth o gyfarfod Adolygu Cyfalaf a gynhaliwyd yn ddiweddar yn nodi bod angen cymryd camau i sicrhau nad oedd y Bwrdd Iechyd yn mynd y tu hwnt i beth sy'n fforddiadwy er mwyn cyfyngu ar yr angen am Gyfalaf Cymru Gyfan.

Croesawodd P Mears y gwaith sy'n cael ei wneud ar y prosiect hwn, a oedd yn enghraifft dda o edrych ar ffyrdd o fynd i'r afael â'r anghydraddoldebau o fewn ein cymunedau a sut yr ymatebir iddynt, a mynegodd yr angen i sicrhau bod ystyriaeth ofalus yn cael ei rhoi i'r syniadau sy'n cael eu hawgrymu o ran defnydd y safle yn y dyfodol. Ychwanegodd P Mears, er bod ymgysylltu'n cael ei gynnal â phartneriaid allanol o ran cyfleoedd i gydweithio yn y dyfodol, roedd y broses yn cael ei rhedeg drwy broses draddodiadol y gwasanaeth iechyd a oedd yn golygu bod rheoliadau safonau adeiladu yr oedd angen eu dilyn. Gofynnodd P Mears am eglurder ynghylch a oedd angen ystyried a oedd rhai mannau o fewn y safle y gellid eu rhannu'n ardaloedd llai dan arweiniad y Bwrdd Iechyd, er mwyn cyfyngu ar gostau cynyddol posibl. Dywedodd D Stolzenberg fod gan y cwmni a oedd yn gweithio gyda'r Bwrdd

Iechyd i ddatblygu'r safle brofiad yn y maes hwn a'u bod yn dod â'u gwybodaeth gyda nhw am ddatblygiadau tebyg mewn ardaloedd Byrddau Iechyd eraill.

Dywedodd L Prosser, mewn perthynas â dyblu costau, fod hyn o ganlyniad i'r cynnydd mewn costau adeiladu a chydabu, er bod maint y pot ariannu cenedlaethol yn gyfyngiad, bod angen i'r Bwrdd Iechyd sicrhau ei fod yn gweithio gyda'r cyllid a oedd ar gael. Dywedodd D Stolzenberg mai'r Bwrdd Iechyd oedd y Bwrdd Iechyd cyntaf i ymgymryd ag Achos Busnes Amlinellol (OBC) ac Achos Busnes Llawn ar y cyd ag Achos Busnes Amlinellol Strategol (SOC) a oedd yn golygu bod angen dilyn proses ailadroddol mewn perthynas â rheoli datblygiad achosion busnes ar y cyd.

Dywedodd P Mears fod hwn yn brosiect pwysig iawn i'r Bwrdd Iechyd a Chymuned Maesteg o ystyried lleoliad strategol y safle a bod adborth o'r digwyddiad ymgysylltu wedi canfod bod aelodau'r gymuned wedi'i chael hi'n anodd cyrraedd Tywysoges Cymru Ysbyty ar gyfer triniaeth o ganlyniad i ddarpariaeth trafndiaeth gyhoeddus

Dywedodd I Wells ei fod yn byw ym Maesteg a'i fod yn deall y materion a oedd yn wynebu aelodau o'r gymuned, ac ychwanegodd fod y gwaith sy'n cael ei wneud yn cael ei groesawu gan drigolion. Mewn ymateb i gwestiwn a godwyd gan I Wells, cadarnhaodd D Stolzenberg fod y gwasanaeth Offthalmoleg wedi'i leoli ym Maesteg ar hyn o bryd. Ychwanegodd G Hughes fod darpariaeth Offthalmoleg yn cael ei chynyddu ar y safle, gyda chynlluniau yn eu lle i'r safle ddod yn Hyb Glawcoma.

Cyfeiriodd I Wells at y Cynllun Teithio Llesol a oedd yn hanfodol i'r gymuned, a chroesawodd y cynlluniau i weithio gyda'r Awdurdod Lleol i fynd i'r afael â materion trafndiaeth.

Croesawodd G Hughes y gwaith sy'n cael ei wneud i ehangu ac ailddatblygu'r adeilad a chyfeiriodd at y disgwyliad oes gwahaniaethol o 20 mlynedd yn ne Pen-y-bont ar Ogwr o gymharu â gogledd Pen-y-bont ar Ogwr. Dywedodd G Hughes fod angen gwneud darn o waith mewn perthynas ag ymgysylltu â'r boblogaeth leol o ran beth gallant ei wneud yn wahanol o ran rheoli eu hiechyd a sut y gall y Bwrdd Iechyd eu helpu i wneud hynny, o safbwynt iechyd y cyhoedd, er mwyn cau'r bwlch anghydraddoldebau iechyd.

Dywedodd y Cadeirydd fod y cyflwyniad wedi tynnu sylw at ystod o bartneriaid Trydydd Sector a allai fod yn rhan o'r prosiect hwn ac a allai ddefnyddio'r gofod ac awgrymodd fod angen gosod disgwyliadau ar sefydliadau sy'n gweithio gyda'r Bwrdd Iechyd ac a fyddai'n darparu gwasanaethau yn y gofod hwnnw, hefyd wedi ymrwymo i gefnogi gwaith y Bwrdd Iechyd mewn perthynas ag uchelgais iechyd y cyhoedd.

Dywedodd P Mears fod gwaith eisoes yn cael ei wneud yn rhanbarth gogledd Pen-y-bont ar Ogwr, rhwng Iechyd y Cyhoedd a Meddygfa yn ardal Caerau, mewn perthynas ag anghydraddoldebau iechyd ehangach ac ychwanegodd

fod rhaglen waith yn cael ei chynnal i edrych ar sut y gall Gofal Sylfaenol fod yn fwy agored yn rhai o'r cymunedau mwyaf difreintiedig ar draws y DU gyfan.

Ychwanegodd P Mears fod trafodaeth wedi'i chynnal yn ddiweddar gyda Chyfarwyddwr Gweithredol Iechyd y Cyhoedd mewn perthynas â rhywfaint o ddysgu o rannau eraill o'r DU a oedd wedi gweithredu'r model Gweithiwr Iechyd Cymunedol, a oedd yn cynnwys aelodau o'r gymuned yn ymgymryd â chynghor hybu iechyd a gweithgareddau yn y gymuned, y gellid ei ystyried fel rhan o'r prosiect hwn.

Dywedodd S Rodgers fod nifer o'r gwasanaethau hyn yn ddibynnol iawn ar allu rhannu gwybodaeth ar draws ffiniau iechyd a gofal cymdeithasol ac ychwanegodd fod angen ymgorffori canolfannau fel Maesteg yn y trafodaethau hyn gyda'r broses o gaffael systemau cenedlaethol yn dechrau'n fuan, o ystyried yr heriau a oedd wedi wynebu'r system integredig flaenorol. Cadarnhaodd D Stolzenberg fod ymgysylltiad yn cael ei gynnal gyda chydweithwyr Digidol o ran sut olwg sydd ar y cynnig digidol yn ei gyfarwydd o fewn y datblygiad hwn.

Penderfyniad: Cyfeiriodd H Daniel at iechyd y boblogaeth a chyfeiriodd at allu'r Bwrdd Iechyd i edrych y tu hwnt i iechyd, gan ddylanwadu ar ddyfodol economaidd cymunedau'r cymoedd a oedd yn ffynnu yn y cyfnod diwydiannol yn y gorffennol, sut roedd strategaeth trafndiaeth Cymru yn gysylltiedig â'r prosiect hwn a a chymryd golwg ehangach o safbwynt y DU ar economeg ehangach.

5.5.1

Diolchodd y Cadeirydd unwaith eto i D Stolzenberg am rannu'r wybodaeth ddiweddaraf a dywedodd ei bod yn amlwg bod y Bwrdd yn llwyr gefnogi'r gwaith a oedd yn cael ei wneud ac yn edrych ymlaen at dderbyn diweddariadau ar gynnydd yn y dyfodol.

NODWYD yr adroddiad.

Diweddariad gan y Bwrdd Gwasanaethau Cyhoeddus

Cyflwynodd P Daniels yr adroddiad a thynnodd sylw at y pwyntiau allweddol i sylw Aelodau'r Bwrdd.

Penderfyniad: Cyfeiriodd L Prosser at y gwaith ar y cyd sy'n cael ei wneud mewn perthynas â'r Asesiad Risg Newid Hinsawdd a dywedodd y gallai hwn fod yn faes y gallai'r Bwrdd Iechyd gymryd rhan ynddo ac ychwanegodd fod angen i'r Bwrdd Iechyd gael ei gysylltu'n well o safbwynt parhad busnes. gyda phartneriaid Awdurdod Lleol, a oedd â dealltwriaeth dda o'r risgiau newid hinsawdd yn eu hardaloedd a'r digwyddiadau lleol iawn a allai ddigwydd, er enghraifft llifogydd ar ffyrdd a fyddai'n arwain at fynediad cyfyngedig i wasanaethau.

5.5.2

Dywedodd P Daniels fod hyn yn cael ei ategu gan Deddf Llesiant Cenedlaethau'r Dyfodol a dywedodd fod gan y Bwrdd Gwasanaethau Cyhoeddus ddyhead ideolegol mewn perthynas â beth mae am ei gyflawni i newid y ffordd y mae gwasanaethau cyhoeddus yn gweithio a mynegodd

bwysigrwydd y Bwrdd Iechyd i barhau i weithio'n ymarferol mewn ffordd sy'n gwella bywydau pobl.

NODODD y Bwrdd yr adroddiad.

Diweddariad gan y Bwrdd Partneriaeth Rhanbarthol

Cyflwynodd L Prosser yr adroddiad a thynnodd sylw at feysydd allweddol i sylw'r Aelodau.

Dywedodd P Mears, wrth fyfyrion ar y drafodaeth a gynhaliwyd yn gynharach yn y cyfarfod mewn perthynas â Dementia, fod angen sicrhau bod yr adroddiad ar Gynaliadwyedd y Farchnad yn llywio rhai o'r buddsoddiadau gofynnol. Dywedodd L Prosser fod y mater hwn yn cael ei drafod yn y Bwrdd Partneriaethau Rhanbarthol.

Dywedodd P Roseblade ei bod wedi'i chael hi'n ddefnyddiol gweld faint o bobl a gafodd gymorth o ganlyniad i'r cyllid o £5k a oedd wedi'i ddyrannu a gofynnodd am eglurder ynghylch a oedd y cyllid yn rheolaidd ai peidio. Dywedodd L Prosser, er bod y cyllid yn treiglo drosodd bob blwyddyn, mai ar sail anghylchol yr oedd hyn. Dywedodd P Mears fod darpariaeth iechyd graidd yn y gymuned yn cael ei hariannu gyda'r dyraniad arian hwn, a oedd yn risg o ystyried bod rhan fawr o wasanaethau cymunedol y Bwrdd Iechyd yn cael ei hariannu gan ddefnyddio cyllid partneriaeth.

Croesawodd K Palmer y dolenni i ffilmiau a oedd wedi'u cynnwys yn yr adroddiad a oedd yn rhoi rhagor o wybodaeth am brosiectau sy'n cael eu cynnal. Gofynnodd K Palmer am eglurder ynghylch sut y gallai'r Bwrdd Iechyd brif ffrydio cyllid y gwyddys ei fod yn hanfodol ar gyfer gwasanaethau ac a oedd yn gwneud gwahaniaeth a holodd a oedd angen trafodaeth â Llywodraeth Cymru ynghylch hyn.

Penderfyniad:

- 6.** Dywedodd R Rowlands, pe bai'r Bwrdd Iechyd am gyflwyno gweithwyr Iechyd a Lles cymunedol, fel y cyfeiriwyd ato'n gynharach yn y cyfarfod, Cronfa Integredig Ranbarthol y Bwrdd Partneriaethau Rhanbarthol fyddai'r gronfa fwyaf addas i'w defnyddio i fwrw ymlaen â hyn. Dywedodd R Rowlands, o ystyried bod y gronfa'n cael ei defnyddio i gefnogi gweithgareddau craidd, fod angen newid, o safbwynt Llywodraeth Cymru, i ddeall pe bai'r cyllid hwn yn cael ei ddefnyddio ar gyfer rhywbeth gwahanol, yna byddai gwasanaethau craidd mewn perygl.
- 6.1**

NODWYD yr adroddiad.

CYFLAWNI EIN CYNLLUN

Dangosfwrdd Perfformiad Integredig

Cyflwynodd L Prosser yr adroddiad ac amlygodd faterion allweddol i sylw'r Bwrdd. Rhoddodd Swyddogion Gweithredol arweiniol eraill ddiweddariad ar eu meysydd priodol hefyd.

Dywedodd y Cadeirydd fod y Bwrdd Iechyd wedi cyflwyno ei Gynllun Tymor Canolig Integredig (IMTP) i Lywodraeth Cymru cyn diwedd mis Mawrth 2024 a dywedodd mai rhan o'r rhagdybiaethau cynllunio fyddai'r targedau ar gyfer gwella a osodwyd gan Lywodraeth Cymru i bob Bwrdd Iechyd ar gyfer eleni. Dywedodd y Cadeirydd fod Llywodraeth Cymru bellach wedi amrywio'r targedau gofynnol ers cyflwyno'r cynllun a gofynnodd am eglurder ynghylch sut yr oedd hyn yn cael ei gynnwys yn y cynllunio ar gyfer eleni. Dywedodd G Hughes fod cynlluniau diwygiedig wedi'u datblygu a byddai'n rhoi'r wybodaeth ddiweddaraf iddynt yn ddiweddarach yn y cyfarfod. Nododd yr aelodau fod y newidiadau yn cynnwys dim cleifion yn aros mwy na 104 wythnos am eu sefyllfa Targed Atgyfeirio i Driniaeth erbyn Rhagfyr 2024, dim cleifion yn aros dros dair blynedd erbyn diwedd Awst 2024 ac erbyn diwedd Mawrth 2025, dim cleifion yn aros mwy na phytthefnos am apwyntiad claf allanol cyntaf.

Dywedodd P Mears fod y Bwrdd Iechyd wedi cyflwyno ei daflwybrau diwygiedig i Lywodraeth Cymru yn ddiweddar ac ychwanegodd fod Prif Weithredwyr wedi ysgrifennu at Lywodraeth Cymru i ddweud bod y cyflwyniad IMTP blaenorol yn seiliedig ar uchelgeisiau perfformiad blaenorol, a'i bod yn debygol y byddai'r llwybrau perfformiad diwygiedig yn cael effaith ar berfformiad ariannol. Dywedodd P Mears y byddai angen nodi'r risgiau sy'n cyd-fynd â chyflawni'r targedau newydd.

Cyfeiriodd I Wells at drafodaeth a gynhaliwyd yn y Pwyllgor Digidol a Data diweddar mewn perthynas â Chodio Clinigol a'r gwelliannau perfformiad sylweddol a wnaed yn y maes gwaith hwn. Nododd yr aelodau fod y Tîm wedi datblygu eu system Deallusrwydd Artiffisial eu hunain a oedd wedi cynorthwyo gyda'r gwelliant mewn perfformiad. Dywedodd I Wells fod y tîm yn wynebu argyfwng staffio posibl wrth symud ymlaen o ystyried y byddai rhai uwch aelodau o staff yn y tîm yn ymddeol, ac ychwanegodd fod y staff bellach yn y broses o hyfforddi staff newydd. Nododd yr aelodau fod y gwasanaeth hwn bellach yn cael ei weld fel esiampl yng Nghymru. Dywedodd P Mears fod trafodaeth wedi'i chynnal yn ddiweddar ar yr heriau o fewn codio yn Fforwm Arwain GIG Cymru, gyda nifer o godyddion yng Nghymru yn cael eu denu i weithio i Ymddiriedolaethau GIG yn Lloegr a oedd yn cynnig cyfraddau cyflog uwch. Nododd yr Aelodau y gynhaliwyd trafodaethau ynghylch sut y gellid mynd i'r afael â'r sefyllfa hon, gan gynnwys yr awgrym i ddatblygu academi sgiliau ar gyfer staff codio yng Nghymru. Nododd yr aelodau fod datblygu meddalwedd Deallusrwydd Artiffisial wedi'i amlygu fel maes o arfer da.

Cyfeiriodd P Roseblade at yr amseroedd aros yn yr Adran Achosion Brys a gofynnodd am eglurder ynghylch y rhesymau dros y perfformiad a adroddwyd. Dywedodd G Hughes y bu ymchwydd yn y niferoedd a fynychodd mewn cyfnod byr o amser, gydag oedi pellach os nad oedd lle ar gael i asesu cleifion. Ychwanegodd G Hughes fod problemau gyda niferoedd y gweithlu ar un safle yn arbennig a bod gwaith yn cael ei wneud i gysoni capasiti'r gweithlu â'r proffil galw. Nododd yr aelodau fod perfformiad brysbennu yn dda, gyda chleifion yn cael eu brysbennu mewn modd amserol, a'r cleifion hynny sy'n

aros hiraf i gael eu hasesu gan Feddyg oedd y rhai yr oedd eu hanghenion clinigol yn llai brys. Dywedodd G Hughes fod yna broblem ar un safle o ran y mathau o gleifion a oedd yn mynychu, gydag un safle â phresenoldeb uwch o gleifion gofal sylfaenol, ac ychwanegodd fod gwaith yn cael ei wneud i benderfynu ar y model gweithlu cywir sydd ei angen ar gyfer y safle hwnnw.

Cyfeiriodd P Roseblade at y safle colonosgopi mynegai a adroddwyd ar dudalennau 6 ac 8 o'r adroddiad a dywedodd ei bod wedi gofyn yn flaenorol i adroddiad ar ganlyniad hyn o ran ansawdd gael ei adrodd i'r Pwyllgor Ansawdd a Diogelwch, nad oedd wedi'i weld eto. Ychwanegodd P Roseblade fod tudalen 8 yn nodi bod 50% o gleifion wedi gwrthod eu hapwyntiad cyntaf a gofynnodd am eglurder ynghylch a oedd y cleifion hyn wedi'u heithrio o'r ffigur pennawd o 8.4%. Amlygodd P Roseblade hefyd fod y diweddariad a ddarparwyd yn nodi bod trydedd ystafell yn cael ei chynllunio ar gyfer colonosgopi gyda dyddiad symud o 17 Mai 2024 a gofynnodd am eglurder ynghylch a oedd hwn yn gapasiti ychwanegol neu'n symudiad capasiti. Dywedodd G Hughes, mewn perthynas â cholonosgopi, fod CWM Taf Morgannwg bellach yn un o'r Byrddau Iechyd sy'n perfformio orau yng Nghymru o ran amseroldeb cleifion yn dod drwodd i gael triniaeth ac ychwanegodd ei bod yn ymddangos bod materion data yr oedd angen eu hadolygu ymhellach. Cadarnhaodd G Hughes fod y drydedd ystafell yn gapasiti ychwanegol.

Cyfeiriodd P Roseblade at berfformiad ambiwlansys a adroddwyd ar dudalen 15 o'r adroddiad a oedd yn nodi bod cyfarfod rhyddhau aml-asiantaeth wedi'i gynnal ar 10 Ebrill a holodd pryd y byddai canlyniad y cyfarfod hwn ar gael. Dywedodd G Hughes fod y digwyddiad aml-asiantaeth wedi'i gynnal yn Ysbyty Tywysoges Cymru gyda'r adroddiad o'r cyfarfod hwnnw'n cael ei gyflwyno drwy brosesau llywodraethu mewnol ar hyn o bryd. Ychwanegodd G Hughes y byddai'n hapus i rannu'r adroddiad hwn naill ai yn y Pwyllgor Ansawdd a Diogelwch neu'r Pwyllgor Cynllunio, Perfformiad a Chyllid fel y gellid rhannu beth ddysgwyd.

Cyfeiriodd P Roseblade at Strôc a dywedodd ei bod yn ymddangos bod pob un o'r dangosyddion ar gyfer y cleifion a gafodd ddiagnosis yn gwella, ond roedd yn ymddangos bod angen gwneud rhagor o waith mewn perthynas â diagnosis yn enwedig yn Ysbyty Tywysoges Cymru a gofynnwyd am fwy o eglurder ynghylch a fyddai'r cyfeiriad a wnaed at recriwtiaid newydd yn gynharach yn y cyfarfod yn helpu i wella'r sefyllfa. Dywedodd L Edwards fod gan y staff newydd mewn swydd ddull gweithredu cyfan CTM a'u bod yn canolbwyntio ar wella perfformiad ar y ddau safle. Dywedodd L Edwards, pan fydd cleifion yn cyflwyno y tu allan i oriau, bod rhywfaint o amrywiaeth i'w weld rhwng safleoedd mewn perthynas â chyrraedd y targedau.

Cyfeiriodd N Milligan at dudalen 7 o'r adroddiad a'r diweddariad a ddarparwyd mewn perthynas ag imiweiddiadau plant a dywedodd, er bod perfformiad da wedi bod yn y maes hwn yn flaenorol, bod y nifer a oedd yn cael eu brechu wedi gwaethygu. Dywedodd N Milligan fod yr heriau a'r camau gweithredu yr adroddwyd amdanynt wedi aros yr un fath i raddau helaeth dros y pedwar cyfarfod Bwrdd diwethaf ac roedd yn ymddangos eu bod yn canolbwyntio ar

beth gallai'r Bwrdd Iechyd ei wneud i fynd i'r afael â hyn. Dywedodd N Milligan nad oedd yn gweld unrhyw ddiweddariadau'n cael eu darparu ynghylch sut roedd ymgysylltiad yn cael ei wneud gyda'r boblogaeth i benderfynu pa rwystrau oedd yn eu lle a oedd yn atal cleifion rhag mynychu i gael eu himiwnyddiadau, a fyddai'n helpu i sicrhau bod imiwnyddiadau yn cael eu cynnal yn y manau cywir. Dywedodd P Daniels fod Strategaeth Brechu Teg wedi'i chynhyrchu a oedd yn amlinellu'r camau a fyddai'n cael eu cymryd ac ychwanegodd ei fod yn ymwybodol nad oedd targedau'n cael eu cyrraedd ar hyn o bryd. Dywedodd P Daniels fod gwaith yn cael ei wneud mewn perthynas â dirnadaeth ymddygiadol er mwyn deall y rhwystrau ac ychwanegodd fod cymeradwyaeth wedi'i rhoi i recriwtio i'r Tîm Brechu a ddylai, gobeithio, helpu i fynd i'r afael â'r sefyllfa. Nododd yr aelodau, er bod CTM yn dal i berfformio'n dda o'i gymharu ag ardaloedd Byrddau Iechyd eraill yng Nghymru o ran brechu, roedd mwy o amharodrwydd i'w weld ar ôl covid o ran nifer y bobl sy'n cael eu brechu. Dywedodd N Milligan er bod datblygiad y strategaeth yn gadarnhaol, roedd ymgysylltu ag aelodau o'r gymuned yn allweddol er mwyn nodi'r rhwystrau.

Cytunodd P Mears â'r sylwadau a wnaed gan N Milligan a dywedodd fod ystod eang o weithwyr iechyd proffesiynol yn allweddol i sicrhau bod negeseuon yn cael eu rhaedru ynghylch pwysigrwydd brechiadau. Ychwanegodd P Mears fod yna rai cymunedau a oedd yn delio â phroblemau petruster brechlyn heriol a oedd wedi dod yn fwy ers covid. Nododd yr aelodau, mewn perthynas â phlant oedran ysgol, fod G Dix wedi cyfarfod â Chyfarwyddwyr Addysg y tri Awdurdod Lleol i drafod sut olwg fyddai ar y ddarpariaeth Nyrsio Ysgol yn y dyfodol a pha rolau y gallent eu chwarae wrth fynd i'r afael â rhai o'r materion hyn. Mynegodd P Mears bwysigrwydd ymddiried mewn unigolion o fewn cymunedau, nad oeddent o reidrwydd yn weithwyr gofal iechyd proffesiynol, i rhaedru negeseuon allweddol mewn perthynas â brechlynnau a'r effeithiau sy'n gysylltiedig â phheidio â'u cael.

Penderfyniad:

Cam
gweithredu:

Dywedodd P Daniels, mewn perthynas â'r Frech Goch, fod llai o bobl wedi cael yr ail frechiad MMR ac ychwanegodd fod ymgysylltiad yn cael ei gynnal o fewn ysgolion mewn ardaloedd â nifer is i gynnig brechlynnau yn uniongyrchol o fewn amgylchedd yr ysgol.

6.2

Dywedodd L Curtis-Jones ei bod yn siomedig i weld mai Merthyr Tudful oedd yr isaf o'r tri awdurdod lleol mewn perthynas â nifer y rhai a oedd yn cael eu brechu a chyfeiriodd at y Prosiect â Ffocws Cymunedol sy'n cael ei gynnal yn ardal Merthyr Tudful, sy'n ymgysylltu â'r cymuned lleol o ran atal ac awgrymodd y gallai hyrwyddo brechiadau gael ei gynnwys yn y rhaglen ymgysylltu hon.

Cyfeiriodd L Curtis-Jones hefyd at ddata perfformiad CAMHS a Niwroddatblygiadol a holodd a allai'r Awdurdodau Lleol gefnogi'r Bwrdd Iechyd i fynd i'r afael â rhai o'r materion rhestrau aros drwy gynnig cymorth ymddygiadol neu waith atal, o ystyried y buddsoddiadau sy'n cael eu gwneud yn y meysydd hyn drwy y Bwrdd Partneriaethau Rhanbarthol.

NODWYD yr adroddiad.

Adroddiad o'r digwyddiad aml-asiantaeth a gynhaliwyd yn Ysbyty Tywysoges Cymru ar 10 Ebrill 2024 i'w rannu naill ai yn y Pwyllgor Ansawdd a Diogelwch neu'r Pwyllgor Cynllunio, Perfformiad a Chyllid er mwyn gallu rhannu beth ddysgwyd.

Dangosfwrdd Perfformiad Integredig - Rhan 2 - Perfformiad Ariannol

6.2.1 Diweddariad cyllid ar gyfer Mis 12

Cyflwynodd S May yr adroddiad a thynnodd sylw Aelodau'r Bwrdd at y prif ddiweddariadau. Nododd yr aelodau fod y sefyllfa a adroddwyd yn destun archwiliad o ystyried bod y cyfrifon drafft bellach wedi'u cyflwyno i Archwilio Cymru.

Penderfyniad:

NODWYD yr adroddiad.

6.2.2 Diweddariad cyllid ar gyfer Mis 1

Cyflwynodd S May yr adroddiad a thynnodd sylw Aelodau'r Bwrdd at y prif ddiweddariadau.

Diolchodd K Palmer i S May a'r Tîm am gyrraedd y sefyllfa a adroddwyd. Mewn perthynas ag arbedion, nododd K Palmer, yn ogystal â'r arbedion a wnaed y llynedd, bod disgwyl i'r Bwrdd Iechyd gyflawni £23m pellach o arbedion eleni, gyda mis 1 yn dangos nad oedd y Bwrdd Iechyd ar y trywydd iawn o ran y targed arbedion. Dywedodd S May fod gwaith yn cael ei wneud i adolygu'r manylion er mwyn pennu a oedd unrhyw gynlluniau a oedd yn annhebygol o sicrhau arbedion a nodi unrhyw gynlluniau amgen a allai gyflawni arbedion.

Dywedodd P Mears, wrth fyfyrion ar y flwyddyn ddiwethaf, fod hon wedi bod yn sefyllfa heriol i'w chyrraedd ac ychwanegodd na ellid diystyru'r hyder y mae cyflawni'r sefyllfa ariannol yn ei roi a galluogi'r Bwrdd Iechyd i ganolbwyntio ar feysydd eraill i'w gwella. Ychwanegodd P Mears fod cyflawni balansau ariannol wedi arwain at rai dewisiadau anodd yn gorfod cael eu gwneud o ran peidio â buddsoddi mewn rhai meysydd, a dywedodd fod cynnydd da wedi'i wneud mewn rhai meysydd sylweddol, er enghraifft, gwariant ar staff asiantaeth nyrsio a staff dros dro, sydd wedi gostwng yn sylweddol yn y 12 mis diwethaf. Nododd yr aelodau y byddai'r cerdyn cyfradd newydd ar gyfer staff meddygol yn cael ei lansio'n fuan a ddylai helpu i wella'r arbedion a wneir.

Tynnodd P Mears sylw at risgiau mewn perthynas â recriwtio rhyngwladol tramor, o ganlyniad i'r ffaith mai dim ond 50% o'r cyllid y gofynnwyd amdano gan Lywodraeth Cymru a ddyrannwyd i'r Bwrdd Iechyd, sydd wedi'i godi fel maes sy'n peri pryder gyda chydweithwyr yn Llywodraeth Cymru. Nododd yr aelodau fod cynnig yn cael ei ddatblygu gan y Cyfarwyddwr Digidol a'i Dîm mewn perthynas â gofyn am gyllid gan Lywodraeth Cymru i gefnogi trawsnewid Gwasanaethau Swyddfa Gefn. Dywedodd P Mears fod y cynnig yn cyfleu'r cyfle i ddigideiddio gwasanaethau cefn swyddfa, yn enwedig mewn

perthynas â threfnu apwyntiadau, sy'n broses llafurddwys ar hyn o bryd, a thynnodd sylw at yr arbedion effeithlonrwydd y gallai hyn eu gwireddu mewn perthynas â gwella arbedion a phrofiad cleifion. Nododd yr aelodau fod Llywodraeth Cymru yn awyddus i flaenoriaethu'r darn hwn o waith.

Penderfyniad:

6.2.3 **NODWYD** yr adroddiad.

Diweddariad Cyfalaf – Adroddiad Cynnydd Chwarterol

Cyflwynodd S May yr adroddiad a thynnodd sylw at y diweddariadau allweddol i Aelodau'r Bwrdd.

Diolchodd y Cadeirydd i S May am gyflwyno'r adroddiad a oedd yn amlygu cryn uchelgais, nad oedd heb risg wedi'i herio.

Croesawodd K Palmer yr adroddiad a oedd yn rhoi trosolwg o wariant cyfalaf ac yn atgyfnerthu cyn lleied o gyfalaf dewisol oedd ar gael i'r Bwrdd Iechyd o ystyried maint y sefydliad, ac ychwanegodd ei bod yn falch o weld y gwariant cyfalaf yn cael ei wneud yn Ysbyty'r Tywysog Siarl. Gan edrych ymlaen at y dyfodol, cwestiynodd K Palmer, o ystyried mai arian cyfalaf cyfyngedig oedd ar gael, a oedd gan y Bwrdd Iechyd unrhyw syniadau ariannu arloesol y gellid eu cyflwyno i Lywodraeth Cymru. Dywedodd S May mai'r unig arloesi a nodwyd ar hyn o bryd oedd y prosiect Model Buddsoddi Cydfuddiannol (MIMS) yn Ymddiriedolaeth GIG Felindre ac ychwanegodd nad oedd unrhyw lwybrau arloesi clir ar hyn o bryd. Dywedodd S May unwaith y byddai'r Bwrdd Iechyd yn gallu deall beth fyddai trefn sicrwydd cyfalaf IRFS16, y byddai hyn yn helpu i gydbwysu'r sefyllfa.

Cyfeiriodd P Mears at y darn o waith Cymru Gyfan sy'n cael ei wneud i fynegi maint y mater hwn, a fyddai o bosibl yn nodi nad oedd unrhyw ateb i ddatrys y broblem hon gan ei bod yn amlwg nad oedd cyllid digonol ar gael o fewn Llywodraeth Cymru i ariannu'r broblemau ôl-groniad hyn, heb sôn am y datblygiadau newydd a oedd yn cael eu cynnig. Nododd yr Aelodau ei bod yn debygol bod angen cynnal trafodaeth ehangach gan Lywodraeth y DU ynghylch sut y gellid mynd i'r afael â hyn wrth symud ymlaen. Dywedodd P Mears y byddai angen gwneud darn cyflymach o waith yn fewnol i gael gwared ar ystadau nad oeddent bellach yn addas i'r diben, gydag unrhyw arian a geir drwy waredu yn cael ei ail-fuddsoddi mewn prosiectau allweddol. Dywedodd S May fod angen bod yn ofalus wrth waredu safleoedd o ystyried bod rhai safleoedd hyn yn wynebu nifer o heriau amgylcheddol. Nododd yr aelodau fod angen buddsoddiad cyfalaf sylweddol hefyd yn Ysbyty Tywysoges Cymru a byddai angen ei ystyried wrth symud ymlaen.

Dywedodd y Cadeirydd ei fod yn cydnabod yr her sylweddol i geisio cyflawni sefyllfa gytbwys, o ystyried y symiau sylweddol o arian sy'n cael eu gwario a chyfateb y gwariant â chyflawni. Dywedodd y Cadeirydd ei bod yn amlwg bod buddsoddiadau'n dal i gael eu gwneud mewn gwasanaethau wrth geisio mantoli cyllidebau, a bod angen gwneud hynny'n glir i'r cyhoedd. Diolchodd y Cadeirydd i S May a'r tîm ehangach am y gwaith a wnaed.

Penderfyniad:

6.3

NODWYD yr adroddiad.

Diweddariad ar Waith Cynhyrchiant Gwneud Pethau'n Iawn y Tro Cyntaf (GIRFT)

Rhannodd G Hughes gyflwyniad gyda'r Aelodau a thynnodd sylw at feysydd allweddol i sylw'r Aelodau.

Dywedodd y Cadeirydd yr hoffai i'r Bwrdd gymeradwyo'r dull arfaethedig a amlinellwyd gan G Hughes i weithio gyda'r Grwpiau Gofal a staff eraill i wella cynhyrchiant.

Tynnodd P Mears sylw at y disgwyliad clir gan Lywodraeth Cymru y dylai pob Bwrdd gael golwg ar y materion hyn ac y dylent hefyd olrhain cynnydd ac awgrymodd fod angen ystyried yn awr cynnwys y llwybrau yn yr adroddiad dangosfwrdd perfformiad wrth symud ymlaen er mwyn galluogi'r Bwrdd i fonitro cynnydd.

Cyfeiriodd K Palmer at ddosbarth meistr yr oedd wedi'i fynychu'n ddiweddar gyda G Dix mewn perthynas â chynhyrchiant a gwastraff, lle gwnaed apêl i'r Byrddau Iechyd mewn perthynas â chynnwys staff i ddod o hyd i syniadau am y meysydd gwaith y gellid gwneud arbedion ynddynt a oedd yn llai cynhyrchiol. Dywedodd P Mears fod angen i hyn fod yn rhan o'r ateb i'r darn hwn o waith a oedd angen ei lywio gan staff sy'n gweithio yn y meysydd hynny.

Dywedodd I Wells ei fod yn gwbl gefnogol i'r darn hwn o waith a gofynnodd am eglurder ynghylch staffio theatrau 100% a holodd a oedd slotiau amser nad oeddent yn cael eu defnyddio neu a oedd angen mwy o staff er mwyn cynyddu'r llif. Dywedodd G Hughes fod yna gymysgedd o'r ddwy elfen, a bod y gweithlu'n cael ei ystyried fel gweithlu CTM cyfan, gyda staff yn cael eu symud o gwmpas safleoedd er mwyn gwneud y defnydd mwyaf posibl ohonynt. Nododd yr aelodau fod hwn yn ymarfer amserlennu cymhleth iawn a dyna pam ei fod yn cael ei weithredu trwy raglen 6/4/2.

Dywedodd P Roseblade ei bod hefyd yn gefnogol i'r darn hwn o waith, a gofynnodd am eglurder ynghylch sut y gallai'r Bwrdd Iechyd osgoi'r risg o beidio â chael pethau'n iawn o ran cynhyrchiant uwch. Dywedodd G Hughes fod y dystiolaeth a oedd ar gael gan GIRFT yn rhoi eglurder ar y model optimaidd ac ychwanegodd fod gan y Bwrdd Iechyd ar hyn o bryd dri model gwahanol ar draws safleoedd, yr oedd angen eu safoni. Dywedodd G Dix fod y platfform PROMS newydd ar fin lansio, a ddylai, ynghyd â PREMS, leddfu pryderon mewn perthynas â chynhyrchiant, gobeithio.

Penderfyniad:

Cam
gweithredu:

NODWYD yr adroddiad a **CHYMERADWYWYD** y dull a gyflwynwyd.

7. Taflwybrau i'w cynnwys mewn iteriadau o'r adroddiad Dangosfwrdd Perfformiad yn y dyfodol er mwyn gallu olrhain cynnydd

7.1

CYNLLUNIO STRATEGOL

Diweddariad cynllun Gwasanaethau Clinigol Acíwt

Cyflwynodd L Prosser yr adroddiad a diweddarau Aelodau'r Bwrdd ar y cynnydd sy'n cael ei wneud mewn perthynas â datblygu'r Cynllun Gwasanaethau Clinigol Acíwt.

Dywedodd P Roseblade, er bod yr adroddiad yn cyfeirio at ymgysylltu â chlinigwyr, nid oedd yn amlwg bod y gwaith hwn yn cael ei yrru gan glinigwyr, a bod angen gwneud hynny'n glir i sicrhau bod y cyhoedd yn ymwybodol bod hyn yn cael ei wneud er eu lles gorau. Dywedodd G Hughes fod y Clinigwyr yn ymwneud yn llawn â'r darn hwn o waith a'u bod yn gwbl ymwybodol o'u cyfrifoldebau o ran cyfleu negeseuon allweddol. Dywedodd L Prosser fod cynlluniau ar waith i gynnwys Cyfarwyddwr Clinigol a nododd yr Aelodau y byddai Cyfarwyddwr Meddygol Cynorthwyol yn ei le yn fuan a fyddai'n gyrru'r gwaith hwn yn ei flaen.

Dywedodd K Palmer fod angen gwneud hyn o safbwynt aelod o'r gymuned, yr achos dros newid a'r weledigaeth yn gliriach mewn ffordd a fyddai'n hawdd ei deall i'r cyhoedd. Dywedodd P Mears mai'r achos dros newid fyddai elfen fanwl y cynllun, gyda naratif ar wahân i'w ddatblygu y gellid ei raeadru i Aelodau'r cymunedau, trwy ddefnyddio grwpiau trydydd sector a gwirfoddol yn y broses ymgysylltu. Mynegodd L Prosser bwysigrwydd cael tîm penodol yn ei le i helpu i sicrhau bod negeseuon allweddol yn cael eu raeadru mewn iaith hygyrch.

Penderfyniad:

7.2

NODWYD yr adroddiad.

Mynd i'r afael â Diabetes Math 2 yng Nghwm Taf Morgannwg

Cyflwynodd P Daniels yr adroddiad ac amlygodd y materion allweddol i sylw'r Aelodau.

Dywedodd y Cadeirydd fod yr adroddiad yn nodi'r swm sylweddol o waith a oedd yn cael ei wneud yn y maes hwn, a bod angen i'r dull a ddefnyddir fod yn aml-arweiniol ac aml-ffactor. Dywedodd y Cadeirydd fod angen i'r Bwrdd hysbysu ei fod wedi ymrwymo i fflatio'r gromlin, o ystyried, yn seiliedig ar y trywydd dros y 10 mlynedd diwethaf a 10 mlynedd wrth symud ymlaen, nad yw'r sefyllfa'n edrych yn gadarnhaol.

Cyfeiriodd y Cadeirydd at reoli a darparu gwasanaethau, er enghraifft, a ellid gwella'r ddarpariaeth o ofal a chymorth yn y gymuned i gleifion sydd â diabetes math 2 drwy ddarparu gofal yn nes at gartrefi cleifion, yn hytrach na bod angen iddynt deithio cryn bellter i gyrraedd i'w hapwyntiadau ysbyty.

Dywedodd P Mears fod gwaith yn cael ei wneud gydag un o'r Ymgynghorwyr Diabetes mewn perthynas â'r model gofal ar gyfer cleifion diabetig. Roedd ystyriaeth yn cael ei rhoi i weld a oedd angen dod â chleifion gweddol sefydlog i mewn ar gyfer apwyntiadau ysbyty rheolaidd o ystyried natur hirdymor eu

cyflwr, gan ymchwilio i atebion digidol ar gyfer olrhain lefelau siwgr gwaed cleifion o bell.

Dywedodd P Mears fod hwn yn ddarn pwysig o waith a dywedodd nad oedd eto wedi gweld dadansoddiad a oedd yn dangos pe bai buddsoddiad yn cael ei wneud i atal Diabetes nawr, pa arbedion ac effeithlonrwydd fyddai'n cael eu gwireddu yn y dyfodol ac ychwanegodd ei fod yn teimlo'r darn hwn o waith yr oedd angen i Iechyd Cyhoeddus Cymru ei wneud fel darn o waith economeg iechyd. Dywedodd P Daniels fod hyn wedi'i drafod gan y Tîm a gofynnodd i Aelodau'r Bwrdd nodi bod llawer o'r ffrydiau ariannu hyn yn rhai tymor byr, gyda rhai ffrydiau ariannu yn dod i ben o fewn y flwyddyn. Dywedodd P Daniels y byddai'n croesawu cefnogaeth gan gydweithwyr ar y Bwrdd i godi hyn fel mater trwy drafodaethau gyda Llywodraeth Cymru ynghylch yr angen am gyllid parhaus a'r angen am ddull Unwaith i Gymru.

Dywedodd I Wells fod cleifion yn cael nifer o brofion gwaed a gofynnodd am eglurder ynghylch a oedd diabetes yn cael ei brofi fel mater o drefn yn y profion hyn, gan y gallai hyn nodi cleifion sydd â chyn-diabetes a fyddai wedyn yn eu galluogi i gymryd camau i wella eu ffyrdd o fyw i atal datblygiad y cyflwr yn y dyfodol. Dywedodd P Daniels fod Iechyd Cyhoeddus Cymru yn datblygu ymgyrch genedlaethol mewn perthynas â chyfleoedd sgrinio a allai gynorthwyo o bosibl i atal diabetes.

Mynegodd R Rowlands bwysigrwydd ymgysylltu â chleifion yn eu cymunedau ac ychwanegodd, er ei bod yn cydnabod bod cyllid cyfyngedig ar gael i gyflawni hyn, pe na bai buddsoddiad yn cael ei wneud yn y maes hwn o ran ymgysylltu, gallai'r gwaith sy'n cael ei wneud mewn prosiectau eraill gael ei gwastraffu os na chyflawnwyd yr ymgysylltiad yn gywir. Dywedodd P Daniels nad oedd y gwaith hwn yn ymwneud â lleihau'r galw, a'i fod yn ymwneud yn bennaf â rheoli galw a sicrhau bod y gwasanaethau cywir yn cael eu darparu i'r bobl iawn ar yr amser cywir.

Penderfyniad: Dywedodd P Roseblade fod y Bwrdd, drwy gydol y cyfarfod, wedi clywed bod angen cyllid ar gyfer amrywiaeth o wasanaethau, yn ogystal â chanmol y ffaith am y manteision a gafwyd o adennill costau, ac ychwanegodd nad oedd hyn yn ymwneud â derbyn arian ychwanegol, ond roedd yn ymwneud â sicrhau bod yr arian yn cael ei ddefnyddio'n wahanol.

CYMERADWYWD a **CHEFNOGWYD** y cyfeiriad teithio.

8.0 AGENDA CYDSYNIAD

8.1 I'W GYMERADWYO

8.1.1 Cofnodion heb eu cadarnhau o'r cyfarfod a gynhaliwyd ar 28 Mawrth 2024

Penderfyniad

CYMERADWYWD y cofnodion.

8.1.2

Penderfyniad: **Cofnodion heb eu cadarnhau o Gyfarfod Arbennig y Bwrdd a gynhaliwyd ar 9 Ebrill 2024**

8.1.3 CYMERADWYWYD y cofnodion.

Penderfyniad **Adroddiadau Blynyddol y Pwyllgor**

8.1.4 CYMERADWYWYD yr Adroddiadau Blynyddol.

Penderfyniad: **Adolygiad Blynyddol o'r Fframwaith Rheoli Risg**

8.1.5 CYMERADWYWYD y Fframwaith.

Penderfyniad: **Strategaeth Heintiau, Atal a Rheoli**

8.1.6 CYMERADWYWYD y Strategaeth.

Penderfyniad **Diwygio'r Rheolau Sefydlog – Grŵp Cyfeirio Rhanddeiliaid (Amllder Cyfarfodydd)**

8.2 CYMERADWYWYD y Gwelliannau.

8.2.1 I'W NODI

Cylch Busnes Blynyddol y Bwrdd

8.2.2 NODWYD y Cylch Busnes Blynyddol.

Penderfyniad **Blaenraglen Waith y Bwrdd**

8.2.3 NODWYD y Blaenraglen Waith

Penderfyniad **Adroddiadau Crynhoi Pwyllgorau'r Bwrdd a'r Grŵp Cyngori**

8.2.4 NODWYD yr adroddiad.

Penderfyniad: **Adroddiad ar Argyfyngau Sifil a Pharhad Busnes**

8.2.5 NODWYD yr adroddiad.

Penderfyniad: **Cynllun Blynyddol Archwilio Mewnol 2024-2025**

8.2.6 NODWYD yr adroddiad.

Penderfyniad: **Adroddiad Blynyddol Cyfarwyddwr Iechyd y Cyhoedd**

8.2.7 Gohiriwyd yr eitem tan Gyfarfod Bwrdd Medi 2024 yn dilyn y cyflwyniad i Bwyllgor Iechyd a Phartneriaethau Poblogaeth Awst 2024.

Adroddiad Sicrwydd Blynyddol Lefelau Staff Nyrsio 2023-2024 ac Adroddiad tair blynedd 2021-2024

9.

NODWYD yr adroddiad.

9.1

BUSNES I GLOI

UNRHYW FATER ARALL

9.2

Cynghorodd y Cadeirydd nad oedd wedi cael gwybod am unrhyw fusnes arall.

SUT WNAETHON NI YN Y CYFARFOD HWN?

10.

Gofynnodd y Cadeirydd am unrhyw sylwadau y gallai'r rhai a oedd yn bresennol ddymuno eu gwneud mewn perthynas â gwelliant ar y pwynt hwnnw neu o fewn pythefnos i'r cyfarfod i roi adborth ar y materion a drafodwyd ac yn y modd y cynhaliwyd y cyfarfod a sut y gellid gwella cyfarfodydd yn y dyfodol.

SESIWN PREIFAT / MEWN PWYLLGOR

11.

Trafodwyd yr eitemau canlynol yn sesiwn y Pwyllgor a gynhaliwyd yn gynharach yn y bore;

- Diweddariad ar y Rhaglen Diagnosteg Ranbarthol

DYDDIAD AC AMSER Y CYFARFOD NESAF

12.

Nododd yr aelodau y byddai cyfarfod Bwrdd Cyhoeddus Eithriadol yn cael ei gynnal ar 11 Gorffennaf i gymeradwyo'r Adroddiad Blynyddol a Chyfrifon Blynyddol ar gyfer 2023/2024 yn ffurfiol.

DIWEDD Y CYFARFOD

Cyn cau'r cyfarfod, dywedodd y Cadeirydd wrth Aelodau'r Bwrdd fod yr Athro Syr Mansel Aylward wedi marw yn anffodus. Dywedodd y Cadeirydd fod Mansel yn ddyn rhyfeddol a oedd wedi gwneud cyfraniad sylweddol i fywyd y Gwasanaeth Iechyd Gwladol yng Nghymru a Lloegr. Dywedodd y Cadeirydd fod Mansel wedi treulio cyfnod sylweddol o amser fel Prif Swyddog Meddygol, Cyfarwyddwr Meddygol a Phrif Wyddonydd yn yr Adran Gwaith a Phensiynau a'r Adran Iechyd a Gwasanaethau Cymdeithasol yn Whitehall ac ef hefyd oedd Cadeirydd cyntaf Iechyd Cyhoeddus Cymru. Dywedodd y Cadeirydd y byddai colled fawr ar ôl Mansel a'i fod wedi cyffwrdd â llawer o fywydau ac ar ran y Bwrdd estynnodd ei gydymdeimlad dwysaf â theulu a ffrindiau Mansel.

Daeth y Cadeirydd â Chyfarfod y Bwrdd i ben a diolchodd i bawb a gymerodd ran yn y cyfarfod a/neu a arsylwodd y trafodion.

Minutes of the In-Committee Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 30 May 2024 as an In Person meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive
Kath Palmer	Vice Chair
Patsy Roseblade	Independent Member
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member
Dilys Jouvenat	Independent Member
Helen Lentle	Independent Member (Virtual attendee)
Nicola Milligan	Independent Member
Rachel Rowlands	Independent Member
Greg Dix	Executive Director of Nursing/Deputy Chief Executive
Linda Prosser	Executive Director of Strategy & Transformation
Lauren Edwards	Executive Director of Therapies & Health Sciences
Sally May	Executive Director of Finance (In part)
Hywel Daniel	Executive Director for People
Gethin Hughes	Chief Operating Officer
Phillip Daniels	Executive Director of Public Health
Sally Bolt	Associate Member
Anne Morris	Associate Member

In Attendance:

Simon Blackburn	Director of Communications, Engagement and Fundraising
Gareth Watts	Director of Corporate Governance / Board Secretary
Suzanne Rodgers	Assistant Director for Digital Transformation
Sallie Davies	Deputy Medical Director
Suzanne Hardacre	Director of Midwifery (Observing)
Cally Hamblyn	Assistant Director of Governance & Risk (Virtual attendee)
Emma Walters	Head of Corporate Governance & Board Business (Secretariat)

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to the In-Committee 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;
- Geraint Hopkins, Independent Member;
- Dom Hurford, Executive Medical Director;
- Stuart Morris, Director of Digital

1.3 Declarations of Interest

No Declarations of Interest were noted prior to or during the meeting.

2. MAIN AGENDA

Regional Diagnostics Programme Update

L Prosser presented the report and highlighted key areas for Members attention.

Members expressed concern at the delays being experienced in the development of the Business Case and noted that further discussions on progress would be held at a Regional Clinical Summit being held shortly. L Prosser agreed to ensure the Board were kept updated on progress.

Resolution: The Board:

- Noted the contents of this report and the proposal for regional developments of community diagnostic hubs and a regional endoscopy centre (incorporating a training academy).
- Agreed to receive further updates once the capital funding position has been confirmed by Welsh Government and on progress to close the revenue gap.

3. CLOSE OUT BUSINESS

3.1 ANY OTHER BUSINESS

The Chair advised that he had not been notified of any other business.

3.2 DATE & TIME OF NEXT MEETING

Members noted that an Extra Ordinary Public Board meeting would be held on the 11 July to formally approve the Annual Report and Annual Accounts for 2023/2024.

3.3 CLOSE OF MEETING

The Chair brought the Board Meeting to a close and extended thanks to all that participated in the meeting and /or observed the proceedings.

Rhif Eitem Agenda:

Cofnodion Cyfarfod Mewnol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg a gynhaliwyd ddydd Iau 30 Mai 2024 fel cyfarfod wyneb yn wyneb yn Yr Hwb, Safle Ysbyty Brenhinol Morgannwg, Llantrisant

Aelodau yn Bresennol:

Jonathan Morgan	Cadeirydd
Paul Mears	Prif Weithredwr
Kath Palmer	Is-gadeirydd
Patsy Roseblade	Aelod Annibynnol
Carolyn Donoghue	Aelod Annibynnol
Ian Wells	Aelod Annibynnol
Dilys Jouvenat	Aelod Annibynnol
Helen Lentle	Aelod Annibynnol (Mynychwr rhithwir)
Nicola Milligan	Aelod Annibynnol
Rachel Rowlands	Aelod Annibynnol
Greg Dix	Cyfarwyddwr Gweithredol Nyrsio/Dirprwy Brif Weithredwr
Linda Prosser	Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid
Lauren Edwards	Cyfarwyddwr Gweithredol Therapiau a Gwyddorau Iechyd
Sally May	Cyfarwyddwr Gweithredol Cyllid (Yn rhannol)
Hywel Daniel	Cyfarwyddwr Gweithredol Pobl
Gethin Hughes	Prif Swyddog Gweithredu
Phillip Daniels	Cyfarwyddwr Gweithredol Iechyd y Cyhoedd
Sally Bolt	Aelod Cyswllt
Anne Morris	Aelod Cysylltiol

Yn Bresennol:

Simon Blackburn	Cyfarwyddwr Cyfathrebu, Ymgysylltu a Chodi Arian
Gareth Watts	Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd
Suzanne Rodgers	Bwrdd
Sallie Davies	Cyfarwyddwr Cynorthwyol Trawsnewid Digidol
Suzanne Hardacre	Dirprwy Gyfarwyddwr Meddygol
Cally Hamblyn	Cyfarwyddwr Bydwreigiaeth (Yn arsylwi)
	Cyfarwyddwr Cynorthwyol Llywodraethu a Risg (yn bresennol yn rhithwir)
Emma Walters	Pennaeth Llywodraethu Corfforaethol a Busnes y Bwrdd (Ysgrifenyddiaeth)

1 MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

Croesawodd y Cadeirydd bawb i'r cyfarfod pwyllgor, yn enwedig y rhai a oedd yn ymuno am y tro cyntaf, y rhai a oedd yn arsylwi a'r cydweithwyr

oedd yn ymuno ar gyfer eitemau penodol ar yr agenda. **Nododd** y Cadeirydd fformat y trafodion hefyd.

1.2 Ymddiheuriadau am Absenoldeb

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth:

- Lynda Thomas, Aelod Annibynnol;
- Geraint Hopkins, Aelod Annibynnol;
- Dom Hurford, Cyfarwyddwr Meddygol Gweithredol;
- Stuart Morris, Cyfarwyddwr Digidol

1.3 Datganiadau o Fuddiant

Ni nodwyd datganiadau o fuddiant cyn nac yn ystod y cyfarfod.

2. PRIF AGENDA

Diweddariad ar y Rhaglen Diagnosteg Ranbarthol

Cyflwynodd L Prosser yr adroddiad a thynnodd sylw at feysydd allweddol i sylw'r Aelodau.

Mynegodd yr aelodau bryder ynghylch yr oedi a brofwyd wrth ddatblygu'r Achos Busnes a nodwyd y byddai trafodaethau pellach ar gynnydd yn cael eu cynnal mewn Uwchgynhadledd Glinigol Ranbarthol a gynhelir yn fuan. Cytunodd L Prosser i sicrhau bod y Bwrdd yn cael y wybodaeth ddiweddaraf am gynnydd.

Penderfyniad:

Y Bwrdd:

- Nodwyd cynnwys yr adroddiad hwn a'r cynnig ar gyfer datblygiadau rhanbarthol o ganolfannau diagnostig cymunedol a chanolfan endosgopi ranbarthol (gan gynnwys academi hyfforddi).
- Cytunwyd i dderbyn diweddariadau pellach unwaith y bydd y sefyllfa cyllid cyfalaf wedi'i chadarnhau gan Lywodraeth Cymru ac ar gynnydd i gau'r bwloch refeniw.

3. BUSNES I GLOI

3.1 UNRHYW FATER ARALL

Cynghorodd y Cadeirydd nad oedd wedi cael gwybod am unrhyw fusnes arall.

3.2 DYDDIAD AC AMSER Y CYFARFOD NESAF

Nododd yr aelodau y byddai cyfarfod Bwrdd Cyhoeddus Eithriadol yn cael ei gynnal ar 11 Gorffennaf i gymeradwyo'r Adroddiad Blyneddol a Chyfrifon Blyneddol ar gyfer 2023/2024 yn ffurfiol.

3.3 DIWEDD Y CYFARFOD

Daeth y Cadeirydd â Chyfarfod y Bwrdd i ben a diolchodd i bawb a gymerodd ran yn y cyfarfod a/neu a arsylwodd y trafodion.

Agenda Item Number:

Minutes of the Extra Ordinary Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 11th July 2024, Broadcast Live via Microsoft Teams

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive Officer
Kath Palmer	Vice Chair
Carolyn Donoghue	Independent Member (University)
Dilys Jouvenat	Independent Member (Third Sector)
Geraint Hopkins	Independent Member (Local Authority)
Ian Wells	Independent Member (Digital & Data)
Nicola Milligan	Independent Member (Trade Union)
Patsy Roseblade	Independent Member (Finance & Audit)
Helen Lentle	Independent Member (Legal)
Greg Dix	Executive Director of Nursing / Deputy Chief Executive
Gethin Hughes	Chief Operating Officer
Sally May	Executive Director of Finance
Philip Daniels	Executive Director of Public Health
Lauren Edwards	Executive Director of Therapies and Health Science
Hywel Daniel	Executive Director for People
Dom Hurford	Executive Medical Director

In Attendance:

Gareth Watts	Director of Corporate Governance / Board Secretary
Simon Blackburn	Director of Communications, Engagement and Fundraising
Victoria Wallace	Deputy Director of Strategy and Partnerships
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)
Abigail Harris	Chief Commissioner (Interim), NHS Wales Joint Commissioning Committee, NHS Wales Joint Commissioning Committee
Helen Tyler	Head of Corporate Governance, Joint Commissioning Committee
Stacey Taylor	Director of finance and information, Joint Commissioning Committee
Mark Jones	Finance Lead – Audit Wales
Steve Stark	Audit Wales

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to the meeting.

1.2 Apologies for Absence

Apologies for absence had been received from:

- Linda Prosser, Executive Director of Strategy & Transformation (V Wallace in attendance)
- Stuart Morris, Director of Digital

- Lynda Thomas, Independent Member (Corporate Business)
- Rachel Rowlands, Independent Member (Community)
- Anne Morris, Associate Board Member
- Sally Bolt, Associate Board Member
- Lisa Curtis-Jones, Associate Board Member
- Paul Worthington, Lay Member of the Joint Commissioning Committee (Due to technical difficulties)

1.3 **Declarations of Interest**

No Declarations of Interest were noted prior to or during the meeting.

2. **Annual Report and Accounts 2023-2024**

2.1 **CTMUHB Annual Report and Accounts 2023-2024**

G Watts presented and outlined the stages of development for the Annual Report & Accounts for 2023-2024 and advised Members that the report was endorsed at the Audit & Risk Committee held on 10th July 2024. Members noted that, if approved by the Board, the report would be submitted to Audit Wales following the meeting for the Auditor General to sign, and would then be laid by the Senedd.

G Watts recognised the efforts involved in the development of the annual report and thanked all colleagues involved.

G Watts noted that the Annual General Meeting will be held in September, where the formal presentation of the Annual Report will be undertaken.

S May provided an update in relation to the accounts highlighting a small number of misstatements which were identified since the submission of the draft accounts, noting these have been amended to the satisfaction of Audit Wales. Other minor corrections were also identified and the Board were assured that these had been resolved appropriately.

S May advised that the final version of the accounts were reviewed and endorsed by the Audit & Risk Committee on the 10th July 2024.

M Jones was invited to provide his audit opinion at this stage and he highlighted the following key points:

- Audit Wales' Audit of Accounts Report sets out that it is proposing to give an unqualified true and fair opinion, however, a qualified regularity opinion on the accounts;
- As previously highlighted to the Audit & Risk committee the opinion in respect of regularity of expenditure is qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2024, due to the reported deficit that occurred in 2022/23, which has led to an overspend over the three year period 2021/22 to 2023/24 of £24.2m;

- Recognised the success of the audit, which is reflected in the low number of corrections in comparison to the size of the organisation;
- Noted that final checks will be made on the morning of the 12th July prior to certification by the Auditor General;
- It is anticipated that the Annual Report and Accounts will then be laid by the Senedd either on the 12th July or the 15th July;
- Audit Wales will submit the Annual Report and Accounts to Welsh Government no later than midday on the 15th July 2024.

J Morgan recognised the efforts involved in the development of the annual report and the robust financial management throughout the year which has led to a successful unqualified opinion on the accounts. He expressed sincere thanks to all parties involved.

Resolution In concluding the item the Board agreed the following:

- **Approval** of the CTMUHB Annual Report & Accounts for 2023-2024 for onward submission to Welsh Government.
- **Approval** of the Letter of Representation
- **Authorisation** for the Chair, Chief Executive and Executive Director of Finance to sign (electronic signatures will be applied) the relevant sections of the Annual Report & Accounts and the Letter of Representation on behalf of CTMUHB.
- **Note** the Governance Statements and Accounts received from the Health Board's Hosted Organisations (2.1.1 – 2.1.5).
- **Note** formal presentation will be at the Annual General Meeting in September 2024.

2.1.1 WHSSC Draft Annual Governance Statement 2023-2024

Resolution The report was **Noted**.

2.1.2 WHSSC Draft Annual Governance Statement 2023-2024

Resolution The report was **Noted**.

2.1.3 National Collaborative Commissioning Unit Annual Governance Statement 2023-2024

Resolution The report was **Noted**.

2.1.4 National Imaging Academy Governance Compliance Statement 2023-24

Resolution The report was **Noted**.

2.1.5 WHSSC and EASC Annual Accounts 2023-2024

Resolution The report was **Noted**.

2.2 Head of Internal Audit Opinion and Annual Report 2023-2024

G Watts advised that the Head of Internal Audit Opinion and Annual Report for 2023-2024 was received at the Audit & Risk Committee on the 10th July, summarising the results of the internal audit work performed during the year and providing a 'Reasonable Assurance' to the Health Board.

Resolution The report was **Noted**.

2.3 Audit of the Financial Statements (ISA 260) Report (including the Letter Of Representation and Audit Opinion)

M Jones confirmed that there was no further comments he wished to add to those that he had already stated under item 2.1, other than to express thanks to CTMUHB colleagues for their support in the audit.

Resolution The report was **Noted**.

3. Any Other Business

3.1 No further items were identified.

4. Date and Time of the Next Meeting

4.1 The next meeting of the Board is scheduled for **Thursday 25 July 2024 at 9:00am in Conference Room 1, Coleg Y Cymoedd, Nantgarw Campus.**

5. Close

Rhif Eitem Agenda:

Cofnodion Cyfarfod Eithriadol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) a gynhaliwyd ddydd Mawrth 11 Gorffennaf 2024 wedi'i Ddarlledu'n Fyw drwy Microsoft Teams)

Aelodau yn Bresennol:

Jonathan Morgan	Cadeirydd
Paul Mears	Prif Swyddog Gweithredol
Kath Palmer	Is-gadeirydd
Carolyn Donoghue	Aelod Annibynnol (Prifysgol)
Dilys Jouvenat	Aelod Annibynnol (Trydydd Sector)
Geraint Hopkins	Aelod Annibynnol (Awdurdod Lleol)
Ian Wells	Aelod Annibynnol (Digidol a Data)
Nicola Milligan	Aelod Annibynnol (Undeb Llafur)
Patsy Roseblade	Aelod Annibynnol (Cyllid ac Archwilio)
Helen Lentle	Aelod Annibynnol (Cyfreithiol)
Greg Dix	Cyfarwyddwr Gweithredol Nyrsio / Dirprwy Brif Weithredwr
Gethin Hughes	Prif Swyddog Gweithredu
Sally May	Cyfarwyddwr Gweithredol Cyllid
Philip Daniels	Cyfarwyddwr Gweithredol Iechyd y Cyhoedd
Lauren Edwards	Cyfarwyddwr Gweithredol Therapiau a Gwyddorau Iechyd
Hywel Daniel	Cyfarwyddwr Gweithredol Pobl
Dom Hurford	Cyfarwyddwr Gweithredol Meddygol

Yn Bresennol:

Gareth Watts	Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd Bwrdd
Simon Blackburn	Cyfarwyddwr Cyfathrebu, Ymgysylltu a Chodi Arian
Victoria Wallace	Dirprwy Gyfarwyddwr Strategaeth a Phartneriaethau
Owen James	Pennaeth Cyllid Corfforaethol
Cally Hamblyn	Cyfarwyddwr Cynorthwyol Llywodraethu a Risg (Ysgrifenyddiaeth Cyfarfod)
Abigail Harris	Prif Gomisiynydd (Interim), Cyd-bwyllgor Comisiynu GIG Cymru, Cyd-bwyllgor Comisiynu GIG Cymru
Helen Tyler	Pennaeth Llywodraethu Corfforaethol, Pwyllgor Comisiynu ar y Cyd
Stacey Taylor	Cyfarwyddwr cyllid a gwybodaeth, Pwyllgor Comisiynu ar y Cyd
Mark Jones	Arweinydd Cyllid — Archwilio Cymru
Steve Stark	Archwilio Cymru

1 MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

Croesawodd y Cadeirydd bawb i'r cyfarfod.

1.2 Ymddiheuriadau am Absenoldeb

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth:

- Linda Prosser, Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid (V Wallace yn bresennol)

- Stuart Morris, Cyfarwyddwr Digidol
- Lynda Thomas, Aelod Annibynnol (Busnes Corfforaethol)
- Rachel Rowlands, Aelod Annibynnol (Cymuned)
- Anne Morris, Aelod Cyswllt o'r Bwrdd
- Sally Bolt, Aelod Cyswllt o'r Bwrdd
- Lisa Curtis-Jones, Aelod Cyswllt o'r Bwrdd
- Paul Worthington, Aelod Lleyg o'r Cyd-bwyllgor Comisiynu (Oherwydd anawsterau technegol)

1.3 Datganiadau o Fuddiant

Ni nodwyd datganiadau o fuddiant cyn nac yn ystod y cyfarfod.

2. Adroddiad Blynyddol a Chyfrifon 2023-2024

2.1 Adroddiad Blynyddol a Chyfrifon BIPCTM 2023-2024

Cyflwynodd G Watts ac amlinellodd y camau datblygu ar gyfer yr Adroddiad Blynyddol a'r Cyfrifon ar gyfer 2023-2024 a chynghorodd yr Aelodau bod yr adroddiad wedi'i gymeradwyo yn y Pwyllgor Archwilio a Risg a gynhaliwyd ar 10 Gorffennaf 2024. Nododd yr Aelodau, pe bai'r Bwrdd yn cael ei gymeradwyo, y byddai'r adroddiad yn cael ei gyflwyno i Archwilio Cymru yn dilyn y cyfarfod i'r Archwilydd Cyffredinol ei lofnodi, ac yna byddai'n cael ei osod gan y Senedd.

Roedd G Watts yn cydnabod yr ymdrechion a oedd ynghlwm wrth ddatblygu'r adroddiad blynyddol a diolchodd i'r holl gydweithwyr oedd yn gysylltiedig.

Nododd G Watts bod y Cyfarfod Cyffredinol Blynyddol yn cael ei gynnal ym mis Medi, lle bydd cyflwyniad ffurfiol yr Adroddiad Blynyddol yn cael ei gynnal.

Darparodd S May ddiweddariad mewn perthynas â'r cyfrifon yn tynnu sylw at nifer fechan o gamddatganiadau a nodwyd ers cyflwyno'r cyfrifon drafft, gan nodi bod y rhain wedi'u diwygio er boddhad Archwilio Cymru. Nodwyd mân gywiriadau eraill hefyd a sicrhawyd y Bwrdd fod y rhain wedi'u datrys yn briodol.

Cynghorodd S May fod fersiwn derfynol y cyfrifon yn cael eu hadolygu a'u cymeradwyo gan y Pwyllgor Archwilio a Risg ar y 10 Gorffennaf 2024.

Cafodd M Jones ei gwahodd i ddarparu ei farn archwilio ar hyn o bryd ac amlygodd y pwyntiau allweddol canlynol:

- Mae Adroddiad Archwilio Cyfrifon Archwilio Cymru yn nodi ei fod yn cynnig rhoi barn wir a theg anghymwys, fodd bynnag, barn rheoleidd-gymwys ar y cyfrifon;
- Fel yr amlygwyd yn flaenorol i'r pwyllgor Archwilio a Risg mae'r farn o ran rheoleidd-dra gwariant yn gymwys oherwydd nad oedd y Bwrdd Iechyd yn bodloni ei ddyraniad adnoddau refeniw dros y cyfnod tair blynedd a ddaeth i ben ar 31 Mawrth 2024, oherwydd y diffyg a adroddwyd a ddigwyddodd

yn 2022/23, sydd wedi arwain at orwariant dros y cyfnod tair blynedd 2021/22 i 2023/24 o £24.2m;

- Wedi cydnabod llwyddiant yr archwiliad, sy'n cael ei adlewyrchu yn y nifer isel o gywiriadau o gymharu â maint y sefydliad;
- Nodwyd y bydd gwiriadau terfynol yn cael eu gwneud ar fore'r 12 Gorffennaf cyn ardystio gan yr Archwilydd Cyffredinol;
- Rhagwelir y bydd yr Adroddiad Blynnyddol a'r Cyfrifon wedyn yn cael eu gosod gan y Senedd naill ai ar y 12 Gorffennaf neu'r 15 Gorffennaf;
- Bydd Archwilio Cymru yn cyflwyno'r Adroddiad Blynnyddol a'r Cyfrifon i Lywodraeth Cymru heb fod yn hwyrach na hanner dydd ar 15 Gorffennaf 2024.

Roedd J Morgan yn cydnabod yr ymdrechion ynghlwm wrth ddatblygu'r adroddiad blynnyddol a'r rheolaeth ariannol gadarn drwy gydol y flwyddyn sydd wedi arwain at farn ddi-gymhwyso llwyddiannus ar y cyfrifon. Mynegodd ddiolch diffuant i'r holl bartion dan sylw.

Penderfyniad Wrth gloi'r eitem cytunodd y Bwrdd ar y canlynol:

- **Cymeradwyo** Adroddiad Blynnyddol a Chyfrifon BIPCTM ar gyfer 2023-2024 i'w cyflwyno ymlaen i Lywodraeth Cymru.
- **Cymeradwyo** 'r Llythyr Cynrychiolaeth
- **Awdurdodi'r** Cadeirydd, y Prif Weithredwr a'r Cyfarwyddwr Gweithredol Cyllid i lofnodi (cymhwysir llofnodion electronig) adrannau perthnasol yr Adroddiad Blynnyddol a Chyfrifon a'r Llythyr Cynrychiolaeth ar ran BIPCTM.
- **Nodi'r** Datganiadau Llywodraethu a'r Cyfrifon a dderbyniwyd oddi wrth Sefydliadau sy'n Lletya y Bwrdd Iechyd (2.1.1 - 2.1.5).
- **Nodi** bydd cyflwyniad ffurfiol yn y Cyfarfod Cyffredinol Blynnyddol ym mis Medi 2024.

2.1.1 Datganiad Llywodraethu Blynnyddol Drafft WHSSC 2023-2024

Penderfyniad **Nodwyd** yr adroddiad.

2.1.2 Datganiad Llywodraethu Blynnyddol Drafft WHSSC 2023-2024

Penderfyniad **Nodwyd** yr adroddiad.

2.1.3 Datganiad Llywodraethu Blynnyddol Uned Gomisiynu Cydweithredol Genedlaethol 2023-2024

Penderfyniad **Nodwyd** yr adroddiad.

2.1.4 Datganiad o Gydymffurfiaeth Llywodraethu Academi Delweddu Genedlaethol 2023-24

Penderfyniad **Nodwyd** yr adroddiad.

2.1.5 Cyfrifon Blynnyddol WHSSC ac EASC 2023-2024

Penderfyniad **Nodwyd** yr adroddiad.

2.2 Barn Pennaeth Archwilio Mewnol ac Adroddiad Blynnyddol 2023-2024

Cynghorodd G Watts fod Barn y Pennaeth Archwilio Mewnol a'r Adroddiad Blynnyddol ar gyfer 2023-2024 wedi cael eu derbyn yn y Pwyllgor Archwilio a Risg ar y 10 Gorffennaf, yn crynhoi canlyniadau'r gwaith archwilio mewnol a gyflawnir yn ystod y flwyddyn a rhoi 'Sicrwydd Rhesymol' i'r Bwrdd Iechyd.

Penderfyniad **Nodwyd** yr adroddiad.

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

Cadarnhaodd M Jones nad oedd unrhyw sylwadau pellach yr oedd yn dymuno eu hychwanegu at y rhai yr oedd eisoes wedi'u nodi o dan eitem 2.1, heblaw mynegi diolch i gydweithwyr BIPCTM am eu cefnogaeth yn yr archwiliad.

Penderfyniad **Nodwyd** yr adroddiad.

3. Unrhyw Fusnes Arall

3.1 Ni nodwyd unrhyw eitemau pellach.

4. Dyddiad ac Amser y Cyfarfod Nesaf

4.1 Mae cyfarfod nesaf y Bwrdd wedi'i drefnu ar gyfer **dydd Iau 25 Gorffennaf 2024 am 9:00yb yn Ystafell Gynadledda 1, Coleg Y Cymoedd, Campws Nantgarw.**

5. Diwedd

Agenda Item

10.1.4

CTM Health Board

Board Committee Annual Reports

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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
Mental Health Act Monitoring Committee	05/06/2024	Endorsed for Board Approval
Planning, Performance & Finance Committee	25/06/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

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

2. Specific Matters for Consideration

- 2.1 The Mental Health Act Monitoring Committee received its Committee Annual Report during this period. This Committee Annual Report relates to the period April 2023 – March 2024 and is attached at Appendix 1 for Board approval.
- 2.2 The Planning, Performance & Finance Committee received its Committee Annual Report during this period. This Committee Annual Report relates to the period April 2023 – March 2024 and is attached at Appendix 2 for Board approval.
- 2.3 The Stakeholder Reference Group received its Annual Report during this period. This Annual Report relates to the period April 2023 – March 2024 and is attached at Appendix 3 for Board approval.

3. Key Risks / Matters for Escalation

- 3.1 There are no key risks for escalation to the Board.

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 (<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:

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
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
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>) /	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact
(People / Financial)

5. Recommendation

- 5.1 The Board is asked to **APPROVE** the following Board Committee Annual Reports for the period 2023/2024:
- Mental Health Act Monitoring Committee;
 - Planning, Performance & Finance Committee.
 - Stakeholder Reference Group

DRAFT

Mental Health Act (MHA) Monitoring Committee

Annual Report 2023-2024

MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE DRAFT ANNUAL REPORT 2023-2024

1. FOREWORD

I am pleased to present the Annual Report of the Mental Health Act Monitoring Committee for the period 2023-2024. The purpose of this report is to report formally on the work of the Committee for the year ending March 2024 in accordance with the Committee's Terms of Reference.

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

During August 2023 I took over as Chair of the Committee replacing Jayne Sadgrove, Health Board Vice Chair and Committee Chair whose term of office had come to an end.

I would like to extend my thanks to Mel Jehu, Independent Member, whose term of office came to an end in March 2024. I would like to extend my thanks to Mel who has been a Member of the Committee from its onset and who has played a pivotal role in the developing and maturity of the Committee with his expertise and knowledge.

We also welcomed Kath Palmer, Health Board Vice Chair who joined the Committee in November 2023.

The Committee has continued to foster and promote a culture of working in partnership with a view to service improvement for the Cwm Taf Morgannwg population. As Chair, I have ensured that the work of the Committee progresses in line with its Terms of Reference and also ensured that crossover work is seamless with the Mental Health Act Operational Group.

Geraint Hopkins
Chair, Mental Health Act (MHA) Monitoring Committee

2. INTRODUCTION

The MHA Monitoring Committee is chaired by an Independent Member and monitors the Health Board's compliance with the statutory requirements of the MHA. The Committee has continued to evolve with changes to report format and agenda content during the year.

As part of CTMUHB's commitment to openness and transparency, the meeting papers for this Board Committee are routinely published on the CTMUHB [website](#).

The Committee meets on a quarterly basis and, following each meeting, produces a highlight report which is then submitted to the next Board meeting to highlight key issues and risks.

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

The Committee considers:

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

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

3. MEMBERSHIP

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

Independent membership of the Committee during 2023-2024 was as follows:

Geraint Hopkins	Independent Member (Chair of Committee) (From August 2023)
Jayne Sadgrove	Health Board Vice Chair (Chair of Committee) (Until August 2023)
Dilys Jouvenat	Independent Member (From July 2023)
Kath Palmer	Independent Member (From November 2023)
Helen Lentle	Independent Member (From March 2024)
James Hehir	Independent Member (Until September 2023)
Mel Jehu	Independent Member

4. MEETINGS

The MHA Monitoring Committee met on four occasions during 2023/24 and its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The four dates on which it met during 2023-24 were as follows:

- 7th June 2023
- 6th September 2023
- 6th December 2023
- 6th March 2024

Mental Health Act Monitoring Attendance 2023-2024		7 June 2023	6 Sep 2023	6 Dec 2023	6 Mar 2024	Total
Jayne Sadgrove (Chair until August 2023)	Health Board Vice Chair	✓				
Geraint Hopkins (Chair from August 2023)	Independent Member	✓	✓	✓	✓	4/4
Dilys Jouvenat	Independent Member		✓	✓	✓	3/3
Kath Palmer	Health Board Vice Chair, Independent Member			✓	✓	2/2
Helen Lentle	Independent Member				✓	1/1
James Hehir (until September 2023)	Independent Member	✓	✓			2/2

Mel Jehu	Independent Member	✓	✓	✓	✓	4/4

All of the above meetings were quorate.

5. MAIN AREAS OF MHAM COMMITTEE ACTIVITY

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

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda
- Part 3 - Main Agenda
- Part 4 - Governance
- Part 5 - Improving Care
- Part 6 - Other Matters

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda

This section has included receiving the:

FOR APPROVAL

- Unconfirmed Minutes of previous Meetings
- Committee Annual Report

FOR NOTING

- Committee Annual Self-Assessment
- Annual Cycle of Business
- Terms of Reference
- Action Log

Part 3 - Main Agenda

This section has included reports throughout the year which included:

- Matters Arising not Contained within the Action Log

Part 4 - Governance

This section has included reports throughout the year which included:

- Organisational Risk Register

Part 5 – Improving Care

This section has included reports throughout the year which included:

- MHA Operational Group – Deep Dives
- MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
- Risks Relating to Monitoring of the MHA
- Crisis Care Concordat National and Local Update
- Strategic Update from South Wales Police
- Strategic Update from Local Authority Partners

Part 6 – Other Matters

This section has included reports throughout the year which included:

- Committee Highlight Report to Board
- Forward Work Programme
- Any Other Urgent Business

Policies for Approved by Committee;

- Consent to Treatment Procedure Section 58 & 58A-Code of Practice for Wales Chapters 24-25
- Community Treatment Order Protocol/Policy Mental Health Act 1983
- Section 5(2) Doctors Holding Power Policy Mental Health Act 1983
- Section (5(4) Nurses Holding Power Policy Mental Health Act 1983
- Joint Policy For Section 117 Mental health Act 1983 - Aftercare Arrangements
- Section 17 Mental Health Act Leave of Absence Policy & Procedure
- Section 132, 132A and 133 Patients Right to Information Policy
- Policy for Hospital Managers Scheme of Delegation Mental Health Act 1983

Other Reports Presented to Committee;

- Overview of the Mental Health & Learning Disabilities Care Group – Organisational Structure – Presentation
- 111 Performance
- Right Care, Right Person Update
- Power of Discharge – Sub Committee Update

Links with Other Committees/Boards

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

6. ACTION LOG

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

7. GOVERNANCE

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

8. ASSURANCE TO THE BOARD

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

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023-2024, there are effective measures in place to scrutinise and monitor the application of the MHA.



Planning, Performance & Finance (PPF) Committee

Annual Report 2023/24

PLANNING, PERFORMANCE & FINANCE (PPF) COMMITTEE ANNUAL REPORT 2023/24

1. FOREWORD

I am pleased to present the Annual Report of the Cwm Taf Morgannwg University Health Board, Planning, Performance & Finance (PPF) Committee for 2023-2024. The purpose of this report is to formally report on the work of the PPF Committee for the year ending 31 March 2024 in accordance with the Committee's Terms of Reference.

During the year my fellow Independent Members – Nicola Milligan, Carolyn Donoghue, Ian Wells, Geraint Hopkins and Dilys Jouvenat once again offered their considerable knowledge and wide-ranging experience to the Committee. We bid farewell to Mel Jehu, previous Chair and Vice Chair of the Committee in March 2024 and I would like to express my thanks and appreciation to Mel for his invaluable contribution to the Committee over the years.

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

In March 2024, the Committee extended a wider invitation to all Members of the Board who joined the meeting to ensure that there was a robust discussion and scrutiny of the Integrated Medium Term Plan and Annual Plan priorities.

The Annual Committee Cycle of Business was approved by the Committee at the meeting held in February 2024, which outlined the forward planning for the work of the Committee for 2024-2025.

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

Patsy Roseblade
Chair

2. INTRODUCTION

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

The Committee meets on a bi-monthly basis following the Strategic Leadership Group where the initial management debate / scrutiny / action is taken. The Committee Chair presents exceptional issues to the Quality & Safety Committee. There is also the opportunity to refer key risks back to the Strategic Leadership Group or through reports from Committee Chair at full Health Board meetings.

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

Key areas of activity for the Committee during 2023-2024 are outlined below:

- Active involvement in the development and approach to the 2024-2027 Integrated Medium Term Plan and Annual Plan.
- Routinely reviewed and scrutinised the Health Board's Integrated Performance Dashboard.
- Routinely reviewed and scrutinised financial performance, including the review of: the development of savings plans; budget setting; delivery of agreed savings plans including efficiency savings; and the Monthly Monitoring Returns to Welsh Government.
- Routinely reviewed and scrutinised the delivery of the Planned Care Recovery Programme.
- Routinely reviewed and scrutinised the organisational risks assigned to the Committee.

The Committee also received reports on the following:

- Enhanced Monitoring and Improving Care
- Spotlight on Mental Health – Activity & Performance Data
- Six Goals for Urgent and Emergency Care
- Mental Health 2022-23 Service Improvement Funding and Update
- Ophthalmology Strategy and Cataracts Business Case
- All Wales Reinforced Autoclaved Aerated Concrete (RAAC) Investigation

- Ophthalmology Improvement Plan
- Civil Contingencies and Business Continuity Annual Report 2022-23
- Manchester Arena Inquiry Recommendations Assurance Report
- Stretch Target Response (10,20,30) Verbal Update
- Capital Programme Update 2023-24
- Welsh Risk Pool Sharing Agreement
- Development of the 24/7 Stroke Service
- Expansion Plans for the Navigation Hub
- Estates Performance 2022-23 – Resetting the Baseline 2024-25
- Planned Care Trajectories for 2024-25
- Regional Diagnostic Hub Business Case Progress Update
- Business Case for Endoscopy Progress Update
- Capital Quarterly Update

The Committee also endorsed the following reports for Board Approval:

- Radiotherapy Informatics System Procurement (RISP) Business Case
- Implementation of Robotic Surgery within CTMUHB

3. MEMBERSHIP

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

The role of the Independent Member of the Committee is to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes. The tables below outline the membership of the PPF Committee during 2023/24:

Table 1 – Composition of Independent Members

Independent Member
Mel Jehu (Chair Until July 2023) (Vice Chair from July 2023)
Patsy Roseblade (Chair) (From July 2023)
Ian Wells (Until July 2023)
Nicola Milligan
Carolyn Donoghue (Vice Chair until June 2023)
Geraint Hopkins (Until July 2023)
Dilys Jouvenat (From July 2023)

3.1 MEETING ATTENDANCE

The Planning, Performance & Finance Committee met on seven occasions during 2023/24. The meeting due to be held on the 28th December 2023 was postponed to the 11th January 2024.

* An Extra Ordinary meeting was called on the 13th March 2024 for the Committee to receive an update on the progress in relation to the Integrated Medium Term Plan for 2024-27.

Name:	04/05/23	27/06/23	23/08/22	31/10/23	11/01/24	27/02/24	11/03/24*
Core Membership							
Mel Jehu	✓	✓	✓	X	✓	✓	X
Patsy Roseblade	✓	✓	✓	✓	✓	✓	✓
Ian Wells	✓	✓					
Nicola Milligan	✓	✓	✓	✓	✓	✓	✓
Carolyn Donoghue	✓	✓	X	✓	X	✓	✓
Geraint Hopkins	✓	✓					
Dilys Jouvenat			✓	✓	✓	✓	✓

4. MAIN AREAS OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format as outlined below:

- Preliminary Matters
- Consent Agenda
- Governance (Including the Organisational Risk Register)
- Improving Care (Performance Activity)
- Sustaining our Future (Finance Update Reports & Estates Update Reports)
- Forward Work Programme, Highlight Report, How did we do today? and items to be referred to other Committees

PART 1

Preliminary Matters

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

PART 2 – MAIN AGENDA

Planning

This section of the meeting reviews and monitors the process for the development of the Integrated Medium Term Plan (IMTP), scrutinises strategic or major service plans, monitors and scrutinise the efficient prioritisation of capital schemes, capital plans, capital programmes and business cases.

Performance

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

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

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

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

Finance

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

Items for exception reporting, information or update

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

Forward Work Programme and items to be referred to other Committees

Items for Information/Update

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

Forward Look

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

Links with Other Committees/Boards

The Directors on the Committee provide this linkage to the Operational Management Board, Strategic Leadership Board and Executive Leadership Board. Key risk areas from the Planning, Performance & Finance Committee were highlighted at the Quality & Safety Committee and/or full Board meetings by the Committee Chair.

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

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

During this period there were no referrals made.

5. ACTION LOG AND REPORTS TO BOARD

In order to monitor progress and any necessary follow up action, the Committee has developed an action log that captures all agreed actions. This has provided an essential element of assurance both to the Committee and

from the Committee to the Health Board. Following each meeting of the Committee a summary report is submitted to the next Board meeting to update all Board Members as to any decisions made, referrals to other committees or particular concerns the Committee had. These are available via our website.

6. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation and intends to develop its function still further in the forthcoming year. The Committee has an Annual Cycle of Business for each year which is approved at the first meeting of each year.

The Terms of Reference for the Committee were revised with minor amendments at the February 2023 meeting and approved by the Health Board in March 2023.

7. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via Microsoft Forms. This year's self-assessment will be completed following the June 2024 meeting and the outcome will be received at the August 2024 meeting.

8. CONCLUSION AND ASSURANCE TO THE BOARD

The Planning, Performance & Finance Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24 there are effective measures in place both to ensure the delivery of the key financial, planning and performance targets and to effectively scrutinise and monitor this important area. There are no outstanding issues that the Committee wishes to bring to the attention of the Board.

2023/24 Financial Position

The draft financial plan for 23/24 was submitted to Welsh Government on 31 March 2023. The draft plan identified a forecast deficit of £79.6m and Welsh Government confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to Welsh Government 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 included a £27.3m savings target which requires a significant step up in savings delivery compared to recent years.

During M7, Welsh Government 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, Welsh Government had given the Health Board a break even Control Total target for 23/24. This equates to further £8.4m 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 draft annual accounts position is reporting a surplus of £109k against the Revenue Resource Limit and a surplus of £34k against the Capital Resource Limit for 2023/24 (subject to audit review). The Health Board has therefore achieved the revenue break even control total Target set by Welsh Government for 2023/24.

Statutory Financial Duties

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

The Health Board **has not met** its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24 with a net deficit of £24.2m.

The Health Board **has met** its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24 with a net surplus of £0.1m.

The Health Board **has not met** its financial duty to have an approved plan for 2023/24.

2024/25 Financial Outlook

The Health Board submitted its initial financial plan to Welsh Government at the end of March 2024 indicating a financial break even position for 2024/25 through to 2026/27.

The Financial Plan submitted to WG for the financial year 2024/25 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2024	19.4	0	19.4
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
Total plan 23/24	(2.1)	2.0	(0.1)

The Financial Plan also identified a net risk to the planned break-even position of £9.4m.

	Total plan £m
Funding Risks:	
Outstanding 2023/24 Pay Award funding	2.6
Risk of 2024/25 Pay Award not being fully funded	TBC
Other Risks:	
Further Savings Plans required yet to be identified	3.3
Delivery Risk on identified savings plans	2.4
Cost Pressures in addition to those identified in the plan	7.9
Further industrial action	TBC
Total Risks	16.2
Opportunities:	
Balance sheet opportunities	(5.0)
Retrospective VAT recovery – Microsoft contract	(1.8)
Potential reduction in energy costs	TBC
Total Opportunities	(6.8)
Net Risk to Initial 2024/25 Financial Plan	9.4

Stakeholder Reference Group

Annual Report 2023-2024

1. FOREWORD

I am pleased to present the Annual Report of the Stakeholder Reference Group. The purpose of this report is to formally report on the work of the Committee for the year ending 31 March 2024 in accordance with the Committee's Terms of Reference.

Another challenging year particularly with the prevailing impact of the Covid 19 pandemic coupled with the cost of living crisis affecting communities. During this time, the Committee has continued to foster and promote a culture of working in partnership for the CTM population.

As Chair, I have ensured that the work of the Committee progresses in line with its Terms of Reference, which have been amended this year in response to the needs of the committee.

The programme of work delivered this financial year has spanned a number of themes including; Carers, Coproduction, Regional Eye Service, Stroke Services, the Neurodevelopment Service change proposal, Decarbonisation, Women's Health, Veterans and the Emergency Medical Retrieval and Transfer Service changes (EMRTS).

Meetings featured presentations from CTMUHB, Local Authorities and the third sector across RCT, Merthyr and Bridgend, highlighting a partnership approach to regional working.

An effectiveness survey was undertaken during the year, the responses to which were used to inform the delivery going forward including a change in the communication report format and meetings moving from bi-monthly to quarterly.

Membership vacancies were filled as we said goodbye to some members and welcomed others. Two members came forward to share the Vice Chair role and it is my thanks I send to them for successfully chairing the November meeting in my absence.

2024-25 will see a welcome return to meeting face to face with our first meeting providing an opportunity to get to know one another and plan the year ahead.

I would like to express my thanks to all the officers of the Health Board, Local Authorities and third sector organisations who have supported and contributed to the work carried out.

Anne Morris –Chair of Stakeholder Reference Group

2. INTRODUCTION

The Stakeholder Reference Group is chaired by the Deputy Chief Executive of Interlink. The work of this Committee, including its Terms of Reference, were reviewed and refreshed 12th October 2023. The Committee has continued to evolve with changes to report format and agenda content during the year.

The Committee has been meeting on a bi-monthly basis and a decision was made following an Effectiveness Survey that the Committee would meet from April 2024, 4 times per year plus 1 additional meeting as required. Following each meeting, a Chair's Highlight Report is produced which is then submitted to the next Board meeting to highlight key issues and risks.

The purpose of the committee 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.

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

3. MEMBERSHIP

The membership of the Stakeholder Reference Group comprises of members from within the health board and includes involvement from a range of bodies and groups operating within the communities serviced.

Independent membership during 2023-24 was as follows:

- Anne Morris – Chair and County Volunteer Councils Representative (RCT)
- Third sector Representative (RCT)
- Third sector Representative (Bridgend)
- Patient Representative (CTUMHB)
- Carer Representative (Merthyr Tydfil)
- Carer Representative (RCT)
- Carer Representative (Bridgend)

- County Volunteer Councils Representative (Merthyr Tydfil)
- County Volunteer Councils Representative (Bridgend)
- Carer Forum Wales Independent Sector Representative
- Local Authority elected Member (Merthyr Tydfil)
- Local Authority elected Member (RCT)
- Local Authority elected Member (Bridgend)
- Local Authority member (Merthyr Tydfil)
- Local Authority member (RCT)
- Older Person's Representative (Merthyr Tydfil)
- Older Person's Representative (RCT)
- Older Person's Representative (Bridgend)
- WAST Representative

There are some vacancies within the committee for independent members as follows:

- Third sector representative (Merthyr Tydfil) – currently awaiting new representative via Voluntary Action Merthyr Tydfil from their Third Sector Leaders Forum.
- Town Council Representative – currently awaiting new representative via 'One Voice Wales'.
- Local Authority Member Bridgend

Action is underway to seek replacement nominees and regular meetings will be held between SRG Secretariat and Chair to monitor updates on this process.

4. MEETINGS

The Stakeholder Reference Group has met bi-monthly and the committee met on six occasions during 2023/24, on the following dates:

- 13th April 2023 (reported to the Board on 25th May 2023)
- 8th June 2023 (reported to the Board on 27th July 2023)
- 19th August 2023 (reported to the Board on 28th September 2023)
- 12th October 2023 (reported to the Board on 30th November 2023)
- 7th December 2023 (reported to the Board on 25th January 2024)
- 8th February 2024 (reported to the Board on 28th March 2024)

The SRG agenda covers a breadth of themes and opportunities for engagement covering the whole remit of the health board, including a sample as below:-

- Veterans

- CAHMS – Schools in Reach
- Engagement Service Change Proposal Neurodevelopmental Services for Children & Young People in Bridgend & regular updates.
- ASD Rainbows (Third Sector)
- Engagement Emergency Medical Retrieval & Transfer Services (EMRTS) (April 2023)
- Women's Health
- CTM 2030
- CTM Estates Decarbonisation
- IMTP overview and regular updates
- Self Effectiveness Survey
- Stroke Services Update and Engagement
- Self Effectiveness Survey & Findings
- Stroke Services Update & Engagement
- Regional Partnership Board Engagement & Coproduction
- Neurodevelopmental Improvement Programme Update
- Regional Eye Services Engagement
- Emergency Medical Retrieval & Transfer Service Review (EMRTS) Phase 3 Engagement (February 2024)
- Carers

Stakeholder Reference Group	13 April 2023	8 June 2023	10 August 2023	12 October 2023	7 December 2023	8 February 2024
Chair / CVCs (RCT)	✓	✓	✓		✓	✓
Patient Representative (CTMUHB)		✓	✓			
Patient Representative (Bridgend)						
Third sector representative (RCT)						
Third sector representative (Bridgend)					✓	
CVCs Representative (Merthyr Tydfil)			✓	✓	✓	✓

CVCs Representative (Bridgend)		✓	✓	✓		✓
Carer Forum Wales Representative						
Local Authority elected Member (Merthyr Tydfil)		✓				
Local Authority elected Member (RCT)			✓			
Local Authority elected Member (Bridgend)	✓	✓	✓		✓	✓
Local Authority elected Member (Bridgend) (2)	✓	✓		✓		✓
Local Authority Member (Merthyr Tydfil)	✓			✓		
Local Authority Member (RCT)	✓	✓		✓		✓
Local Authority Member (Bridgend)						
Older Person's Representative (Merthyr Tydfil)	✓	✓	✓	✓		✓
Older Person's Representative (RCT)				✓		✓
Older Person's Representative (Bridgend)						✓
WAST Representative						
Town Council Representative						
CHC/Llais Representative	✓		✓	✓	✓	✓
Independent Sector Representative, Carers Forum Wales	✓			✓	✓	✓
Carers Representative RCT	✓	✓	✓		✓	✓
Carers Representative Bridgend					✓	✓
Carers Representative Merthyr						✓

Total Members in attendance		9	9	9	9	9	14

The Committee's Terms of Reference were reviewed and approved by the Committee at its 12th October 2023 following going to Health Board 28th September 2023 with amendments referencing Llais instead of Community Health Council. For completeness, this Annual Report provides a link to the Standing Orders and Terms of Reference at **Appendix 2**.

5. MAIN AREAS OF SRG COMMITTEE ACTIVITY

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

- Part 1 - Preliminary Matters
- Part 2 - Items for Discussion
- Part 3 - Items for Information
- Part 4 - Other Matters

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB. This includes welcome and apologies, declarations of interest and minutes of the previous meeting which are agreed by members as a true and accurate record.

Part 2 - Items for Discussion

This section has included engagement around service changes, receiving updates and presentations from an array of speakers, actively engaging with SRG members on health board and wider community issues.

Part 3 - Items for Information

This section has regularly brought the SRG forward work programme to members' attention, to note the contents of the work programme. Members have been encouraged to suggest future topics for consideration and discussion at SRG Meetings (including providing details of engagement and consultations that members can be involved in outside of the meeting).

Part 4 - Other Matters

This section allows members of the committee to highlight any other business that they wish to discuss.

Links with Other Committees/Boards

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

6. ACTION LOG

In order to monitor progress and any necessary follow-up action, the Committee captures actions in the minutes that are produced, that captures all agreed actions and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

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

8. ASSURANCE TO THE BOARD

Through the structure of highlight reports and feedback to the board, the SRG provides assurance that stakeholder groups have;

- Been able to undertake early engagement and involvement in the determination of the UHB's overall strategic direction, for example, the SRG received updates on the development of the Integrated Medium Term Plan. Engagement around EMRTS proposed service changes, Regional Eye Services, Regional Stroke Services.
- Provided advice and feedback from the perspective of patients and wider stakeholders 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.

The SRG wishes to assure the Board that through the process of the effectiveness survey, the group will continue to develop and scrutinise its' approach.

Appendix 2 – Please find below a link to the Standing Orders and the Stakeholder Reference Group Terms of Reference on Mura.

[Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/standing-orders-and-standing-financial-instructions-cwm-taf-morgannwg-university-health-board)

Agenda Item

10.1.5

CTM Health Board

Duty of Quality Annual Report

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Richard Hughes, Deputy Executive Director of Nursing
	Nigel Downes, Assistant Director Quality & Safety
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Deputy Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director Lauren Edwards, Executive Director of Therapies Health Sciences

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	15/07/2024	Endorsed

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 requires that Welsh NHS Bodies publish an annual report on the duty of quality capturing the steps they have taken to comply with the duty.
- 1.2 This is the first Duty of Quality Annual Report produced by CTMUHB and captures the period 2023-2024.

2. Specific Matters for Consideration

- 2.1 This annual report aims to inform the reader on how Cwm Taf Morgannwg University Health Board (CTMUHB) have implemented the duty of quality within the organisation.

The annual report is divided into the following sections:

- Chapter 1—Quality Framework within CTMUHB—this section aims to provide information on the quality arrangements and structures established within CTMUHB.
- Chapter 2—Summary of Achievements—this section will demonstrate the progress CTMUHB have made in implementing the duty.
- Chapter 3—Our plans for the future—this chapter will outline how CTMUHB continues to strive to embed duty in all aspects of our service.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to the detail captured within the annual report included at Appendix 1.

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: All strategic goals apply.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: All strategic areas apply.
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))	Culture and Valuing People
	If more than one applies please list below: 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))	Effective
	If more than one applies please list below: All domains of quality apply – please see chapter 2 of the annual report captured at Appendix 1.
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 for an annual report.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for an annual report.
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) /	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact
(People / Financial)

5. Recommendation

5.1 The Board are asked to **APPROVE** the Duty of Quality Annual Report.



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Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg University Health Board

Duty of Quality Annual Report 2023-2024



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1. What this Duty of Quality Annual Report will tell you

This annual report aims to inform the reader on how we at Cwm Taf Morgannwg University Health Board (CTMUHB) have implemented the Duty of Quality within the organisation.

The annual report is divided into the following sections:

Chapter 1—Quality Framework within CTMUHB: This section aims to provide information on the quality arrangements and structures established within CTMUHB.

Chapter 2—Summary of Achievements: This section will demonstrate the progress we have made in implementing the duty.

Chapter 3—Our plans for the future: This chapter will outline how we will continue to strive to embed the duty in all aspects of our service.

2. About Cwm Taf Morgannwg University Health Board (CTMUHB)

CTMUHB was formed on 1 April 2019. It provides and commissions a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf, and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices, and Community Pharmacy), health centres, and community health teams.

The resident population of CTMUHB was estimated at 444,037 (StatsWales Welsh Government, November 2023). The region has high levels of deprivation, with 56.5% of the population living in the two most deprived fifths in Wales (WIMD 2019 with populations from ONS, 2020). The highest levels of deprivation lie mainly in the valleys to the north of the CTMUHB area.

CTMUHB employs 11,251.78 whole-time equivalent (WTE) staff, with a headcount of 12,789. A significant percentage of our workforce lives within CTMUHB's area, making our staff not only the core of our organisation but also representatives of the diverse communities that we serve.

CTMUHB is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the CTMUHB boundary through the Joint Commissioning Committee.

Further information about CTMUHB is available on our website: [Home - Cwm Taf Morgannwg University Health Board \(NHS.wales\)](https://www.nhs.uk/healthboards/cwm-taf-morgannwg-university-health-board/)

3. Foreword

It is with pleasure that we introduce the first Duty of Quality Annual Report for 2023-2024 by CTMUHB, which summarises CTMUHB's progress in improving the quality of its services and population outcomes over the past year.

As outlined in CTMUHB's Quality Strategy for 2022-2025, our quality vision is to improve health and well-being, deliver better care, and offer better value across the diverse communities that we serve. We want to be considered an outstanding organisation by everyone: the people who use our services, their families and carers, our colleagues, our communities, and our partners.

This annual report reflects upon the Duty of Quality, which applies to all staff in NHS Wales, whether they work in clinical roles or non-clinical services.

The Duty of Quality aims to:

- Improve the quality of health services;
- Help people in Wales to have more years in good health;
- Listen more to people and patients and act on what is shared.

We need to ensure services are safe and reliable for everyone using them by meeting 12 new Health and Care Quality Standards (see below). These standards are part of the Duty of Quality brought in on 1 April 2023. The 12 standards are made up of six domains of quality (a domain is a particular area or things we want to have good quality health care):



As the Executive Director Lead for Quality and Safety, I aim to advance our commitment to placing quality at the heart of everything we do. I would like to thank you for taking the time to read this annual report, which I hope you find informative, interesting, and demonstrative of our quality ambitions.



Greg Dix

Executive Director of Nursing / Deputy Chief Executive

4. Chapter 1 – Quality Framework within CTMUHB

Defining Quality

We describe quality using the framework outlined by the Institute for Healthcare Improvement.

CTMUHB is committed to supporting the vision articulated in *A Healthier Wales* (WG, 2018): everyone in Wales should have longer, healthier and happier lives. **A clear and sustained focus on quality will help us to achieve this for the benefit of our people and our communities.**

However, defining quality alone does not guarantee success. We know that great care does not happen by accident but by design and from a commitment to working together. Key to the delivery of our plans is a *Quality Management System* approach to embed a culture where people listen, think, feel, and act 'quality'—promoting openness and learning, continuous improvement, and service transformation.

When considering quality in CTM, we focus on **people, patients, and places**.

Quality Strategy

CTMUHB has an established Quality Framework supported by a Quality Strategy for 2022-2025. Our Quality Strategy supports us to build on our achievements to date and deliver the best quality care in collaboration with our people and our communities.

The vision, Mission and pledge as set out in our Quality Strategy are outlined below:

Our Quality Vision

We want to improve health and well-being and deliver better care and better value across the diverse communities that we serve.

We want to be considered an outstanding organisation by everyone – people who use our services, their families and carers, our colleagues, our communities, and our partners.

Our Quality Mission

For our excellent people to deliver high-quality care to every person, every day, in every setting.

Our Quality Pledge

We will continuously improve by working in partnership and placing people at the centre of our work so that we can consistently deliver high-quality care for everyone.

Cwm Taf Morgannwg University Health Board Quality & Safety Framework 2022-2025

The Quality & Safety Framework (2022-2025) aimed to set out the need for a robust quality management system to implement effective change and improve care delivery. The Health and Social Care (Quality and Engagement) Act 2020 reinforces a quality-led approach in Wales by strengthening the Duty of Quality and Duty of Candour for the NHS and establishing a Citizen Voice Body to amplify public input. This legislation and the

need to demonstrate learning and recovery from COVID-19 drove the development of the Quality and Safety Framework. The framework and duties ensure that the NHS in Wales prioritises quality and safety in decision-making and service design for the population.

In the autumn of 2024 and early 2025, CTMUHB will develop an updated Quality & Safety Framework to guide the next phase of its operations. This framework will provide a roadmap for the organisation's future, building on the successes and lessons learned from previous stages.

The new framework will focus on:

- Enhancing quality standards and patient safety measures.
- Promoting continuous improvement and innovation.
- Aligning with evolving healthcare best practices and regulations.
- Engaging stakeholders, including staff, patients, and the community.

By proactively developing this framework, CTMUHB aims to position itself for success in the coming years and ensure that it continues to deliver high-quality, safe, and effective healthcare services to the community.

Quality Improvement in CTM

Over recent years, CTM has experienced significant changes and challenges relating to quality and the COVID-19 pandemic. Our organisation recognises the ongoing challenges that we face. We are committed to improving quality and have a dedicated improvement directorate (iCTM).

The iCTM directorate builds capacity for change across our organisation, coordinates improvement and innovation activity, and engages with our colleagues, patients, communities, and partners to drive the adoption and spread of the most impactful improvement and innovation options. This work is underpinned by the principles of Prudent and Value-Based Healthcare and co-creation.



This commitment to providing ALL our people with the knowledge, skills and support to make changes will drive quality improvement initiatives throughout CTM.

Quality Monitoring and Performance

Our Quality Strategy, structured around the six dimensions of quality for 2022-2025, sets out our quality ambitions and goals. We have engaged stakeholders to ensure that these align with their views and priorities.

Each year, we devise an **Annual Quality Work Plan to focus our efforts on delivering quality objectives**. The identification of these annual objectives is data-driven and risk-stratified to ensure a targeted approach to improving quality.

As an organisation, we will monitor and report our progress against the quality objectives that we have committed to achieving. We will do this at regular intervals and adapt our plans based on progress and learning.

Within CTM, we ensure that our **quality performance monitoring is 'always on'**. Our quality management system will ensure that quality performance data is readily available to provide rapid identification and response to early warning indicators.

Quality and safety are everyone's business, but senior accountability and responsibility have been strengthened within CTM through the collective responsibility shared across our four clinical Executive Directors. Our operating model ensures clearly defined structures for quality governance across the Care Groups, and professional groups have identified quality leads.

The CTM Quality and Patient Safety Governance Framework defines responsibilities from the service to the Executive levels. Our Incident Reporting and Management Framework offers clarity to ensure adequate reporting and learning from incidents. Our Listening and Learning Framework ensures that we actively seek feedback, positive or negative, as we see this as an opportunity to learn and improve quality. Resources have been strengthened by introducing strategic roles to support quality and patient safety within the nursing management team; Allied Health, Health Science and Pharmacy; and the office of the Medical Director.

CTM has established a well-defined quality governance structure, with the Quality and Safety Committee receiving assurance and scrutinising quality, patient safety, and patient experience.

In addition to the Quality and Safety Committee, an Executive Director-led Quality and Patient Safety meeting is held each week, where an 'At-A-Glance' dashboard of quality-related matrices is presented to facilitate a timely review of the previous week's quality performance. The Director of Improvement and Innovation attends this meeting so that any themes and trends are used to inform improvement interventions via CTM.

The Quality Performance Dashboard is received at all regular public meetings of the Quality & Safety Committee and Public Board meetings and is available here: <https://ctmuhb.nhs.wales/about-us/our-board/board-meetings-papers/>

Our Quality Governance Journey

In response to identifying weaknesses in governance around quality governance arrangements, Health Inspectorate Wales (HIW) and Audit Wales (AW) undertook an urgent review, initially published in November 2019. A report published in May 2021 details progress made since the original 2019 review. A further follow-up review was undertaken in March 2023, and the key findings from the "CTMUHB – Quality Governance Arrangements Joint Review Follow-Up – August 2023" are captured below:

- "The Health Board has made significant progress in addressing the substantial concerns and recommendations in our 2019 report.
- As part of our work, we reviewed the Health Board's arrangements for overseeing the implementation of our 2019 recommendations and delivering the required improvements to maternity and neonatal services. We found that the Health Board's arrangements were adequate and transparent. Senior Executives and Independent Members have been fully involved, providing a good balance of support, scrutiny, and

challenge. The Health Board has also ensured that staff and other stakeholders have been informed of ongoing progress.

- The Health Board has a stronger strategic focus on quality and patient safety than 2019. The Health Board's new three-year Quality Strategy clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. It also sets out the Health Board's approach to quality and what success will look like. The strategy and the new three-year Quality and Patient Safety Framework provide a good foundation to support the delivery of the new Duty of Quality and Duty of Candour, which came into effect in April 2023. At the time of our work, the Health Board was developing an Annual Quality Work Plan to set out the quality objectives to support the delivery of the strategy. Whilst this is a positive development, finalising the plan at pace must remain a priority for the Health Board to ensure corporate and operational teams fully understand their role in delivering the quality ambitions and goals of the organisation. The Health Board also needs to put robust arrangements in place to monitor the delivery of the plan and strategy to ensure they are improving quality outcomes as intended".

The full report is available here: [Cwm Taf Morgannwg University Health Board - Quality Governance Arrangements Joint Review Follow-up \(audit. wales\)](#)

No further follow-up reviews are planned. Progress against any remaining recommendation actions will be monitored through self-assessment and the Audit Tracker received by the Audit & Risk Committee.

5. Chapter 2 – Summary of our achievements

Enhancing Quality of Care

CTMUHB has made several improvements and developments, some of which will be outlined within this report, to improve the quality of service provided to patients, families, and service users. These improvements align with the Duty of Quality legislation and aim to enhance the overall experience for those who rely on CTMUHB's services.

Key Developments

- CTMUHB has implemented several initiatives, including those included in this report, to ensure compliance with the Duty of Quality requirements.
- These changes focus on improving the quality of care and service delivery across various departments and programs.
- CTMUHB has made a concerted effort to identify areas for improvement, such as CTMUHB's concerns process, and has taken proactive steps to address them.

Improved Patient Experience

- The changes made by the CTMUHB are designed to enhance the overall experience for patients, families, and service users.
- By prioritising quality of care, CTMUHB aims to provide a more personalised, efficient, and effective service to those in need.
- Patients should expect high-quality care that meets their needs and preferences.

Commitment to Excellence

- CTMUHB is committed to providing its patients and community the best possible care and service.
- By implementing these changes and developments, the board demonstrates its dedication to meeting legislative requirements and exceeding expectations.
- CTMUHB's focus on quality of care provides evidence of its commitment to continual improvement and its desire to impact the lives of those it serves positively.

This annual report will summarise CTMUHB's progress in enhancing the quality of its services and population outcomes over the past year. The report will focus on progress across the six key quality domains:

1. Safe
2. Timely
3. Effective
4. Efficient
5. Equity
6. Person Centred

Safe

Infection Prevention and Control

Healthcare-Associated Infections

The Welsh Government sets annual targets for Health Boards in Wales to reduce healthcare-associated infections (HCAIs). These targets are based on five key surveillance organisms: *Clostridioides difficile*, MRSA, MSSA, *E. coli*, and *Pseudomonas aeruginosa*.

The Infection Prevention and Control (IPC) team produces monthly infographics for each care group to monitor progress and trends. In the most recent financial year, CTMUHB achieved its HCAI improvement goal for *Pseudomonas aeruginosa*. Additionally, reductions were observed in MSSA and *E. coli* bacteraemia compared to the previous year.

The Welsh Government's strategy for dealing with HCAIs aims to change the culture across all healthcare organisations to one in which no preventable HCAI is tolerated. This involves strengthening leadership at all levels to improve infection prevention and control (IPC) and antimicrobial stewardship and measuring success in eliminating preventable HCAIs.

The Infection Prevention and Control Team investigates all preventable infections, and multidisciplinary meetings are held to identify learning to inform practice and influence patient care. These are widely shared.

A significant proportion of infections are deemed to be community-acquired, and there will be a focus in 2024 to restructure the IPC Team to meet the demands of the CTM population. Clinical engagement is critical to introduce targeted interventions to improve patient care.

The Board approved the Infection Prevention and Control Strategy in May 2024, the development of the CTM IPC Strategy 2024/27 exemplifies our commitment to inclusive, collaborative decision-making. Through interviews, group discussions, and iterative refinement, we have crafted a strategic roadmap that reflects the collective wisdom of our diverse stakeholder community. As we embark on implementation, we remain dedicated to collaboration, agility, and continuous improvement, ensuring the successful execution of our strategic objectives in the dynamic landscape of intellectual property and commercialisation. A copy of the IPC Strategy is available here: [30 May 2024 - Cwm Taf Morgannwg University Health Board \(NHS.wales\)](#)

Acute Respiratory Infections (ARI)

CTMUHB realigned its testing strategy in response to the revised national framework, widespread vaccination, and changing public health conditions. The winter months they proved challenging due to increased Acute Respiratory Illness (ARI), including COVID-19, Influenza, and other respiratory pathogens. Hospital admissions with ARI peaked, and hospitals operated at maximum capacity, further complicated by staff sickness.

The Infection Prevention and Control (IPC) Team managed individual cases of ARI and infection outbreaks, but decisions to close wards were often overruled. A risk-based approach was adopted to maintain patient flow through the hospitals.

Point-of-care testing was introduced in the acute hospital sites' Emergency departments and paediatric wards to inform patient management.

A new COVID-19 variant was identified during the summer, and its impact on transmissibility and severity is being monitored.

Decontamination

A decontamination officer has been appointed to lead the decontamination efforts at CTMUHB. An external audit conducted last year provided reasonable to substantial assurance regarding the decontamination arrangements, processes, and systems across CTMUHB. The plan is underway to centralise endoscope decontaminating at the Princess of Wales Hospital.

Pressure damage

Reducing the pressure, PCH ICU

The Intensive Care Unit (ICU) at Prince Charles Hospital has significantly improved its ability to prevent device-related pressure ulcers in adult patients. This initiative, led by ICU staff nurses, focused on increasing staff knowledge and implementing preventive measures.

The project was initiated following an audit that revealed 13 pressure ulcers reported over eight months due to medical devices, averaging 1.6 monthly pressure damage incidents. Recognising the severity of this issue, two ICU nurses attended the Health Board's Pressure Ulcer Prevention training and became Pressure Ulcer Champions. They also participated in weekly Scrutiny panel sessions, highlighting a knowledge gap among staff regarding preventing device-related pressure ulcers.

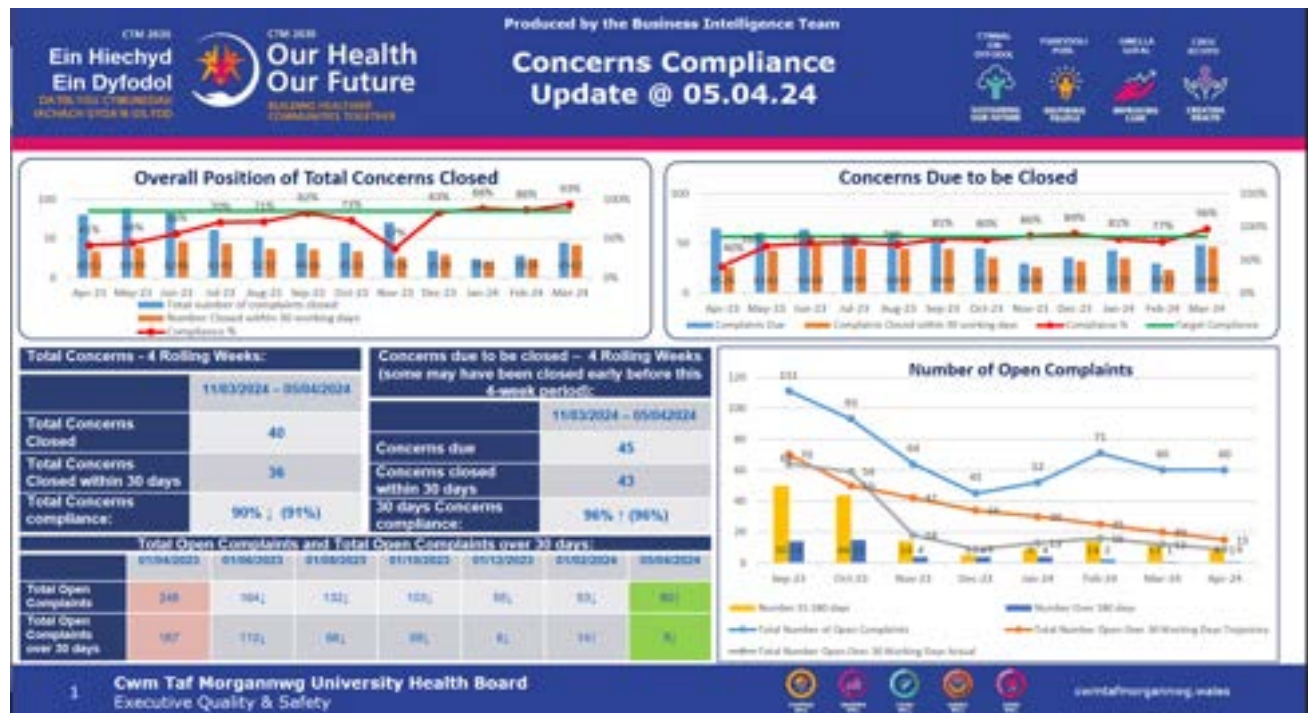
To address this, the team developed educational materials in collaboration with Tissue Viability Nurses, Professional Development Nurses, and Equipment Co-ordinators. These included two informative posters and a quick reference booklet containing up-to-date information on preventing, treating, and managing pressure ulcers. The materials were piloted in the ICU and are set to be launched in other areas of Prince Charles Hospital.

The effectiveness of this initiative was evident in the results of staff surveys conducted before and after implementing these resources. In January 2023, only 7% of ICU nurses could identify pressure damage caused by medical devices. By September 2023, this figure had increased to 56%, demonstrating a significant improvement in staff knowledge. More importantly, the incidence of device-related pressure ulcers within the ICU decreased from 1.6 to 0.4 per month over five months following the launch of the educational poster.

This project has increased staff knowledge and, potentially improved patient outcomes and reduced hospital stays. The success of this initiative has prompted plans for further

improvements, including developing quick guide posters for preventing pressure and moisture-associated skin damage, facilitating additional Pressure Ulcer Prevention training, and creating an easy-access trolley with necessary equipment and dressings.

The ICU team's efforts demonstrate that device-related pressure ulcers in critically ill patients can be significantly reduced through targeted education and prevention strategies. This successful model has the potential to be shared with other ICUs and clinical areas throughout the Health Board, contributing to overall improvements in patient care and outcomes.



Community Pressure Ulcer Collaborative

The Community Acquired Pressure Ulcer Safety Collaborative, initiated in Spring 2021, has made significant strides in addressing the challenges posed by pressure ulcers (PU) in CTMUHB. This collaborative effort, partnering with the Welsh Wound Innovation Centre (WWIC), has yielded several key achievements. Three teams successfully participated in the collaborative, focusing on diverse aspects of pressure ulcer prevention: Parc Canol District Nursing Team improved education for carers and agencies, Ward C3 in Ysbyty Cwm Rhondda Hospital implemented yellow wristbands to identify at-risk patients, and the Foundry Team developed a community-focused PU prevention leaflet. The collaborative fostered idea-sharing, peer support, and training delivery, despite challenges in data collection and workforce pressures.

WWIC conducted a detailed analysis, identifying 8 key workstreams to address PU issues. This comprehensive approach included data analysis to identify gaps, a PU baseline assessment in two community hospitals, a staff knowledge survey on PU prevention, a review of PU reporting and learning panels, and an evaluation of critical processes related to PU management. A collaborative prevalence survey with Arjo revealed important insights: 15.3% of patients in community hospitals had PU, with 64.7% developing them

in the hospital. Most PU were superficial, but some patients had severe full-thickness PU. Prolonged sitting times were identified as a significant risk factor, and staff with training or who completed the CTMUHB PU workbook demonstrated higher prevention knowledge.

Based on these findings, several recommendations were made to improve PU prevention and management. These include enhancing communication through digital records and improved information sharing, standardising equipment ordering and maintenance processes, improving scrutiny panel feedback and learning dissemination, strengthening collaboration with local authority and private care agency staff, developing strategies to encourage patient concordance with treatment, and implementing targeted training and education initiatives. Establishing an overarching pressure damage steering group in July 2024 marks a significant step towards implementing these recommendations and improving pressure ulcer care across CTMUHB.

Children and Families Care Group: Improving our services

The 2023-2024 period has been a significant year of progress and achievement for the Maternity and Children's Services at CTMUHB. The health board has made substantial strides in enhancing the quality and safety of its maternity and neonatal services, culminating in the de-escalation from targeted intervention to improved monitoring. This milestone reflects the sustained improvements and the health board's commitment to providing high-quality care for women and newborns across its facilities.

One critical success has been the implementation of the Maternity and Neonatal Improvement Programme, which has focused on addressing the recommendations from previous independent reviews. The programme has seen the establishment of dedicated Mat/Neo safety officers, the collection and analysis of thematic responses, and the publication of comprehensive reports. These efforts have been supported by regular site visits and collaborative meetings between senior leads and frontline staff, ensuring the improvements are well-integrated and effective across the board.

The positive outcomes of various inspections and reviews further evidence the health board's commitment to quality and safety. The Healthcare Inspectorate Wales (HIW) conducted unannounced inspections at the Tirion Birth Centre and Prince Charles Hospital, concluding that the staff are providing safe and effective care. The inspections highlighted the hard work and dedication of the staff at all levels, contributing to a positive experience for women and birthing people. These findings have reinforced the health board's reputation for delivering high standards of care.

In addition to structural and procedural improvements, patient engagement and feedback have been integral to the ongoing enhancement of services. The health board has actively sought patient-reported outcome measures (PREMS) through various phases of pregnancy and post-birth, achieving a good response rate and valuable insights. This feedback has been crucial in ensuring that the services are responsive to the needs and experiences of women and their families, fostering a culture of continuous improvement and patient-centred care.

Overall, the 2023-2024 period has marked a transformative phase for CTMUHB's Maternity and Children's Services. The successful de-escalation from targeted intervention, the positive inspection outcomes, and the robust engagement with patients all underscore the health board's dedication to quality and safety. These achievements reflect the staff's hard work and commitment and set a strong foundation for continued excellence in maternity and neonatal care in the years to come.

Improved Complaint Management

Over 2023-2024, CTMUHB has made significant progress in managing complaints more effectively. Here are the key improvements:

April 2023 Baseline

- There were 246 open complaints across CTMUHB.
- 167 out of the 246 complaints were open for over 30 working days.
- The compliance with the Welsh Government target of closing 75% of complaints within 30 working days was only 41% for April 2023.

March 2024 Improvements

- The number of open complaints across CTMUHB decreased from 246 to 60.
- Only 9 of the 60 complaints were open for over 30 working days.
- The compliance with the 30-working day target for closing complaints reached 93% in March 2024.

These improvements can be attributed to a change in the complaint management process, the challenge being met by the Care Groups, and targeted efforts throughout the year. CTMUHB has made significant strides in reducing the backlog of open complaints and improving the timeliness of complaint resolution.

CTMUHB has made significant improvements in complaint management over the past year. These enhancements can be attributed to several key factors:

- **Change in Complaint Management Process**

The Concerns Team implemented changes which streamlined and optimised their complaint management procedures. These improvements allowed for more efficient processing of complaints from patients, relatives, and carers.

The combination of streamlined procedures and a sustained focus on resolution has resulted in more efficient complaint handling. The changes implemented by the Concerns Team led to quicker turnaround times and better outcomes for those who raised concerns.

Within each Care Group, the identification of accountable senior leaders, regular access to performance data, and effective forums for monitoring/escalation have resulted in significant improvement in complaint management effectiveness across the Care Groups.

As a result of the process changes and sustained focus, CTMUHB has made substantial progress in reducing the backlog of open complaints. Complaints are now resolved

in a timelier manner than in previous years, resulting in a much improved experience for complainants. Overall, CTMUHB has transformed from underachieving in Concerns Management to becoming one of the top-performing organisations in NHS Wales. The position over the year is outlined in the graphs below:

Falls Prevention Collaborative in Cwm Taf Morgannwg

In 2023, CTMUHB experienced a high incidence of falls in Older Adult Mental Health wards, with 247 adult inpatient falls reported from five mental health wards in a year. In response, the Mental Health and Learning Disabilities Care Group Nurse Director requested the iCTM QI teams to develop a collaborative approach to reduce inpatient falls within Older Peoples Mental Health Wards. Building on lessons learned from the Pressure Damage Collaborative, this program utilised the breakthrough collaborative model, emphasising evidence-based interventions, team and management buy-in, and a strong focus on data from the outset. The overarching aim was to reduce the incidence of inpatient falls on these wards by the end of 2024.

Data challenges persisted, with the primary source being the recently changed Datix system. The Falls collaborative data was based on a manual analysis of raw data provided by the patient safety team. Recommendations include automating this process into a dashboard format and sharing it widely across the Health Board.

Key work areas included implementing best practices based on NICE guidelines, developing a community of practice within participating teams, standardising the falls prevention process, involving external stakeholders, standardising data presentation, creating a Falls Prevention MH Panel, and organising Pan CTM MH Falls monthly calls. Progress to date includes gathering baseline data, completing King's Fund Environmental Audits, conducting learning sessions, testing an audit tool, and involving external stakeholders.

The collaborative has shown promising results, with a stabilization in the number of falls and strong commitment from the teams. Developing a spot-check audit tool has been crucial in ensuring adherence to evidence-based treatment. The collaborative methodology has proven effective and may have potential applications in other areas of harm, such as Medicines Safety.

Final recommendations include developing a comprehensive fall and pressure damage data and measurement strategy, implementing recommendations from the WWIC report, and continuing the fall collaborative while spreading successful interventions to other high-risk areas. The collaborative's success has been recognised with a nomination for an NHS Wales Award, highlighting its potential impact on patient safety and care quality.

Restorative, Just & Learning approach

A Restorative, Just and Learning (RJL) approach promotes openness and transparency and considers broader systemic issues when things do not go to plan. When taking a restorative approach, we do not seek to apportion blame but consider who has been hurt and how relationships and trust can be restored. The emphasis is on creating healthier working relationships, modelling civility, and ensuring a compassionate working environment where staff feel supported. This will enable staff to be open and honest, raise concerns, admit mistakes and prioritise learning without fear of punishment or

sanctions. Evidence shows that such an approach results in improved patient safety and experience.

The approach encourages compassionate engagement to understand what happened from multiple perspectives. It is essential to understand the factors that affect performance and behaviour. Accountability is forward-looking to enable learning from such events, and emphasis is on taking action to transform behaviours, processes, and systems to improve our employee and patient experiences.

Vision for RJL at CTMUHB - To ensure we have an approach that is person-centred and supports **compassionate** and **restorative** principles within the organisation, where relationships and trust are strengthened and our workforce role-models **civility and respect** through its behaviours and actions.

We will seek **to listen, learn, and understand concerns and adverse events to ensure we are fair and proportionate and enable improvement and proactive and preventative action. We will seek to understand what caused things not to go as planned rather than looking at who was to blame. Accountability will be forward-looking, promoting learning, development, and personal growth.**

CTMUHB has an Executive-led working group to support the development of the approach and three groups feeding into the working group looking at the following:

- Policies – how are we ensuring they support a therapeutic approach
- Education and training - create the capability within our leaders and managers to take a refreshing approach and intervene early
- Creating a baseline of data to understand our current staff experience and to measure the impact of any changes

In the 2023-2024 period, CTMUHB demonstrated a strong commitment to fostering a culture of openness and safety by implementing the NHS Wales Speaking Up Safely Framework. This framework, launched by the Welsh Government in Autumn 2023, aims to support all NHS Wales organisations in creating an environment where staff feel safe and empowered to raise concerns without fear of reprisal.

CTMUHB has taken several specific actions to embed this framework within its operations. These actions include conducting comprehensive training sessions for staff to ensure they understand the procedures for raising concerns and the protections available to them. Additionally, the health board has established clear protocols for reporting and overseeing concerns, ensuring that all reports are treated seriously, fairly, and promptly. The Board has also promoted transparency by regularly communicating the outcomes of raised concerns and the subsequent actions taken, thereby reinforcing trust and accountability within the organisation.

Furthermore, CTMUHB has aligned its efforts with broader NHS Wales's policies, such as the Procedure for NHS Staff to Raise Concerns and the NHS Wales Policy: Respect and Resolution, to ensure a cohesive approach to speaking up safely. By actively fostering a supportive environment and encouraging feedback and learning from staff experiences, CTMUHB has demonstrated its dedication to continuous improvement in patient care and staff wellbeing throughout the 2023-2024 period.

Seren Awards

Any member of CTMUHB staff can send a Seren Award to a colleague who has demonstrated extraordinary efforts to enhance the experience and care of colleagues, patients, carers, and visitors, embodying the core values of CTMUHB. These values include compassion, dedication, and excellence in service.



Every Seren Award nomination is automatically entered into the Seren of the Month Award competition. This prestigious accolade is presented to a colleague who has gone above and beyond to make a significant impact on CTMUHB, whether through innovative practices, exceptional patient care, or outstanding teamwork.

The selection process for the Seren of the Month Award is rigorous and transparent. Nominations are first shortlisted by a diverse staff panel, ensuring a fair and inclusive evaluation. The final decision is made by CTMUHB's Executive Directors, who carefully review each nominee's contributions to select the most deserving recipient.

The Seren Award recognises individual excellence and fosters a culture of appreciation and continuous improvement within CTMUHB. By celebrating the extraordinary efforts of our staff, we aim to inspire others to strive for excellence and uphold the highest standards of care and service.

Timely

Same Day Emergency Care (SDEC)

The Six Goals for Urgent and Emergency Care Policy sets clear expectations for the delivery of the right care in the right place, first time for physical and mental health. Same Day Emergency Care (SDEC) falls under Goal 3 of the Six Goals Policy, with the aim of reducing the number of people requiring overnight admission for a health care emergency. SDEC services support emergency departments and allow for the rapid assessment, diagnosis and treatment of people presenting with certain conditions, and discharge home same day where clinically appropriate, twelve hours a day, seven days a week.

CTM received investment for additional Allied health professional (AHP) resource in Prince Charles and Princess of Wales Hospitals. The additional AHP resource in Prince Charles Hospital has been aligned to the Stay Well at Home (SW@H) and Medical Team and aims to ensure that all patients are assessed on the same day of their admission. Where clinically appropriate, all patients that can be discharged home on the same day are supported to do so with the Occupational Therapist being able to commission care through the SW@H Team.

In the Princess of Wales Hospital, the existing therapy resource at the front door was minimal and therefore the additional resource has been utilised to create a therapy frailty service. The service aims to ensure that all patients admitted under the SDEC/Frailty pathway are assessed on the same day and aims to facilitate prompt discharge. The service at the Princess of Wales Hospital does not have the same ability to commission care as the Prince Charles Hospital Team and as such they utilise the Discharge to Recover and Assess pathway to facilitate discharge as soon as possible. Our AHP Services are measuring their impact through internal processes to ensure services are meeting the demands of the local community.

Unscheduled Care: improving quality and access

In the 2023-2024 period, CTMUHB has achieved significant successes and improvements in emergency and acute medicine care, as well as in its Minor Injury Units (MIUs) at Ysbyty Cwm Cynon (YCC) and Ysbyty Cwm Rhondda (YCR). These advancements reflect CTMUHB's commitment to enhancing patient care quality and operational efficiency.

One notable achievement in emergency and acute medicine care is the implementation of the 'Six Goals for Urgent and Emergency Care' framework. This initiative has substantially improved patient flow and ambulance handover times. Introducing the Rapid Assessment Treatment Zone has enabled senior clinical decision-makers to perform early assessments, ensuring patients receive the right care promptly. This has significantly reduced the average time ambulances wait to hand over patients, enhancing patient experience and freeing up ambulance resources for community use.

CTMUHB made significant progress in optimising hospital care and discharge practices. Implementing the Optimal Hospital Patient Flow operational guidance and supportive guides for discharge processes (SAFER, Red2Green, and D2RA) led to more efficient patient flow and reduced unnecessary hospital stays. This was evidenced by a reduction of around 5% in emergency bed days used by people with a length of stay over 21 days, demonstrating improved efficiency and better patient outcomes.

Reopening the Minor Injury Unit at Ysbyty Cwm Cynon (YCC) marks another significant milestone. This unit had been temporarily closed, and its reopening has been met with positive feedback from the community. The MIU now provides enhanced services, ensuring that patients with minor injuries receive timely and effective care without the need to visit larger emergency departments. This improves patient satisfaction and alleviates pressure on the central Emergency Departments (ED).

The SDEC model focuses on providing timely and appropriate care by enabling patients to receive diagnosis and treatment on the same day, thereby avoiding unnecessary hospital admissions. This approach aligns with the hospital's commitment to delivering safe and clinically effective care. The implementation has involved several vital actions:

- **Improvement in Patient Flow:** The hospital has introduced a comprehensive plan to address patient flow and safety challenges. This includes regular bed meetings and the development of an ED dashboard to track and predict high-impact workflows, ensuring timely access to care.
- **Staff Training and Compliance:** To support the SDEC model, a concerted effort has been made to improve mandatory staff training, particularly in resuscitation, to ensure patient safety. This includes the appointment of a Senior Nurse for Professional Education, and the development of a training needs analysis and study plan for staff.
- **Operational Enhancements:** The hospital has collaborated with Improvement Cymru and other local staff to share expertise and design improvements in current arrangements. This collaborative effort aims to streamline operations and enhance the quality of care provided under the SDEC model.

These measures reflect Prince Charles Hospital's dedication to improving emergency care services and ensuring patients receive efficient, high-quality care. The ongoing efforts to refine the SDEC model demonstrate a commitment to innovation and excellence in healthcare delivery.

Effective

Quality Impact Assessment

The Quality Impact Assessment (QIA) was redeveloped during 2023-2024 and is a crucial tool used by CTMUHB to evaluate the potential effects of strategic decisions, service changes, and new initiatives on healthcare quality and patient safety. This updated process ensures that quality considerations are at the forefront of decision-making, aligning with the NHS Duty of Quality and the Health and Care Quality Standards.

The QIA procedure serves the following essential purposes:

- It provides a systematic approach to assessing the impact of proposed changes on patient safety, patient experience, workforce, and clinical effectiveness.
- It helps identify potential risks and develop mitigating actions to address any negative consequences on quality.
- It ensures that service changes are evidence-based and demonstrates best practices.
- It allows the Board to be assured that all essential factors are considered in service design and development.
- The QIA is structured around the six dimensions of quality.
- The QIA supports compliance with CTMUHB's Duty of Quality.

The QIA is an integral part of the CTMUHB's quality governance framework, which aims to maintain high standards of care through ongoing measurement and improvement. By

implementing this tool, CTMUHB will make informed decisions that prioritise quality and safety in healthcare delivery, ultimately benefiting patients and the community it serves.

To maintain transparency and assurance, the reporting mechanism will provide a quarterly comprehensive report detailing all QIAs evaluated by each of the Care Groups to be reported to the CTMUHB's Operational Management Board and Executive Leadership Group.

Infection Prevention and Control Team

A strategic Infection Prevention and Control (IPC) Team review is underway. The planned restructuring aims to enable the team to deliver an integrated service across secondary, community and primary care settings. The restructured team will support the care groups in identifying and driving improvements in IPC practices.

Absences and vacancies within the IPC Team have negatively impacted their ability to drive improvements in IPC practices this year. Despite every effort, the planned annual audit program could not be fully completed. These outstanding areas will be prioritised for completion next year. Support has been requested from clinical teams to address suboptimal IPC practices and environmental issues identified during IPC audits and ward visits.

The IPC Team has reintroduced a blended approach to support IPC education and training delivery. In addition to the existing eLearning packages available to staff, face-to-face training sessions have been reintroduced. This blended approach aims to enhance the effectiveness of IPC education and ensure that staff are well-equipped to maintain high infection prevention and control standards.

People's Experience Team

The People's Experience Team is dedicated to ensuring the patient's perspective is at the heart of all service enhancements and new initiatives. To further this mission, in April 2024, the People's Experience Team will join the Quality & Safety team.

This strategic alignment will allow for a more unified and practical approach. By combining the strengths and expertise of both teams, CTMUHB will be better positioned to:

- Amplify the patient voice in service improvement and design.
- Enhance the quality of care and safety standards.
- Streamline processes and communication.
- Achieve more significant synergies and impact through the patient's experience journey.

The patient will remain the central focus as we work together to deliver the highest quality healthcare experience. This collaboration represents an exciting new chapter in our ongoing commitment to patient-centred care.

In addition, several events are being planned in 2024-25:

- Engagement events to raise awareness of services within CTMUHB and community settings are being planned for Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.
- Expansion of links in the community with third-sector stakeholders to ensure awareness of support available in this setting as it changes to meet demand.
- Facilitate an increase in volunteers to support patients/families holistically across CTMUHB footprint.
- CTMUHB is looking to celebrate 'Patient Experience Week' in April/May 24 as a first to highlight the work staff are undertaking to support patients/families/carers accessing services across the footprint.

CTMUHB Operating Model

Following the launch of the Care Group operating model in 2022, which saw the organisation transition from Integrated Locality Groups (ILGs) to Care Groups, we have delivered the second and final phase to develop and implement the care group leadership and management structures. This ensures that we continue the integrated care theme and focus on pan-CTM service delivery within CTMUHB. Additionally, we want to ensure that our busy clinical hospital sites are fully supported and that there is local ownership to ensure a high quality of service is delivered to our population. In an accurate 'One CTM' approach, we want to ensure that our patients can access safe and high-quality care across the organisation, irrespective of geographical location.

A new multi-professional senior leadership team leads each Care Group. This team, supported by professional leads and underpinned by corporate business partners, focuses on coordinating the services under their control across the organisation. The following six Care Groups have been established as part of the transition to a new operating model:

- Planned Care Group
- Unscheduled Care Group
- Children & Families Care Group
- Diagnostics, Therapies, Pharmacy and Sciences Care Group
- Mental Health & Learning Disabilities Care Group
- Primary & Community Care Group

The organisation set up the entire leadership and management structures in April 2024.

Engagement with Universities

CTMUHB's Research and Development Department supports the setup and delivery of a broad range of commercial and non-commercial Clinical Research Portfolio (CRP) studies to maximise the opportunity for CTMUHB's population to participate in high-quality research and potentially access new treatments and therapies that may improve patients' outcomes or quality of life.

The Research and Development Department continues to meet and collaborate with its academic partners to optimise research opportunities that will impact the NHS and educational institutions. Collaborative working has supported the submission of high-quality funding applications. Recent successful collaborative grant applications include Welsh Intensive Care Society (Swansea University), Burdett Trust (University of South

Wales) and NIHR Health Determinant Research Collaborator (Cardiff University/Rhondda Cynon Taf Local Authority). CTMUHB's R&D Department provides an annual Collaborative Academic Research Funding scheme to support staff to develop new research partnerships with an academic institution to address a current healthcare challenge, and 5 projects have recently been awarded £3000 each.

Inclusion of inter-professional placement learning is a key change to the revised pre-registration healthcare professional education programmes that commenced from September 2022. Programmes are required to provide a minimum of 150 hours of placement jointly with other student healthcare professionals, for nursing, midwifery, allied health, and health care science professional programmes within Wales. CTM is the first Health board to take forward a Multi- Professional Education Facilitator (MPEF) role. This has resulted in a programme of IPE learning opportunities for students from a wide range of professions. Examples of the AHP contribution to this work will be showcased at a National IPE conference being held in July, entitled "Cultivating Collaborative Practice".

Alongside our commitment to IPE, we continue to deliver clinical placement capacity for an increasing number of pre-registration learners. We continue to explore innovative ways of increasing placement capacity to meet the growing demands for new graduates.

Efficient

Ward Assurance

Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care within a hospital, through the measurement of a series of agreed standards" (NHS Improvement 2019). Following a pilot, the program was implemented across CTMUHB in April 2024. The program aims to measure and recognise excellence in clinical areas through Bronze, Silver, and Gold awards.

CTMUHB plans to accredit 30 wards/areas by March 2025, divided into four phases. Critical aspects of the program include:

- Measuring quality using a series of agreed standards.
- Assuring the Board about care quality.
- Celebrating areas of excellence and identifying improvement opportunities.
- Engaging frontline staff in continuous quality improvement.
- Standardising key processes like patient discharge and staffing.

The accreditation process involves a comprehensive digital assessment and on-site visits by a clinical and non-clinical staff team. Achieving accreditation is recognised with a wall plaque displaying the award level. The program aims to drive quality, enhance patient and staff satisfaction, and align with CTMUHB's strategic priorities.

Nurse Recruitment

CTMUHB has implemented a comprehensive strategy to enhance healthcare staff's attraction, retention, and recruitment. CTMUHB has appointed a dedicated lead for attraction and recruitment at the forefront of this initiative, demonstrating its

commitment to improving workforce strategies. A health board-wide steering group has been established to oversee recruitment pipelines to ensure a coordinated approach across the organisation.

The 2023-2024 period has seen positive outcomes in recruitment efforts. CTMUHB has experienced an overall increase in recruitment for registered nurses and healthcare support workers in Bands 2 and 4, although there has been a slight decrease in Band 3 positions. Notably, CTMUHB has successfully recruited 40 internationally educated nurses, with an additional 11 international adaptation nurses joining the registered nursing team. These figures highlight CTMUHB's success in tapping into local and international talent pools.

To drive attraction and recruitment, CTMUHB has engaged in various initiatives, actively participating in student streaming events and showcasing opportunities such as the Lateral Move Policy, which supports career development and personal growth within the organisation. Additionally, CTMUHB has organised school career fairs and set up engagement stands at significant public events, further expanding its reach to potential candidates.

Retention is a crucial focus for CTMUHB, with several programs implemented to support staff development and career progression. CTMUHB has developed leadership programs for Band 6 and 7 staff in collaboration with the Clinical Education and Workforce Organisational Development team. A program for Band 8a and above is currently in development, demonstrating CTMUHB's commitment to nurturing leadership at all levels. CTMUHB's strategic approach emphasises employing the best people from the most expansive pool, indicating a solid commitment to diversity and inclusion in their recruitment efforts. This comprehensive strategy, encompassing targeted attraction, recruitment, and retention initiatives, showcases the Health Board's dedication to building a strong and sustainable healthcare workforce capable of meeting the evolving needs of the community it serves.

These initiatives demonstrate CTMUHB's multifaceted approach to addressing workforce challenges, aiming to build a strong and sustainable healthcare workforce through targeted attraction, recruitment, and retention strategies.

Nurse Bank

CTMUHB has developed a comprehensive staff bank modernisation plan to enhance its temporary staffing solutions and reduce reliance on agency staff. The plan focuses primarily on recruiting band 2 healthcare support workers for general and mental health areas, implementing a rolling recruitment program to ensure a steady influx of staff onto the nurse bank. In June 2024, CTMUHB introduced a new app to streamline the bank booking process, improving communication and efficiency between the staff bank and employees. To measure the effectiveness of these initiatives, CTMUHB is drafting Key Performance Indicators (KPIs) that will provide oversight of efficiency and highlight areas for further improvement. This multifaceted approach, combining targeted recruitment, technological innovation, and data-driven performance management, demonstrates CTMUHB's commitment to creating a more responsive and efficient temporary staffing solution. By strengthening its internal bank, CTMUHB aims to optimise workforce

management, potentially reduce costs associated with agency use, and maintain staffing flexibility in line with broader NHS workforce strategies.

Allied Health Professional (AHP) roles

Within CTM, there is a growing range of roles, creating an environment where career development is strongly supported in order to ensure that patients are seen by the right person at the right time and place. This is demonstrated through new and emerging roles such as; Consultant Podiatrist, Consultant Physiotherapist in MSK, Research Physiotherapist, Therapies Informatics Lead, Malnutrition Strategic Lead, Advanced Clinical Practitioners (Frailty Clinical Lead, SDEC practitioner), First Contact Physiotherapists, and Exercise Practitioners. Dietetics have developed a dietetic support worker role to work as a diabetes patient educator, delivering X-PERT groups and increasing capacity across the service. Two Physiotherapists have been successfully appointed as Clinical Directors for Strategy Groups within CTM, demonstrating the strength and value of leadership capabilities amongst AHPs.

The level 4 Therapy Assistant Practitioner Diploma was developed to support the development of Healthcare Support Workers in Band 4 therapy roles and to provide career progression. This first of its kind, multi-professional learning content is essential for the training of our workforce as HCSW Therapy roles working across multiple professions are a key component of our future workforce planning. This Once for Wales approach is being utilised to enable a provision of level three education for the smaller professions (Dietetics, Podiatry and Speech and Language Therapy), who have previously had no Level 3 training delivery models. This approach will initially focus on a level 3 Rehab assistant qualification, again, vital to support training our workforce for the roles that they will deliver aligning to development of rehabilitation services for Long-term Conditions and Cancer Prehabilitation.

With the aims to increase successful recruitment and reduce the requirement for agency staffing, an AHP recruitment drive was held in summer 2023. This featured weekend and evening open events, a digital lunchtime webinar, and a significant social media campaign including videos from a range of professionals at all grades. The recruitment drive was well received and raised the AHP profile both locally and nationally, showcasing CTM as a great place to work and develop future careers.

Safeguarding

CTMUHB has demonstrated exceptional leadership and commitment in safeguarding through comprehensive engagement with the Cwm Taf Morgannwg Safeguarding Board (CTMSB) and the implementation of key initiatives. Staff actively lead critical CTMSB subgroups and contribute significantly to multi-agency reviews, training, and audits. This high level of participation ensures that CTMUHB plays a pivotal role in shaping regional safeguarding strategies and practices. CTMUHB's strategic approach is evident in its annual development of the Safeguarding Maturity Matrix, which aligns closely with CTMSB's objectives. This alignment ensures coordinated efforts across the region and allows CTMUHB to focus its resources on priority areas identified by the safeguarding

board. Additionally, it has made significant strides in improving its services, particularly in child protection, mental capacity assessment, and mental health discharge planning. These improvements demonstrate CTMUHB's responsiveness to identified needs and commitment to enhancing patient care and safety.

Working in partnership has been a critical focus for CTMUHB, with strengthened collaborations with agencies and third-sector organisations. The successful integration of a Health IDVA role has notably improved early intervention and preventative work in domestic violence cases. This collaborative approach extends to CTMUHB's participation in multi-agency training and joint audits, fostering a culture of shared learning and continuous improvement across the safeguarding landscape. CTMUHB has also established robust mechanisms for disseminating learning from reviews and audits throughout its organisation. This includes the revision of policies, the development of targeted training programs, and the strengthening of governance structures. Innovative practices, such as introducing the 'Was Not Brought' policy and improved health representation at child protection conferences, further demonstrate CTMUHB's commitment to addressing gaps in service delivery and enhancing safeguarding practices.

These initiatives reflect CTMUHB's firm dedication to enhancing safeguarding practices, fostering multi-professional and multi-agency collaboration, and continuously improving services in response to emerging challenges and review outcomes. CTMUHB's proactive approach and strategic focus position it as a leader in safeguarding within the region, contributing significantly to the protection and well-being of vulnerable individuals in the community.

Community and Primary Care

Nursing

In 2023-2024, CTMUHB saw significant achievements in community nursing and primary care services, demonstrating a solid commitment to quality improvement and patient care. A notable success was the recognition of Andrea Dorrington, Lead Nurse for Urgent Primary Care, who won the Primary Care Nursing Award at the Royal College of Nursing (RCN) Awards 2023. This accolade highlights the health board's dedication to excellence in urgent primary care services and its focus on enhancing patient outcomes in community settings.

CTMUHB's community nursing teams also improved access to care for vulnerable populations. A Clinical Nurse Specialist, was recognised for her innovative work in partnership with the homeless charity The Wallich. She brought nursing care directly to the streets and reached individuals who might otherwise not have access to support. This initiative demonstrates CTMUHB's commitment to addressing health inequalities and providing compassionate care to all community members.

Additionally, Rhianydd Davey, an Immunisation Coordinator, received the Vaccine Save Lives Champion Award at the 2024 Public Health Wales Welsh Immunisation Conference, highlighting the health board's commitment to preventive care and public health initiatives.

These achievements reflect CTMUHB's ongoing efforts to improve the quality and accessibility of community nursing and primary care services. By focusing on urgent care, outreach to vulnerable populations, public health initiatives, and preventive care, the health board has demonstrated its dedication to meeting the diverse needs of its community and working towards its vision of building healthier communities together. These successes contribute to improving outcomes for people across the region by providing high-quality, accessible healthcare services.

Allied Health Professions

Preventative community-based care designed to support people to stay well and independent is at the heart of the Minister for Health and Social Services priorities for 2023 – 2026. Multi-professional working underpins the integrated community model and the funding for AHPs from Welsh Government received by the UHB in 2023 has allowed us to:

- Develop enhanced services to support the urgent and emergency care pathway
- Support admission avoidance
- Focus on supporting those in our communities who are frail
- Focus on the prevention of falls within our communities

The additional investment in AHPs has been used to strengthen and expand the Clinical Navigation Hub for urgent primary and community care, thus increasing its multi-professional offer to our community. The additional Occupational Therapy resource is being utilised to support the GPs working in the Navigation Hub Monday to Friday, through a duty rota system. The Occupational Therapists are able to support with the assessment of patients within their own homes alongside the medics. This allows a more holistic assessment of need that includes the psycho-social aspect of the individual. On a practical note, the OT is able to provide rapid access to equipment / minor adaptations to support the individual to remain at home. The team are currently working with the local authorities to ensure that the OTs are given Trusted Assessor access to intermediate care resource.

Additionally, in collaboration with service user population and the integrated community-based services, the team have developed a co-produced Physiotherapy-led falls prevention programme. This programme focuses on training care home staff in falls prevention, offers bespoke clinic-based assessment/intervention, and group-based falls prevention programmes to individuals at risk of falling.

Planned Care: Robotic Surgery

The introduction of the Versius robotic system at CTMUHB marks a significant advancement in surgical capabilities, particularly for colorectal and gynaecological cancer patients. Early patient experiences like Ann Jones's demonstrate the potential for improved outcomes. Key benefits include:

- Reduced post-operative pain
- Quicker recovery times

- Shorter hospital stays
- Smaller incisions leading to less scarring

The system's ability to provide greater precision and visual acuity during procedures allows surgeons to:

- Identify and protect vital structures more effectively
- Perform complex procedures with increased accuracy
- Potentially improve cancer treatment outcomes

CTM's participation in the National Robotic Assisted Surgery Programme demonstrates a commitment to providing state-of-the-art care to its community. This initiative:

- Increases access to minimally invasive surgical options for patients
- Aligns CTM with other leading health boards in Wales offering robotic surgery
- Supports the goal of creating a unified robotic program across Welsh hospitals

While long-term data is still being collected, the initial implementation of the Versius robotic system at CTMUHB shows promise in enhancing the quality of surgical care. The health board's commitment to this technology demonstrates its dedication to improving patient outcomes and maintaining high standards of care in line with national initiatives.

The Clinical Navigation Hub

The Clinical Navigation Hub, developed in collaboration with regional partners, has proven to be an exciting initiative within CTMUHB. This innovative project has significantly reduced ambulance conveyances following contact with the Welsh Ambulance Services Trust (WAST), alleviating pressure on emergency services and improving patient outcomes.

The Clinical Navigation Hub's primary objective was to reduce the number of unnecessary ambulance conveyances to acute hospitals. By offering alternative care pathways and timely medical advice, the hub has successfully diverted cases that do not require emergency department visits. This approach frees up ambulance resources and ensures that patients receive appropriate care in a more suitable environment.

Several key strategies have been instrumental in the success of the Clinical Navigation Hub:

- **Alternative Care Pathways:** The hub has developed a suite of services and clinical pathways that provide alternatives to acute hospital admissions. This includes remote prescriptions, directories for alternative care providers, and home visits by clinicians.
- **Consultant Connect:** This service enables Navigation Hub clinicians to discuss patient cases with consultants in secondary care, ensuring that appropriate management plans are implemented at home.
- **Training and Communication:** Ensuring that call receivers are well-trained to triage and signpost calls effectively has been crucial. A robust communication strategy has also been employed to inform WAST frontline staff of the hub's services.
- **Introduction of Occupational therapists and Paramedics as part of the MDT,** ensuring that all possible options for admission avoidance are explored

The Clinical Navigation Hub has achieved remarkable outcomes since its inception:

- Reduction in Ambulance Conveyances: The hub has significantly reduced the number of ambulance conveyances, easing the burden on emergency services and improving response times for life-threatening calls.
- Improved Patient Outcomes: Patients receive timely and appropriate care, often in the comfort of their homes, which enhances their overall satisfaction and health outcomes.
- Cost Efficiency: The hub has also contributed to healthcare system cost savings by reducing unnecessary hospital admissions.

Building on its success, the Clinical Navigation Hub aims to expand its services across the health board and beyond. The NHS Wales Executive is keen to support the team in sharing their innovative solutions with other health boards across Wales, ensuring that more patients benefit from this effective model of care.

Equity

Equality & Welsh Language Impact Assessments

The Equality Impact Assessment (EIA) and Welsh Language Impact Assessment (WLIA) are tools to support our thinking to ensure inclusive decisions meet our legislative requirements. It is essential that what we do does not create barriers that disadvantage or impact the participation of our under-represented groups, and where there is an impact, the tool can support us in taking positive action.

The ultimate aim is not to need an EIA or WLIA as we increase our awareness and knowledge of Welsh Language standards and Equality, Diversity, and Inclusion. The objective is to create an organisation where we think and practice inclusively and where structural inequity is addressed and broken down.

Equality and Welsh Language Impact Assessments	
What	Equality and WL Impact Assessment is process to ensure that the organisations work does not discriminate against or disadvantage protected groups, and to ensure we meet our Welsh language duties under various pieces of legislation. It applies to any policy or service change made.
Why	- Promote equality and address structural inequity by taking positive action and minimising risk where appropriate - Meet our requirements under the general equality duties and Welsh language legislation
When	Any Equality and WL Impact assessment is a process - It should be undertaken at the start, and constantly updated and revisited when appropriate
Who	- EIAs should be carried out by those responsible for developing/changing the policy/service as they are the most familiar with the detail - All relevant parties should be involved from within and outside the health board. This may include service leads, staff, patients and particularly representatives of protected groups. i.e. Networks
Where	- You can find the EIA documents on our SharePoint page. A-Z – OD&I and the EDI or A-Z Equality and WL Impact Assessments. Equality & Welsh Language Impact Assessment - Sent to the CTM_Equality@wales.nhs.uk - Drop in Sessions Booking - CTM EIA Drop-In Support Session









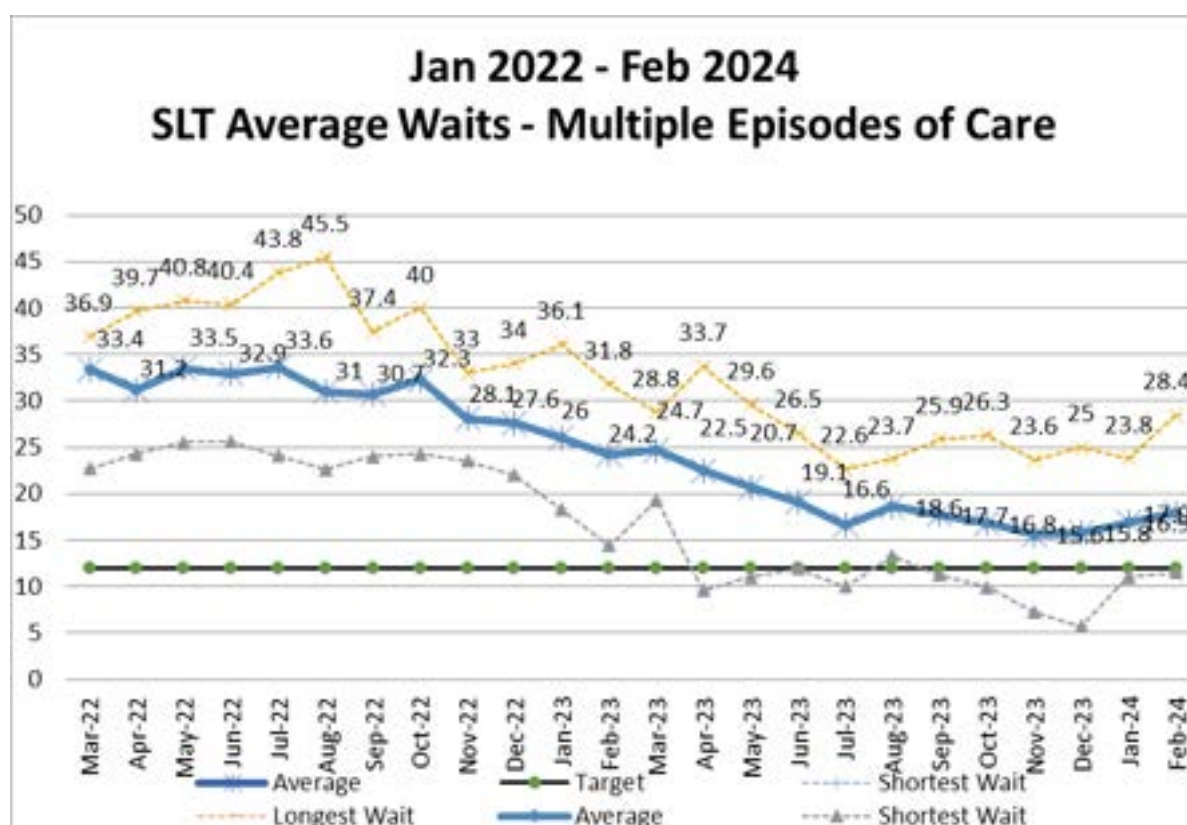




Paediatric Speech and Language Therapy Services

It is widely recognised that the Covid-19 pandemic disproportionately impacted on deprived communities and children. This inequity has been evident within our CTM communities.

The CTM paediatric SLT service secured Welsh Government funding for a project to implement the Early Years delivery plan locally, embedding universal service provision, skilling up key partners in speech language and communication knowledge in order to have maximum impact on children's outcomes. The service carried out a transformation project to address waiting lists-to reduce time between therapy episodes of care, with significant improvement in the latter, without reducing the initial assessment waits, as seen below, thus making interventions more effective and helping to address some of the health inequity faced by our population. The change in service can be seen below.



Weight management

Our CTM population has highest rate of obesity and diabetes and this impacts on all areas of health.

Adult services

CTM adult weight management services have been designed to align with the All Wales Weight Management pathway and demand for the service has been significant following

the launch at the end of 2022/2023. Level 1 and 2 patients are being seen promptly within WG therapies RTT targets, with an extensive waiting list at level 3, where patients require a more specialist intervention.

“Headstart” a level 3 group education intervention has been designed and implemented. Following implementation, capacity for the Level 3 service has increased by 250%. The Level 3 service collaborated nationally with pathway leads in planning implementation of a prescribing pathway and locally with pharmacy colleagues.

Children's services

Level 1 Children's weight management - Merthyr PIPYN

CTM Public Health Dietitians contribute to the prevention agenda at a population level, supporting healthy weights across the life course and tackling health inequalities. The team coproduced the Merthyr PIPYN service through consultation with over 150 families, supporting the implementation of healthy behaviours. The service was shortlisted for the Advancing Healthcare Awards Cymru under the category of 'Improving Access to Health and Care', features in HEIW's Early Years Prevention: A Toolkit for AHPs and was asked by Welsh Government to present and film Merthyr PIPYN as an example of best practice for the implementation of the Healthy Weight: Healthy Wales strategy.



Food and Fun

CTM Public Health Dietetics piloted a new approach to coordinating the Welsh Government funded Merthyr Food and Fun programme. The scheme saw exponential growth over 12 months to provide a total of 1660 free child places across CTMUHB within our most deprived communities, and the provision of 20,520 FREE balanced breakfast and lunches over 12 days of the summer holidays. As a result of the success of this pilot, WLGA have branded Merthyr Food and Fun as gold standard practice, showcased within the WLGA Food and Fun promotional film and staff were invited to present their work at the national WLGA Food and Fun Conference.



Patient Centred

People's Experience Team

The People's Experience team includes several teams proactively supporting patients, families, and unpaid carers. These teams ensure that the voice of the communities we support remains at the centre of what we do as a Health Board. This enables a focus on shared learning and opportunities to build on/improve our services.

To understand what our communities experience is of the care accessed across CTMUHB, there are different ways this is undertaken:

- **PALS (Patient Advisory Liaison Team)**

This team was reinvigorated across CTMUHB in January 2023 – consisting of seven staff based across the three acute sites (Princess of Wales (POW), Royal Glamorgan Hospital (RGH), Prince Charles Hospital (PCH) and supporting community hospitals as well. Support is provided in the form of:

- Care to Share Clinics - PALS attend the wards to speak to patients and discuss their patient experience holistically.
- Signposting to other organisations that can provide specialist information or advice.
- Encourage patient feedback.
- Attend meetings to support family and staff.
- Assist service improvement by reporting on themes and trends raised by service users.

The team has held several events, and the People's Experience Roadshow was held in POW in November 2023. Several stakeholders attended to highlight the services on offer:

- Bridgend carers
- Health Board Dementia Lead
- WISE service
- Marie Curie
- Cancer Service Co-ordinator for the Health Board
- CAB for Carers – Citizens' advice
- Clinical Bereavement Lead for the Health Board.



This was well received by people visiting POW that day, and further events are planned for 2024-2025.

- **Chaplaincy Team**

The team proactively supports patients and families holistically across CTMUHB and maintains a service that operates 24 hours/seven days a week on an on-call basis for evenings/weekends in times of extreme distress.

Following the involvement of supporting bereavement services with colleagues in CTMUHB's Intensive Care Unit, an Arts and Bereavement course was created and facilitated across CTMUHB. This comprises of a six-week course exploring loss and following this a bereavement café that participants can attend if they feel further support is needed. Training to provide this course has been provided to some community leaders to take forward themselves in the community setting.

- **Veterans/Armed Forces Family**

CTMUHB signed the Armed Forces Covenant on 25 March with the CEO, Senior Executive representation, workforce reservists, Valley Veterans, and Armed Force Liaison Officers. To move this forward within the care groups, a working group representing departments/specialties across CTMUHB is in place.



An application for the Silver Employer Recognition Scheme is being worked through for submission in April 2024 to look at how as a Health Board we can highlight us as a

prospective employer within the Armed Forces Family with the expertise they hold within this.

• Volunteer service

Our volunteers play a huge part in supporting our patients, families and unpaid carers in a number of roles across CTMUHB:

- Good to grow Garden Therapy Volunteers & Volunteer Drivers (Y Bwythyn Newydd)
- Organ Donation Family Support Volunteer – on call for three acute sites.
- Breast Feeding Peer Support Volunteers
- Maternity Volunteers
- Ward Companion Volunteers
- Emergency Department Volunteers
- Meet and Greet Volunteers
- Patient Feedback Volunteers
- Chaplaincy Volunteers
- Bliss Volunteers - Neo Natal

Work continues to increase our volunteer numbers to provide a further holistic support element when accessing services across CTMUHB.

• Patient feedback

CTMUHB has a feedback mechanism in place across the sites utilising 'Have your Say' posters in the form of QR codes, paper cards and surveys via SMS (links distributed via telephone). The different mechanisms available are detailed on CTMUHB's internet but there is work underway here to look at how we can make this a more prominent feature working with colleagues in



Work continues with teams across CTMUHB to look at the feedback received and ensure this is sighted on and fed into service improvement across CTMUHB. The creation of a People's Experience Forum to look at themes and trends is also in progress with the view to this starting March 24, chaired by Executive Director of Nursing/Deputy CEO and representatives across the Care Groups and departments also.

• World Health organisation Day 17th September 2023



Engaging Patients for Patient Safety

"Elevate the voice of patients!"

World Patient Safety Day 2023 was undertaken on several days in the week of 17th of September under the theme "**Engaging patients for patient safety**", in recognition of the crucial role patients, families and caregivers play in the safety of health care.

Evidence shows that when patients are treated as partners in their care, significant gains are made in safety, patient satisfaction and health outcomes. By becoming active members of the health care team, patients can contribute to the safety of their care and that of the health care system as a whole.

Objectives of World Patient Safety Day 2023

1. **Raise** global awareness of the need for active engagement of patients and their families and caregivers in all settings and at all levels of health care to improve patient safety.
2. **Engage** policy-makers, health care leaders, health and care workers, patients' organisations, civil society and other stakeholders in efforts to engage patients and families in the policies and practices for safe health care.
3. **Empower** patients and families to be actively involved in their own health care and in the improvement of safety of health care.
4. **Advocate** urgent action on patient and family engagement, aligned with the Global Patient Safety Action Plan 2021–2030, to be taken by all partners.

CTMUHB's active participation

The Patient Safety and Value Based Health Care Services teamed up across CTMUHB sites. Stalls were set up across the 3 main hospital sites during the week and manned by alternating members of the teams. Both staff and patients visited the stalls at each site, being provided with the opportunity to ask questions, complete a questionnaire and take part in some fun patient safety focused games. The overall feedback was positive and an opportunity for the teams to meet patients and staff.

During the Patient Safety roadshow, nearly 1,000 people were engaged across three hospital sites: Prince Charles Hospital (PCH), Princess of Wales Hospital (POW), and the Royal Glamorgan Hospital (RGH). The participants included patients, carers, family members, and staff. When asked to rate patient safety on a scale of 1 to 10, the average scores were as follows:

- PCH scored 7.98
- POW scored 8.44
- RGH scored 8.43.

These results reflect the overall perception of patient safety at each location.

Some of the **Key comments** related to patient safety included:

- Maintain quality of life
- Keeps my mother safe
- Ensure it is in place
- To ensure protection: physically, emotionally and mentally
- Protect us
- To make my hospital stay safer
- Very important
- Excellent service, very friendly people to help you
- Makes treatment safer
- To ensure everything and everyone is safe
- Safety is important as it makes people feel safer
- Helps to keep you safer at times of need
- To ensure quality of care
- It is the most important thing.

CTMUHB are looking forward to 2024's World Health Organisation day in September. The theme **"Improving Diagnosis for Patient Safety"**.

- **Listening and Learning at CTM Event May 2023**



The Listening & Learning Framework is a strategic approach to support the organisation to listen and learn lessons from a range of internal and external sources, to record, store and use this learning to share knowledge, shape change and create opportunities to develop excellence in practice. Further demonstrating how organisational learning will be identified, triangulated, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce.

We are committed to providing equitable, safe and effective healthcare for all of our population, across all of our services. Listening, learning and improving is one vital component of our overall vision.

To support this vision, CTMUHB's Listening and Learning Event is aimed at sharing the incredible work being undertaken across our services, Learning from Events, Quality Improvement Projects, Quality Services, Communication, Health Board Incident Management Process, Concerns process and more.

May 2023's Event covered everything from Organisational Learning to Safeguarding. With many guest speakers from internal and external sources including Welsh Risk Pool.

Some of the event topics



Listening and
Learning Framework
and Learning
Repository



Safeguarding



Learning from events

The attendees enjoying the event



Event Feedback

The event was evaluated and some of the following feedback received:

- Very informative, needs to be spread wider to ensure the staff working on the wards are aware of this resource.
- Great information
- Very informative, very structured and enjoyed this session.
- Excellent delivery of learning and safeguarding information
- Good overview of some actual incidents
- Fabulous day. I have learnt so much.

Some really great points were also raised and reflected:

- More clinicians should be engaged.
- Could we have some patient experience stories next time please?
- These sessions are very informative and need to be shared wider. More nurses and clinicians should be involved in them to promote learning.
- Rather than focus on rare 'never' events, more focus is needed on the high-topic incident/complaint themes.

The patient safety service listened and learned from the evaluations received. 2024's event planning has considered all of the suggestions received and are looking forward to the next event. From June 2024, CTMUHB now plans to undertake the learning event biannually, alternating site, to assure the inclusion of all its staffing groups in its forward vision of the continuous sharing of learning for the sustained assurance of the delivery of equitable, safe and effective care to all of our patient population.

• Bereavement services

Where we were in October 2022

- No Bereavement lead
- Pregnancy loss under Gynaecology
- No single point of contact
- All hospital-funded funerals agreed with pathology
- Outdated communications
- No representation in focus groups
- No staff bereavement lead support

October 2022 to 2024

- Bereavement Link meetings quarterly attended by nurses and HCSW of all grades who are provided with updates to services for dissemination
- Staff support- Generic email address created and support given to staff if needed, 3rd sector agreement through 2wish to support all professionals
- Point of contact for families and staff
- Booklet revision- New booklet design and content created for adults and pregnancy loss
- Website and feedback area for bereavement created
- Signposting improved from 1 page to 5 pages

- PRUDIC representation- To date, no families since October 2022 have been missed from being referred to 2wish and received support within 24 hours (data from 2wish)
- Liaison for families- No family will feel like they do not know who to contact as booklets and publications are clear and non-jargon
- Staff training- The bereavement framework is constantly reviewed, and training is delivered as and when identified
- Working with USW to educate all student nurses in the care after death process, and the University has agreed to embed this into the syllabus.
- The University of South Wales is now working with CTMUHB in practical role play and is the first University in Wales to do this.
- First health board, internationally to have an active bereavement module on the Hydra training system that can be utilised by others.
- Notified of all sudden deaths to identify a trend if one occurs
- Working alongside WAG as the only health board representative on the panel of advisors for the new Children and Young Persons bereavement pathway.
- Helped to create and facilitate a funeral service for under 24 weeks pregnancy loss hospital communal cremation service. We are now the only health board in Wales to invite families to recognise their loss and have an outlet for grief. Since October 2022, we have invited over 250 families with a 98% contact rate and 66% attendance from those families. We were recognised by ITV Wales News for the work undertaken and commended for our passion for improving the experience for our families.
- Only Health Board in Wales to provide aching arms bereavement bears for all of our families experiencing pregnancy and baby loss in our Early pregnancy units, Emergency Departments (ED), Gynaecology wards and maternity units.
- Changed the location of all of our hospital-contracted funerals, saving the health board £2700 per funeral. To date, this has saved over £30,000.
- The Health Board has significantly improved its engagement with Third Sector organisations, providing a clearer understanding of available services and resources within its jurisdiction. This enhanced collaboration has led to a more comprehensive awareness of the local healthcare landscape, potentially improving access to and utilisation of various health-related support systems.
- Christmas memorial service delivered annually with a male voice choir and excellent attendance the last 2 years
- Baby loss awareness week- Lit up Royal Glamorgan Hospital pink and Blue and held in-person memorial events with choir. All families were invited, and there was excellent attendance and feedback.



- Reduction in Datix complaints regarding bereavement and lack of support since my appointment
- Pram donated for each ED for transportation of the baby to the mortuary. This is to alleviate the staff carrying a child for better mental health support and safety of the child.

Fingerprint memory cards donated for all adult deaths, meaning that memory-making can be offered to all families who lose a loved one in the Health Board.



Plans for the 2024-2025

- Support the changes to the ME service
- Paediatric bereavement booklet
- Cycle event for Children's Grief Awareness week across all sites to recognise that a child loses a parent every 20 minutes in the UK. Leaflets will be given out with the support available in each Health Board area for families going through grief
- National Grief Awareness Week roadshow
- Children and Young Persons' Pathway with Welsh Government to be published

6. Chapter 3 – Our Plans for the Future

Based on the this Duty of Quality Annual Report 2023-2024 and current NHS Wales policies, CTMUHB has outlined extensive plans for the future. These plans are designed to enhance the quality of healthcare services, improve patient outcomes, and ensure compliance with the Duty of Quality and Duty of Candour as mandated by the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Quality and Safety Framework

CTMUHB will continue to develop and implement its Quality and Safety Framework, guiding the organisation through the next phase of its operations. This framework will focus on:

- Enhancing quality standards and patient safety measures.
- Promoting continuous improvement and innovation.
- Aligning with evolving healthcare best practices and regulations.
- Engaging stakeholders, including staff, patients, and the community.

Quality Improvement Initiatives

The Quality Improvement Directorate (iCTM) will build capacity for change across the organisation by:

- Coordinating improvement and innovation activities.
- Engaging with colleagues, patients, communities, and partners to drive the adoption of impactful improvement options.
- Supporting the principles of Prudent and Value-Based Healthcare and co-creation.

Quality Monitoring and Performance

CTMUHB will maintain a robust quality management system to ensure continuous monitoring and improvement of healthcare services. This includes:

- Develop an Annual Quality Work Plan with SMART objectives.
- Regularly monitoring and reporting progress against these objectives.
- Using data-driven and risk-stratified approaches to target quality improvements.

Patient Experience and Engagement

The People's Experience Team will ensure patient perspectives are central to service enhancements. Key initiatives include:

- Expanding engagement events to raise awareness of services.
- Increasing volunteer support to assist patients and families.
- Celebrating Patient Experience Week to highlight staff efforts to improve patient care.

Infection Prevention and Control (IPC)

CTMUHB will focus on restructuring the IPC Team to meet the demands of the population and improve patient care. This includes:

- Strengthening leadership at all levels to enhance IPC and antimicrobial stewardship.

- Implementing a new IPC Strategy for 2024-2027 to guide efforts in preventing healthcare-associated infections.

Complaint Management

Significant improvements in complaint management will continue, with a focus on:

- Streamlining processes to reduce the backlog of open complaints.
- Ensuring timely resolution of complaints to meet Welsh Government targets.

Workforce Development

CTMUHB will enhance its workforce strategies by:

- Implementing a comprehensive staff recruitment and retention plan.
- Developing leadership programs for staff at various levels.
- Strengthening the Nurse Bank to reduce reliance on agency staff and improve temporary staffing solutions.

Safeguarding

CTMUHB will maintain its leadership in safeguarding by:

- Actively participating in the Cwm Taf Morgannwg Safeguarding Board.
- Implementing key initiatives to improve child protection, mental capacity assessment, and mental health discharge planning.
- Enhancing multi-agency collaboration and training.

Research and Development

CTMUHB's Research & Development Department will continue to support high-quality research and collaboration with academic partners. This includes:

- Facilitating new research partnerships to address healthcare challenges.
- Supporting staff in developing research projects through funding schemes.

Community and Primary Care

CTMUHB will focus on improving access to care for vulnerable populations and enhancing public health initiatives. Key achievements and future plans include:

- Recognising and supporting innovative work in urgent primary care and outreach services.
- Expanding immunisation programs and preventive care initiatives.

Technological Advancements

CTMUHB will invest in advanced technologies to improve patient care, such as:

- Implementing the Versius robotic system for minimally invasive surgeries.
- Enhancing patient safety and outcomes through precision and visual acuity in surgical procedures.

Emergency and Acute Medicine

For the 2024/25 period, CTMUHB has outlined several strategic initiatives to enhance its emergency and acute medicine services, building upon previous progress and aligning with NHS Wales' Six Goals for Urgent and Emergency Care framework.

CTMUHB will continue developing integrated care models to ensure seamless coordination between urgent primary care and emergency services. This includes strengthening Pan-Cluster Planning Groups to improve collaboration among health boards, local authorities, voluntary sectors, and allied health professionals. The board will also utilise self-reflection toolkits for clusters to evaluate and improve operational methods, ensuring effective advocacy for local population needs.

Efforts will intensify to address the significant issue of ambulance handover delays. CTMUHB plans to implement and refine operational guidance such as the SAFER, Red2Green, and D2RA processes to optimise patient flow and reduce unnecessary hospital stays. The board will continue expanding its SDEC services to provide timely and appropriate care, helping patients avoid unnecessary hospital admissions. This involves collaborating with national partners and local staff to streamline operations and enhance the quality of care provided under the SDEC model.

Special attention will be given to frail adults to prevent future urgent or emergency care episodes. CTMUHB will develop services designed to help frail adults who have experienced fractures prevent future urgent or emergency care needs. To ensure the effectiveness of these initiatives, the board will implement robust monitoring and evaluation mechanisms, including quality performance dashboards to track and predict high-impact workflows, ensuring timely access to care and identifying areas for improvement.

By focusing on these strategic initiatives, CTMUHB aims to enhance the quality, efficiency, and accessibility of its emergency and acute medicine services, ensuring better patient outcomes and alignment with national healthcare standards and policies.

Equity and Inclusion

CTMUHB will promote a Restorative, Just & Learning (RJL) approach to foster a compassionate working environment. This includes:

- Encouraging openness and transparency in addressing concerns and adverse events.
- Ensuring accountability and learning from incidents to improve employee and patient experiences.

Speaking Up Safely Framework

CTMUHB will embed the NHS Wales Speaking Up Safely Framework to support staff in raising concerns without fear of reprisal. This involves:

- Conducting training sessions to ensure staff understand the procedures for raising concerns.
- Establishing clear protocols for reporting and overseeing concerns.

Bereavement Services

CTMUHB will enhance bereavement services by:

- Providing comprehensive support to families and staff.
- Implementing training programs for staff on care after death processes.
- Continue to collaborate with third-sector organisations to improve support services.

Duty of Quality and Candour

CTMUHB is committed to upholding the Duty of Quality and Duty of Candour for the 2024/2025 period. The Health Board plans to develop an updated Quality & Safety Framework in late 2024 and early 2025 to enhance quality standards, promote continuous improvement, and align with evolving healthcare best practices. The Infection Prevention and Control Strategy for 2024/2027 will be implemented, focusing on restructuring the IPC Team better to serve the CTM population across various care settings. The People's Experience Team will join the Quality & Safety team in April 2024, facilitating a more unified approach to patient-centred care, and several engagement events are planned to raise awareness and support patients and families.

CTMUHB will continue to foster a Restorative, Just, and learning approach, emphasising compassionate and restorative principles to support staff and improve patient care. The NHS Wales Speaking Up Safely Framework will be further embedded, ensuring staff feel safe when raising concerns. Additionally, CTMUHB will participate in the 2024 World Patient Safety Day, focusing on "Improving Diagnosis for Patient Safety," and will hold biannual Listening and Learning events to share knowledge and improve care delivery.

Bereavement services will see ongoing improvements, including support for changes to the Medical Examiner service and developing a paediatric bereavement booklet. These initiatives reflect CTMUHB's dedication to enhancing the quality and safety of its services while fostering a culture of openness, learning, and compassion.

These future plans reflect CTMUHB's commitment to continuous improvement, patient-centred care, and adherence to national healthcare standards and policies. By focusing on quality, safety, and innovation, CTMUHB aims to provide high-quality healthcare services to the diverse communities it serves.

Thank you for taking the time to read this report.

7. How to contact us:

If you require a printed version of this annual report or in alternative formats/languages please contact us using the details below:



Cwm Taf Morgannwg University Health Board Headquarters,
Ynysmeurig House, Unit 3, Navigation Park, Abercynon, Rhondda
Cynon Taf. CF45 4SB
01443 744800



CTM_Corporate_Governance@wales.nhs.uk



<https://ctmuhb.nhs.wales>



<https://twitter.com/cwmtafmorgannwg>



<https://facebook.com/CwmTafMorgannwg/>



<https://www.instagram.com/cwmtafmorgannwg/>



Agenda Item

10.1.6

CTM Health Board

Scheme of Delegation Update

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Owen James - Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May – Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

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	
OJEU	Official Journal of the European Union
FCPs	Financial Control Procedures
SoD	Scheme of Delegation
PSPP	Public Sector Payment Policy

1. Situation / Background

1.1 Scheme of Delegation and Financial Control Procedures

This report provides update to Scheme of Delegations (SoDs) or Financial Control Procedures (FCPs) are reported.

Financial Control Procedures (FCPs) should be reviewed periodically (at least every 3 years) to ensure they are up to date.

2. Specific Matters for Consideration

2.1 Scheme of Delegation and Financial Control Procedures (FCPs)

Scheme of Delegation

A request has been made from the Executive Director with lead responsibility for CHC placements / packages for a change to the Scheme of Delegation. The requested change is detailed at Appendix 1, but is requesting delegation of authorisation of individual placements / packages with a value of up to £150,000 to the following:

- Ana Llewellyn, Nurse Director for placements / packages following recommendations from the Mental health and Learning Disabilities CHC Panel
- Lucie Williams, Nurse Director for placements / packages following recommendations from the Primary Care Community CHC Panel

Financial Control Procedures

There are a number of FCPs that have now passed their review date, however due to significant staff shortages on the financial accounts team due to long-term sickness and vacancies, the reviews have not been able to be carried out. There is a plan to review all outstanding FCPs over the summer with FCPs brought to Audit & Risk Committee for review and update by the end of the calendar year.

3. Key Risks / Matters for Escalation

3.1 No risks / matters to escalate.



4. Assessment

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))	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:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
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 a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
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 asked to:

APPROVE the update to the Scheme of Delegation detailed in Appendix 1.

6. Next Steps

6.1 If approved the updated Scheme of Delegation will be updated on Share point.

Request for changes to the Additional delegations linked to the SFIs
Please return completed form to Owen James - Owen.James2@wales.nhs.uk

SoD Ref.	SoD Page No.	Main Task	Sub Task	Cwm Taf Morgannwg existing		Cwm Taf Morgannwg proposed		Reason for the change	Requested by:	Requested timeframe for implementation
				Limits	Authority delegated to:	Limits	Authority delegated to:			
9. A4	17	Individual Continuing Health Care Placement / Packages	Authorisation of individual placements/packages following recommendation from the CHC panel	i. Annual value up to £50,000 ii. Annual value between £50,000 and £150,000 iii. Annual Value over £150,000 iv. Agreement of Changes to annual standard rates	i. Chair of CHC Panel ii. **Relevant Executive Director iii. Chief Executive and Director of Finance iv. Director of Nursing & Director of Finance	i. Annual value up to £50,000 ii. Annual value up to £150,000 iii. Annual Value over £150,000 iv. Agreement of Changes to annual standard rates	i. Chair of CHC Panel ii. Relevant Executive Director / Nurse Director for iii. Chief Executive and Director of Finance iv. Director of Nursing & Director of Finance		Executive Nurse Director / Deputy Chief Executive Officer	Immediate



Agenda Item

10.2.1

CTM Health Board

BOARD ANNUAL CYCLE OF BUSINESS

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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 2024 to 31 December 2024.

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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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 (<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
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 asked to NOTE the Annual Cycle of Business for 2024.

6. Next Steps

6.1 There are no next steps required.

Health Board

Cycle of Business (1st January 2024 – 31st December 2024)

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 2024 to 31st December 2024.

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.

Agenda Item 10.2.1

Board Cycle of Business (1st January 2024 – 31st December 2024)

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	25 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Shared Listening & Learning														
Listening & Learning Story	Executive Director of Nursing	All Regular Meetings	R		R		R		R		R		R	
Setting the Scene														
Chairs Report (Including affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings	R		R		R		R		R		R	
Action Log	Health Board Chair	All Regular Meetings	R		R		R		R		R		R	
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	
Delivering our Plan														
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R	
Financial Performance Report	Executive Director of Finance	All Regular Meetings	R		R		R		R		R		R	
Governance, Risk and Assurance														
Board Assurance Framework	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Board Committee & Advisory Group Highlight Report (where there are matters identified for escalation)	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Working in Partnership Reports (to include Joint Committee Highlight Reports)	Executive Director of Strategy & Transformation	As and when required	R		R		R		R		R		R	
Joint Committee Annual Update	Director of Corporate Governance	Annually											R	
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Bi-Annually					R						R	
Audit Wales Structured Assessment & Audit Letter	Audit Wales	Annually	R											
Audit Wales Annual Audit Report	Audit Wales	Annually			R									
Annual Review of the Standing Orders	Director of Corporate Governance	Annually			R Defer to May 2024		R Defer to Sept 2024				R			

Agenda Item 10.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	25 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Board Effectiveness Self-Assessment	Director of Corporate Governance	Annually			Defer to May 2024									
Risk Management Strategy	Director of Corporate Governance	Annually												
Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance	Annually												
Annual Statutory Accounts	Executive Director of Finance	Annually												
Charitable Funds Annual Report and Accounts	Executive Director of Finance	Annually												
Strategic Planning														
Integrated Medium Term Plan – Approval	Executive Director of Strategy & Transformation	Annually												
Clinical Services Plan Progress Updates	Executive Director of Strategy & Transformation	All Regular Meetings												
Regional Partnerships Board & Public Services Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually												
Winter Plan Update	Chief Operating Officer	Annually												
Consent Agenda – For Approval														
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings												
Amendments to the Standing Orders (Terms of Reference)	Director of Corporate Governance	As and When required												
Committee Annual Reports	Director of Corporate Governance	As and When Required												
Consent Agenda – For Noting														
Board Cycle of Business	Director of Corporate Governance	All Regular Meetings												
Board Forward Work Programme	Director of Corporate Governance	All Regular Meetings												
Committee Highlight Reports	Director of Corporate Governance	All Regular Meetings												
Putting Things Right Annual Report	Executive Director of Nursing	Annually												

Agenda Item 10.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	25 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Safeguarding Annual Report	Executive Director of Nursing	Annually	R											
Carers Annual Report	Executive Director of Nursing	Annually									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	Executive Director of Public Health	Annually					R Defer to Sept 2024				R			
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R							
Capital Update	Executive Director of Finance	Quarterly			R Defer to May 2024		R						R	
Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly			R				R				R	

Agenda Item 10.2.2

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 – Was January 2024. Was March 2024 – Was May 2024 – Was July 2024 – Now 26 September 2024
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 – Now 26 September 2024
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	In progress Received and noted at the meeting held on 30 November 2023. Further update to be presented to the Board in July 2024 – Now 26 September 2024
Email Request received from the Deputy Director for People	Additional Item	Development of the CTM People Plan	Executive Director for People	Planned for 28 March 2024 – Was 30 May 2024 – Was 25 July 2024 – Now 26 September 2024
Email request from the Executive Director for People	Additional Item	Agency Reduction Plan and Decision Making Framework for CTM	Executive Director for People	Date to be confirmed

Agenda Item 10.2.2

Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request from the Assistant Director of Governance & Risk	Additional Item	Community Diagnostic Hub & Endoscopy Procurement Process and Business Case	Executive Director of Strategy & Transformation	Was planned for 28 March 2024 Progress report discussed at the In Committee Board meeting held on 30 May 2024. Date for presentation of Business Case to be confirmed
Email request from the Assistant Director of Governance & Risk	Additional Item	Maesteg Community Hospital Development – Outline Business Case	Executive Director of Strategy & Transformation	Planned for 28 November 2024
Email request received from the Strategic Planning & Commissioning Manager	Additional Item	CTM Baby & Toddler Voice	Executive Director of Strategy & Transformation	Planned for 30 May 2024 – It has now been proposed that a briefing on this matter will be given at a future Board Development Session
CEO requested an update to come forward at the March Board	Additional Item	Development of Plan to address Delayed Discharge Issues	Chief Operating Officer	Planned for 30 May 2024 – As stated within the CEO report to May Board, this will now be presented to the Board on 25 July 2024 – On agenda
Advised by Director of Digital that this item would be coming forward for July Board	Additional Item	Update on the Strategic Outline Case for an Integrated Health Care System	Director of Digital	Was planned for 25 July 2024 – Deferred to 26 September 2024
Suggestion made at agenda planning session that it would be helpful if this item could be received at the July Board	Additional Item	Workforce Planning	Executive Director for People	Was Planned for 25 July 2024 – Discussion held at agenda planning that this may be more suitable for a Board Briefing topic at this stage

Agenda Item 10.2.2

Identified as an item that would be presented to Board at the Digital & Data Committee held in May 2024	Additional Item	Digital Cellular Pathology Business Case	Director of Digital	Was planned for 25 July 2024 – Deferred to 26 September 2024
Email request received from the Assistant Director of Governance & Risk	Additional Item	Annual Report for Quality – For approval	Executive Director of Nursing/Deputy CEO	Planned for 25 July 2024 – On agenda
Email request received from the Director of Corporate Governance/Board Secretary following request received from Medical Director/CEO	Additional Item	Organ Donation & Transplantation - Presentation	Executive Medical Director	Was planned for 25 July 2024 – Now 26 September 2024
Email request received from the Director of Corporate Governance for this to be added to the agenda	Additional Item	Taff Vale Practice – Proposed Branch Closures	Chief Operating Officer	Planned for 25 July 2024 – On agenda
Chair has requested that this item is added to the agenda	Additional Item	Spotlight Report on Digital - Update on the Strategic Outline Case for an Integrated Health Care System	Director of Digital	Planned for 25 July 2024 – On agenda
Suggestion made at ELG that this item needed to be added to the agenda for Board	Additional Item	Job Planning and SPA	Medical Director	Planned for 25 July 2024 – On agenda

Agenda Item 10.2.2

Completed Requests:				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Suggested as an item for discussion at a future Board meeting at an agenda planning session for the January 2024 meeting	Additional Item	CTM 2030 Strategic Public Health Promotion (Diabetes)	Executive Director of Public Health	Completed Received and discussed at the meeting held on 30 May 2024
COO advised that this report would be coming forward to May Board at the March 2024 meeting	Additional Item	Outcome of the Productivity work undertaken with GIRFT	Chief Operating Officer	Completed Received and discussed at the meeting held on 30 May 2024
Agreement given by the Chair for this item to be added to the agenda for approval	Additional Item	Infection, Prevention & Control Strategy	Executive Director of Nursing	Completed Received and approved at the meeting held on 30 May 2024
Email request from the Assistant Director of Organisational Development and Wellbeing	Additional Item	Update on Culture	Executive Director for People	Completed/Closed Was Planned for 28 March 2024. Deputy Director for People has advised that this item is no longer requires presentation to Board

Agenda Item
10.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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 May 2024.

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 (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)) /	Safe
	If more than one applies please list below:



Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	
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: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	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.
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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>)	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 12 March 2024 (Appendix 1)
 - Quality & Safety Committee 16 May 2024 (On main agenda)
 - Population Health & Partnerships Committee 20 May 2024 (On main agenda);
 - Digital & Data Committee 21 May 2024 (On main agenda);
 - Mental Health Act Monitoring Committee 5 June 2024 (Appendix 2);
 - Local Partnerships Forum 18 June 2024 (Appendix 3);
 - Hosted Bodies Audit & Risk Committee 20 June 2024 (On main agenda);
 - CTMUHB Audit & Risk Committee 20 June 2024 (Appendix 4);
 - Planning, Performance & Finance Committee 25 June 2024 (Appendix 5).
 - Stakeholder Reference Group 11 July 2024 (On main agenda)

Agenda Item

10.2.3 Appendix 1

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	12/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Wright, Assistant Director of Policy, Governance and Compliance
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	12/03/2024	Endorsed for Board

Acronyms / Glossary of Terms	
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 12 March 2024.
- 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

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.

3. Highlight Report

Alert / Escalate	No issues to alert or escalate on this occasion.
Advise	Each of the Heads of People presented written Care Groups Highlight Reports regarding the progression of the Care Group Partnership meetings. An overview of the Month 10 Finance Report was provided. The key points raised in the report were discussed and noted by the forum. A Facilities Transformation Work update was provided. The patient delivered meals system to improve services for patients and catering system went live in Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) and will go live in Princess of Wales Hospital (POW) in April. The Central Production Unit (CPU) has been shortlisted for a national catering award which will be held on the 4th April. The first Starbuck outlet will open on the 16th April and will roll out to the further nine outlets on a weekly basis.
Assure	The Children and Family Care Group Highlight Report escalated the Unite Action of short of dismissal being undertaken by Health Visitors across the Health Board. It was noted that partnership meetings are taking place regularly to agree actions. The next review meeting will take place towards the end of March 2024.
Inform	It was noted the Lateral Moves Scheme was launched in March 2024. It is currently being trialled within nursing, providing Band 5 nurses with an opportunity to move to an alternative Band 5 post elsewhere in CTM, instead of leaving the organisation. The scheme will be assessed and evaluated in due course and the finding reported back to the LPF in the future. It was noted that therapies staff are keen to have access to this scheme. It was noted that the annual election for Staff Side roles within CTM took place during March. It was confirmed that Gaynor Jones (RCN) will continue to hold the post of Staff Side Chair. Joanne Trewartha (GMB) will take up the role of Staff Side Vice Chair and Trina Coomber (UNITE) will take up the role of Secretary.

The **Chair and Chief Executive provided an update** on the collaborative work ongoing with our Local Authorities, to develop a Clinical Services Strategy to introduce “more care at home” by Primary Care and social care services working together to maximise the use of available resources. An update was provided on the investment and the ambitious plans for the Llantrisant Health Park to service the South East Wales Regional and the regeneration of Maesteg Hospital.

A **thank you to all staff** was provided on behalf of the Board, for the amazing work they are undertaking and the efforts being made to keep services running at this difficult and time of increased demands on our services.

A **Workforce Metrics Report** was provided outlining the increase of staff in post in Nursing, Medical and Dental and Therapies. It was noted that sickness absence is tracking downwards below 7% which is the lowest rate since before the pandemic. It was further noted that staff turnover is currently below 11%, with Nursing turnover down from 13% to 11%. It is not clear whether this trend is due to the intervention plan as it is too early to draw to this conclusion. Core statutory and mandatory compliance is at 78%, creeping toward the 85% compliance rate.

An **IMTP** update was provided. The Health Board is confident that it can meet the breakeven duty at the end of the current financial year. Should the Health Board meet this duty it will be able to submit bids for invest to save funding to invest in priority areas such as stroke and geriatric services, digital patient contact and Internationally Educated Nurse recruitment.

A verbal update was provided on the progress being made in embedding the **Speaking Up Safely (SUS) Framework** within CTM. The soft launch of SUS in October 2023 was noted and the correlating increase in the numbers of staff contacting the hotline and the SUS Independent Member and the Executive Director for Workforce. It was noted that the SUS Champions pilot in Maternity Services has commenced but it is taking some time for it to embed. It was recognised that more work needs to be done in this space to create the psychological safety to build trust. To progress this work, a meeting has taken place with Aled Jones, Professor of Patient Safety & Healthcare Quality and Head of School Nursing and Midwifery at Plymouth University, to further consider the approach and resources which will complement the wider CTM cultural work plan.

A **Staff Recognition update** was presented, demonstrating the good progress which has been made from a standing start

	towards the end of 2023. The Seren Award Scheme is now established, with 1,000 nominations having been received to date. The first Long Service Wards took place in January 2024, for those staff with 40+ years NHS Service. While the event was very successful, the learning from the event will be used when planning the 30+ years NHS Service Awards. It was confirmed that work will commence shortly on developing an Annual CTM Staff Award ceremony
Appendices	No appendices to note on this occasion.

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: 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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	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)) / Link to Enablers of Quality</i> <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)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

5. **Recommendation**

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

Agenda Item

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CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE MENTAL HEALTH ACT MONITORING COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	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
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
MHA	Mental Health Act
CTM	Cwm Taf Morgannwg
RGH	Royal Glamorgan Hospital
SWP	South Wales Police

1. INTRODUCTION

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Mental Health Act (MHA) Monitoring Committee at its meeting on the 05 June 2024.
- 1.2 Key highlights from the meeting are reported in section 3.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE MENTAL HEALTH ACT MONITORING COMMITTEE

- 2.1 The purpose of the Committee is to advise and assure the Board that the arrangements to monitor and review the way functions under the Mental Health Act are exercised on its behalf are operating appropriately and effectively and in accordance with legislation.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	Nil to report.
ADVISE	- The MHA Operational Group report was received the Committee noted concerns about the unsuitable tribunal room at Princess of Wales Hospital and will monitor progress to a better solution. - Members received a report on Mental Health Act Quarterly Activity Report / Breaches Analysis of Unlawful Detentions report and NOTED the update on stabilised detention figures and the application of the Mental Health Act within the Health Board. - An update on Risks Relating to monitoring of the MHA was presented to the Committee; Queries were raised around staff safety, the suitability and completion of safe space assessment rooms. The Committee requested that the risks be presented at the next Committee Meeting to monitor. - Members received the Strategic Update from South Wales Police (SWP) that highlighted the focus on providing training packages on the Mental Health Act, Right Care, and Right Person within the Basic command Unit and Operational areas.

	- The Committee received a verbal strategic update from local authority partners, the below was highlighted; - A partner of RCT Local Authority raised the necessity for safe and secure transportation. - A partner of Merthyr Local Authority informed the Committee they had secured funding for Approved Mental Health Professionals. - A partner of Bridgend Local Authority Advised that he would be presenting a report to the next meeting in relation to Structure and Personnel
ASSURE	Members received the Organisational Risk Register, it was highlighted there were no new risks, no risks were closed during the period and the scores for existing risks remained unchanged.
INFORM	Unconfirmed Minutes of the Meeting held on the 6 March 2024The minutes were APPROVED as a true and accurate record The Committee Annual Report for 2023-2024 was received and Endorsed for Board Approval Policy for Section 140 Mental Health Act 1983 The Committee APPROVED the policy. MHA09 Operational Procedure for HM Hearings The Committee APPROVED the policy The Committee Annual Self-Assessment was received and noted. Annual Cycle of Business 2024-2025 The Committee NOTED the Annual Cycle of Business Committee Terms of Reference – (verbal Update) In light of the ongoing Effective Management of Board and Committees Review the Terms of Reference for the Mental Health

	Act Monitoring Committee will be reviewed as part of this activity and presented to the Board in September 2024. Action Log The Action Log was NOTED.

4. Assessment

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:
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>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Not Required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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.	

5. Recommendation

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

Agenda Item

10.2.3 Appendix 3

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Watkins, Deputy Director of People
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	18/06/2024	Endorsed for Board

Acronyms / Glossary of Terms	
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 18th June 2024.
- 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

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.

3. Highlight Report

Alert / Escalate	No issues to alert or escalate on this occasion.
Advise	An overview of the Month 1 Finance Report was provided. The key points raised in the report were discussed and noted by the forum. An update was provided on the changes to the Community Vaccination Centres (CVCs) service model and impact to staff involved. This change is being managed in partnership with Trade Union colleagues under the All Wales Organisational Change Policy. The All-Hazards Health Protection Service will be established from 1 July 2024.
Assure	Each of the Heads of People presented written Care Groups Highlight Reports regarding the work being undertaken in partnership, via their local partnership fora.
Inform	People Policies Approval The following People Policies were ratified to be presented to the August 2024 People and Culture Committee for approval • Working time regulation procedure • Parental leave policy • Shared parental leave policy • Staff bank policy • Carers leave policy A Workforce Metrics Report was provided. It was noted that sickness absence is tracking downwards to 6.82%. It was also noted that the overall PADR compliance is improving month on month and current compliance is 64.58%. Recruitment remains an area of focus with further improvement on the recruitment time to hire and the HB are actively engaged with the All-Wales recruitment modernisation programme board. A member of staff presented to the group her experience on pregnancy loss and the use of the pregnancy loss policy, and shared and discussed the learning and development opportunities to ensure appropriate use of the policy.

	A presentation was delivered on the retention work which showcased some of the work undertaken so far and the key areas of focus moving forward. It was noted by the forum the positive impact seen from the lateral move scheme. The staff survey action plans and toolkit have been shared with the forum. The action plans focus on three key areas and support was requested from LPF members to encourage teams and departments to engage with the plans and to look at what could be addressed at a local level. A verbal update was provided on the progress being made in embedding the Speaking Up Safely following the launch in October 2023. A paper was shared with the forum on the Implementation of non-pay collective agreement. The forum noted the recommendations.
Appendices	No appendices to note on this occasion.

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: 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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	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)) / Link to Enablers of Quality</i> <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:

5. Recommendation

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

Agenda Item

10.2.3 Appendix 4

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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	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 20 June 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

The Committee also considers issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC). 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 to highlight on this occasion.
Advise	- The Audit Recommendations Tracker report was received and discussed. Members noted the progress they were making in transitioning to an automated system. - The Audit Wales Audit & Risk Committee Update was received and noted. - The Audit Wales CTMUHB Detailed Audit Plan 2024 was received and noted.

	Committee Members received an update on Cyber Security Risks, the Audit Recommendations Tracker and the Financial Control Procedure – Medical Variable Pay during the 'In Committee' session of the Committee.
Assure	- Members received the following reports at the 'In Committee' session of the Committee: - The Committee ENDORSED the CTMUHB Draft Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2023-2024 and noted the WHSSC, EASC and NIAW Annual Governance Statements / Compliance Statements. - The Draft Head of Internal Audit Opinion and Annual Report 2023-24 was received and noted. - The CTMUHB Draft Accounts 2023-2024 - Draft Subject to Final Audit Review (Including WHSSC and EASC Draft Accounts as appendices) was received and noted. - The CTMUHB Audit Enquiries Letter (Including EASC and WHSSC Audit Enquiries Letters as appendices) was received and noted. - The Organisational Risk Register Report was received and noted. Members discussed the risk on the 'LIMS Software', 'Community Dental' and the 'Ophthalmology Business Case' and agreed that these would be reviewed for the next iteration of the Risk Register. - The Post Payment Verification Annual Report 2023-24 was received and noted. - The Committee received and noted the Losses and Special Payments Report - The National Clinical Audit Annual Plan and Forward Plan for 2024-25 was received and noted. - The Procurement and Scheme of Delegation report was received. - The latest suite of Internal Audit Reports were received all recording reasonable assurance.
Inform	- The Unconfirmed Minutes of the meeting held on 18 April 2024 were APPROVED; - The Unconfirmed In Committee Minutes of the meeting held on 18 April 2024 were APPROVED; - The Annual Cycle of Business for 2024-25 was received and noted; - The Local Counter Fraud Annual Report was received and noted;

	The Forward Work Programme was received and noted.
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) /	No - Not Applicable
	If more than one applies please list below:

**Environmental
/Sustainability Impact
(5Rs)**

4. Recommendation

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



CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
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 25th June 2024.
- 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	There were no matters requiring escalation on this occasion.
ADVISE	- The Finance Reports for Months 1 & 2 were received. Members noted that at M2 the Health Board were reporting the following: Overall Revenue Position 2023-24: - The M2 position was a £1.4m deficit and the M2 Year-To-Date (YTD) position was now a £2.3m deficit. - The main driver for the £2.3m YTD deficit was a £3.5m shortfall in savings against the straight-line YTD savings target of £4.4m (£2.2m per month). This has been offset by £1.2m of other improvements. - The Health Board was continuing to forecast a break even position for 2024/25. This was consistent with the break-even plan submitted to Welsh Government (WG). - The key risks to the forecast break even position at M2 were estimated at £11.2m - The main risk was delivery of the £26.3m savings target. Recurrent Revenue position:

	• The brought forward recurrent deficit at the end of 2023/24 was £19.4m. • The planned recurrent surplus at the end of 2024/25 was £2.1m. However, the health board were currently off plan at M2 and this presented a risk to the both the In year forecast and the recurrent forecast. The forecast recurrent position at the end of 2024/25 will be reviewed after Q1. Savings: • Actual savings in M2 was £0.4m which was £1.8m below the M2 target of £2.2m. The M2 YTD savings was now £0.9m which was £3.5m below the M2 YTD target of £4.4m. • The M2 forecast In-year savings is £22.2m, which was £4.1m below the £26.3m target. The M2 savings profiles from Care Groups and directorates were showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings were forecast to reach £2.0m per month. • The £22.2m forecast savings plans have been risk assessed as £9.6m Green and £12.6m Amber. The estimated savings delivery risk at M2 has been estimated at £8.2m. This risk has been included in the M2 Risk assessment. • The M2 forecast Re-current savings was £23m, which was £3.3m below the £26.3m target. • A report was received on the Budget Framework for 2024-25. The Committee noted the information provided on the budget setting arrangements for 24/25 and the allocation of the budgets to Care Groups and other Directorates • A detailed review of the Integrated Performance Dashboard was undertaken with particular focus and scrutiny in the following areas: - Child & Adolescent Mental Health Services (CAMHS) Performance - Vaccinations - Neurodevelopment Services • A verbal report was received and noted on the Regional Diagnostics Programme. The Committee noted the update on progress for regional developments of community diagnostic hubs and a regional endoscopy centre, including associated risks.
ASSURANCE	• A Presentation was received and noted on the Development of the 24/7 Stroke Service Progress Update • 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.
INFORM	- The Committee received for information the Monthly Monitoring Returns to Welsh Government for Month 12 and Month 1. - The Committee Annual Cycle of Business 2024-25 was received and noted with an additional item added for an annual Highlight Report from the Value Based Health Care Steering Group. - The Forward Work Plan was received and noted. - The Minutes of the Meeting held on 30 April 2024 were APPROVED. - The Minutes of the In Committee Meeting held on 30- April 2024 were APPROVED. - The Committee Annual Report for 2023-24 was Endorsed for Board Approval subject to one minor amendment.
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:
	Not Applicable



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)	If more than one applies please list below:	
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (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)) / Link to Domains of Quality</i> (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? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable
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

10.2.4

CTM Health Board

Integrated Medium Term Plan 2024-2027 – Quarter one review 2024-2025

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
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 & 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 update	27/01/2024	Noted
Planning Performance and Finance Committee	13/03/2024	Noted
Board development meeting	13/03/2024	Noted
Board meeting	28/03/2024	Approved
Acronyms / Glossary of Terms		
IMTP	Intermediate Medium Term Plan	
ACSP	Acute Clinical Services Plan	
RTT	Referral to treatment time	
CAMHS	Children and Adolescent Mental Health Services	

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 The board approved the 2024-2027 draft plan for submission to Welsh Government on 28th March 2024. The plan has been subject to review by Welsh Government and NHS Executive officials and a positive collective review meeting was held with officials on 26th June 2024.
- 1.3 Final formal confirmation of the plan's status is now awaited from Welsh Government.
- 1.4 The 2024-2027 plan is a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

2. Specific Matters for Consideration

- 2.1 Following formal approval of the health board's IMTP in March, work commenced on delivery of the agreed plans.
- 2.2 This report provides a summary of the progress in quarter one and the impact to date.
- 2.3 During quarter one the review of the delivery of quarter four actions for the 2023-2024 IMTP was also undertaken and the full suite of review documents, is available for consideration of board members, as required. Any actions unable to be completed due to changes in priority or timeline due to dependencies were considered during the development of the 2024-2027 IMTP and the plans for year one of this plan.

Measurement structure

- 2.4 Ministerial expectations for the IMTP include a requirement for the health board to deliver on the following:
 - 2.4.1 Ministerial priorities and measures
 - 2.4.2 NHS Performance Framework 2024-2025
 - 2.4.3 Outcomes Framework
 - 2.4.4 The national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (incorporating planned care recovery).
- 2.5 The health board's integrated performance report (IPR) provides an assessment of key performance metrics, as set out in the NHS Wales

Performance Framework 2024-2025. The IMTP seeks to ensure that the health board makes progress towards delivery of the NHS Wales performance requirements and the IPR provides a comprehensive statement of the impact of key actions in the IMTP on delivery of performance indicators.

- 2.6 The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group has developed high level plans on a page, supported by more detailed service plans. In addition there are six ministerial templates which provide detail of actions and milestones for delivery, and are included as appendices to this report. These cover the five primary ministerial areas of focus as set out in the NHS Wales Planning Framework 2024-25:
- 2.6.1 Enhancing care in the community, with a focus on reducing delayed pathways of care
 - 2.6.2 Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
 - 2.6.3 Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
 - 2.6.4 Planned Care and Cancer, with a focus on reducing the longest waits.
 - 2.6.5 Mental Health, including CAMHS, with a focus on delivery of the national programme.
- 2.7 This report focuses on the delivery of actions as set out in the ministerial templates. However for diagnostic and therapies there was not a specific template requirement for the IMTP, so a summary of key actions has been provided.

Pathways of care

- 2.8 The two key work programmes in this area are the further progress of the navigation hub and the development of a health board-wide model of integrated teams and focus on the development of Extended Community Care plus redesign of the community hospital model to improve flow and reduce package of care delays.
- 2.9 Key progress made in quarter one includes:
- 2.9.1 Paramedics have been engaged within the Navigation Hub team since January 2024 and have become embedded into the team.
 - 2.9.2 Two Occupational Therapists have been engaged within the Navigation Hub team
 - 2.9.3 Respiratory virtual wards commenced January 2024. Evaluation has shown positive outcomes and recurrent funding to continue this service has been sought.
 - 2.9.4 The Navigation Hub continues to support nursing homes and is exploring the potential for support to be rolled out to residential homes.
 - 2.9.4.1 The average successful intervention rate of 87% has been maintained in quarter one. A deep dive is being undertaken to review the non-successful interventions to understand the reason.

- 2.9.4.2 The new community hospital model has been approved by both the Operational Management Board and Executive Team and the implementation plan is being finalised. The workforce model is complete.
- 2.9.4.3 The discharge policy has been approved and has continued to be embedded in quarter one.
- 2.9.4.4 The unscheduled care dashboard has been implemented. Length of stay and numbers of delayed packages of care are not yet reducing, however analysis is being undertaken to understand the causes.

Primary and community care access

- 2.10 100% of general practices achieved the access standards and there is continued monitoring or resilience through escalation levels with ongoing support to practices who are reporting level 3 and 4 escalation.
- 2.11 95% of dental practices have achieved the GDS contract value and key actions in quarter one included:
 - 2.11.1 Implementation of new dental metrics;
 - 2.11.2 Contracts have been adjusted so resources are re-directed to areas of need;
 - 2.11.3 Monthly monitoring of dental access and waiting lists;
 - 2.11.4 New operational management structure has been commenced for salaried dental services;
 - 2.11.5 Plans with secondary care colleagues to reduce waiting lists for paediatric general anaesthetic and special care GA cases.
- 2.12 The Enhanced Optometry Contract has been implemented and the implementation plan for Wales General Ophthalmic Services as set out in WGOS4 has been submitted.
- 2.13 Enhanced Services (Glaucoma Refinement/Diabetic Retinopathy/ Wet age-related macular degeneration) have been progressed and brought in line with WGOS4.

Urgent and Emergency Care

- 2.14 Progress has been made in the further development of Same Day Emergency Care (SDEC).
 - 2.14.1 At Prince Charles Hospital capital work has been completed and the Medical SDEC unit is open and taking direct referrals from the Emergency Department and general practitioners. Further pathways are being mapped and will be implemented when the full medical and nursing workforce is in place.
 - 2.14.2 Recruitment of 2 x WTE consultants is required; with one in post and the second to start mid-August 2024. Further medical and nursing recruitment is ongoing.
 - 2.14.3 The Princess of Wales Hospital Capital Estates plans are in development.
 - 2.14.4 Standard operating procedures are in draft and development across all sites to standardise SDEC approach, including not bedding into Medical SDEC units.

Planned care

2.15 The issuing of the NHS Wales Performance Framework in March 2024 necessitated further review of plans and performance improvement trajectories, which were resubmitted in May 2021. The potential areas of performance pressure include the following:

- 2.15.1 The achievement of delivery of referral to treatment time (RTT) of 52 weeks across all specialities by June 2025.
- 2.15.2 The delivery of all diagnostic tests within eight weeks.

2.16 During quarter one progress has been made in a number of key areas including:

2.16.1 Development of a Productivity Innovation and Transformation structure, in response to the Productive and Effective Elective Pathways work, to deliver the transformation and improvement detailed in the report which went to the NHS Leadership Board in April 2024. The key areas for improvement in this programme are:

- 1. Effective Waiting List Management Systems:** clear national pathways; focused treat in turn; effective booking processes; robust demand management
- 2. Outpatient & Preoperative Modernisation:** utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics
- 3. Theatre Capacity:** reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity
- 4. GiRFT & Clinical Implementation Networks:** identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery
- 5. Diagnostics:** further work to complete regional business cases to enable the delivery of community diagnostic hubs; straight to test pathways; diagnostic pathway best practice

2.16.2 Completion of a baseline assessment and review of key performance metrics for pre-assessment and anaesthetics services.

2.16.3 Full implementation of a tele-dermoscopy service.

2.16.4 Changes to service pathways for complex head and neck services – including repatriation to local teams.

2.17 Performance at the end of quarter one is not in line with the trajectory, however improvement is anticipated as the PIT work programme progresses and the performance impact will be monitored by the PIT.

Mental health and CAMHS

2.18 Further to progress made during 2023-24, the key actions in the plan for 2024-25 for quarter one have been progressing well and the use of Silvercloud online therapeutic support, partnership working with Mental Health Matters to deliver groups and close monitoring of one-to-one nursing interventions has resulted in excellent progress in performance.

2.19 Performance is ahead of the planned trajectory as set out in our IMTP, with 80% of cases accessing intervention in line with the requirements set out in part 1b of the Mental Health Measure against a quarter one target of 65%.

Diagnostics and Therapies

- 2.20 Work has continued to progress on the regional diagnostic programme which is facilitated by the health board on behalf of the South East Wales region. Business cases are in development for community diagnostic hubs for radiology services and regional endoscopy services.
- 2.21 In the interim, additional magnetic resonance imaging (MRI) capacity has been secured through the deployment of a mobile MRI unit at the Llantrisant Health Park site. This has enabled reduction in the number of waits for MRI in excess of eight weeks and a reduction in the overall waiting list.
- 2.22 Non-obstetric ultrasound improvement plans implemented in 2023-24 have significantly reduced the waiting list and the team continues to work to sustain this improvement.

3. Key Risks / Matters for Escalation

- 3.1 While there has been progress made across all areas, there are a number of performance measures that are not currently on trajectory. These metrics will continue to be monitored closely and the actions associated with these metrics will continue to be reviewed and adjusted, where required.

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: All strategic goals are influences of and included in the IMTP planning
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: The IMTP covers all services covered by the health board's statutory requirements and therefore the whole life course.
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: The plan is aligned to the health board's quality framework and wider enablers will apply.
Dolen i Feysydd Ansawdd	Effective



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	
	If more than one applies please list below: All quality domains will apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below: Our environmental sustainability is embedded in all our planning.

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 applicable
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) The IMTP sets out the financial and workforce plans for the 2024-2027 period. As noted in the report, the plan seeks to achieve a balanced financial position.	

5. Recommendation

5.1 The board is requested to:

- 5.1.1 Note the progress of the IMTP actions as set out in the report and the appended documents.
- 5.1.2 Note the impact on performance and that those areas that are not on trajectory will continue to be monitored and adjustments to plans identified, where required.

6. Next Steps

- 6.1 The board will continue to receive quarterly updates on progress alongside formal reporting mechanisms in place for the requirements of the NHS Wales Performance Framework, via the Integrated Performance Report.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 1:	Development of Urgent and Emergency Care pathways through the development of the Navigation Hub.			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 1:	- Development of a hub which is able to focus on urgent and emergency calls within the community and to sign post individuals to the right care - Implement and embed pathways with ED to reduce unnecessary conveyance to hospital	- Provide clinical support to Care Homes to ensure that the navigation hub as first point of access not WAST or GP - Implement and develop advice line for professionals working in the community - Role of the Hub into the redesign of community services	- Continue maintain delivery of services within the hub - Explore ways for additional resources to expand the hub - Develop confidence within the Hub between stakeholders to ensure the resource is being utilised - Further exploring the role of the Hub as single point of access for community service model	As quarter 3 Produce a comprehensive vision for the Hub as the SPA and oversight of ECC.
Progress synopsis	Following pathways established - Recognition of Life Extinct for Unexpected Death - ROLE Pathway - Supply of emergency drugs to support EOL patients - Discussions with Emergency Department around redirection Pathways - Professional Advice Line established for health community nursing teams - Discussions around Occ Health through additional AHP funding - Urgent and Emergency Dental Triage & appointments	Established pathways continue to be delivered to support. 111Press2 for Mental Health - Nursing Home Pathway has been introduced and tested for nursing homes. Focus on encouraging homes to utilise as confidence grows - C3 Radius PTAS - Pulling cases directly from ambulance stack (weekends Mon to Fri service only). - National antiviral scheme introduced for patients at highest risk of hospitalisation - Continue to monitor GDS waiting lists	All pathways introduced in Q1 and Q2 continue. Antiviral numbers significantly increasing putting pressure on the resource. - Discussions commence with LA colleagues around support for residential homes. - Appointment of Occ Health practitioners being undertaken - Hub GP to oversee stack secured over a number of weekends when pressures in ED and acute being escalated and - Continue to monitor GDS waiting lists	All pathways continue to be delivered - Antiviral activity starts to reduce - Continued to provide adhoc delivery of PTAS over the weekend where pressures reported as high and BC called. - OT now placed in Hub - Vision paper produced in draft. - Weekly reporting of activity and successful intervention by the hub on the PTAS service - Continue to monitor GDS waiting lists

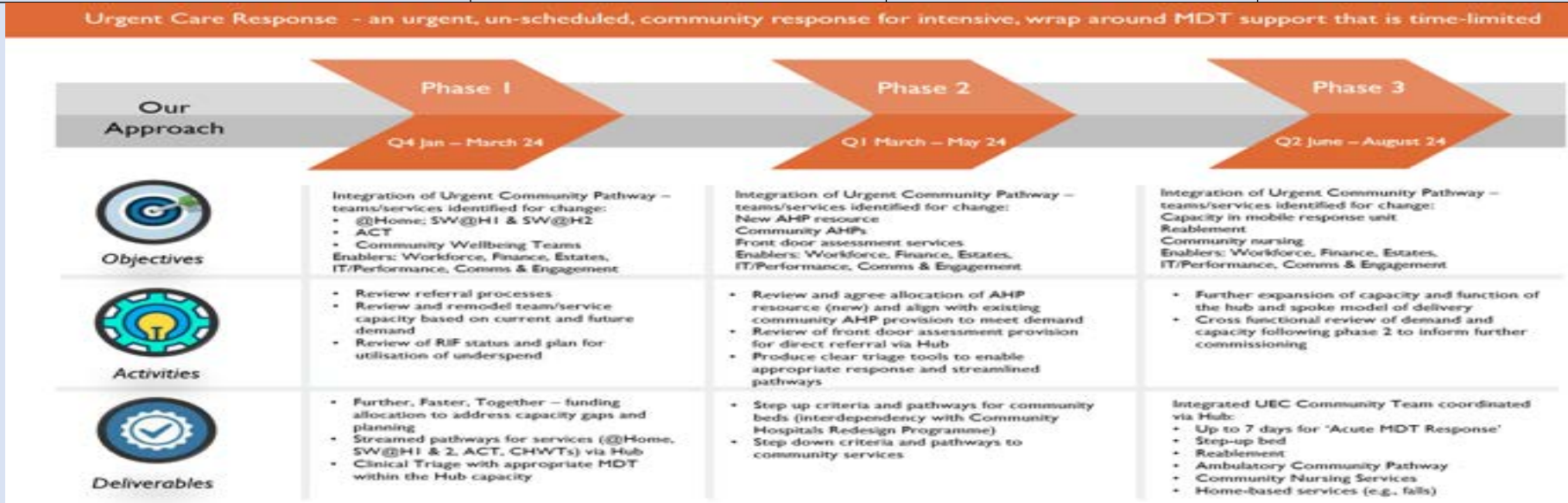
Priority area(s) to deliver 24/25:				
Progress synopsis	As above. The Development of the Navigation Hub is progressing well. It is shaping into a centre which is able to divert patients who would otherwise be on route to ED to more appropriate alternative services who are able to support their needs in an alternative setting. The development of the Hub is not in isolation and is a key part of the development of the new integrated model for community services.			
Ref 1				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	As above			
Progress Synopsis	As above			
Outcomes of delivering Ministerial Priorities:				
Ref 1:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 1:	- Continue to deliver pathways already implemented - Review and refine pathways as is required to maximise outcomes - Commencement of Advanced Paramedic Practitioners (joint programme with WAST) - Seek funding from Regional Capital Fund for scoping exercise for alternative premises to support future development of the Hub	- Continue to deliver pathways already implemented - Report in progress and outcomes through internal governance structure - Review first Q deliver of Advanced Paramedic Practitioners - Review impact of Occupational Health input - Work to progress the Hub being the SPA for community services - Review of the respiratory ECC - Deliver the oversight for the residential home in one locality to test principle - Mandate all Care Homes to use Hub as a first	- Continue to deliver pathways already implemented - Report in progress and outcomes through internal governance structure - Explore more opportunities for - Evaluate the residential home pathways to collect learning and explore continuation	- If successful in bid, consider evaluation of the scoping exercise to seek alternative premises and IT infrastructure. - Evaluate all pathways to ensure value based delivery and outcomes

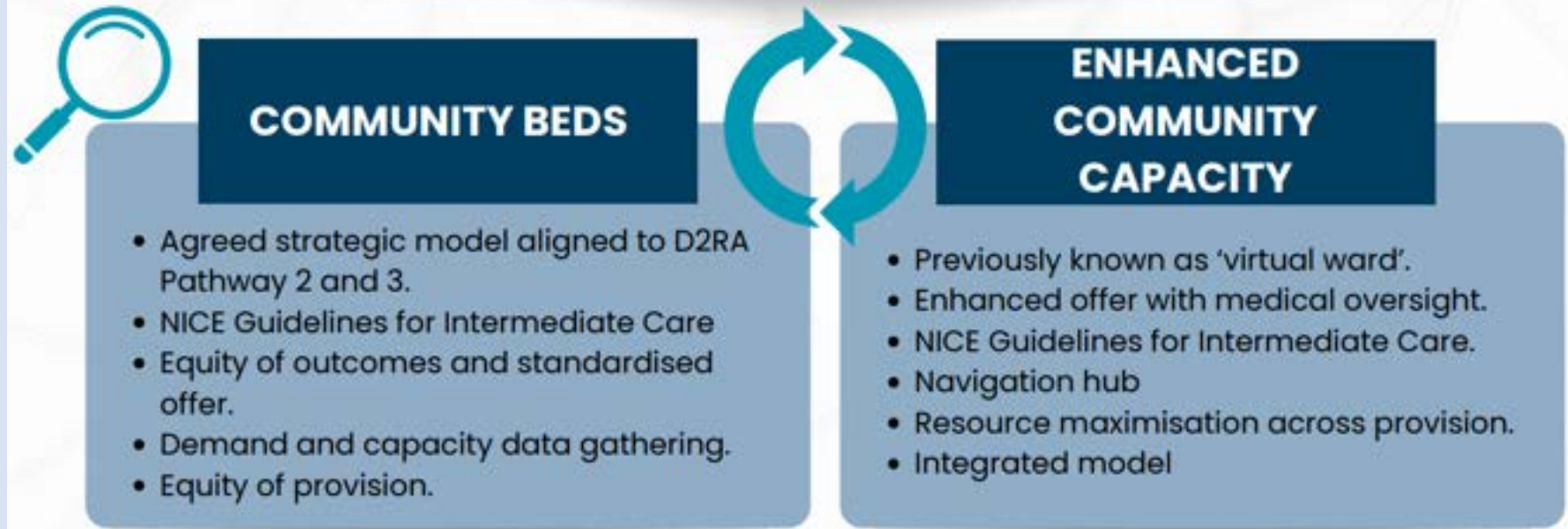
Priority area(s) to deliver 24/25:				
		contact before other routes for escalation		
Progress update 24-25	- Paramedics have been engaged within the Navigation Hub team since Jan 24. Working well and embedding into team 2 x Occupational Therapist engaged within the Nav Hub Team - Respiratory Virtual Wards commenced Jan 2024. Positive outcomes and recurrent funding to continue service has been sought. - Navigation Hub continues to support Nursing Homes – exploring POCT to support rollout to Residential Homes.	•	•	•
Overarching outcome measures/ metrics:				
The Hub will have an impact on the whole system, taking pressure of primary and community and specifically avoiding unnecessary hospital admissions and keeping people safe at home. The measures are - Reduction in unnecessary conveyance by WAST to ED - Reduction in admissions into hospital - Increased number of patients who have fallen being supported to get up and stay in own home (safely).				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	76% successful intervention rate	79% successful intervention rate	86% successful intervention rate	87% successful intervention rate
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Maintain 87% average successful navigation hub Nav Hub to be first point of contact for 100% prior to WAST Appoint Nav Hub Lead	Maintain 87% average successful navigation hub Mandate all care homes (nursing and residential) to make the Nav Hub the first point of contact prior to other emergency calls	Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST	Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST

Priority area(s) to deliver 24/25:				
		Nav Hub to maintain point of contact for 100% prior to WAST		
Performance review	Average 87% successful intervention rate maintained in Q1. Deep dive being undertaken to review those not successful to understand reason Working with WAST colleagues to ensure the pathways is embedded as first point of contact			
Risks	Risks of Non-Delivery		Mitigations	
	Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.		Continues to work to develop pathways and see ways to fund the development of the hub. May involve shift in investment.	
	Risks to Delivery		Mitigations	
	Availability of clinical workforce Employment contract issues		Ensure that the working environment and support remains robust and Hub is an enjoyable place to work in Being cognisant of National Developments and align local policies and application	
Critical Enablers	Finance			
	Funding is made up from 6 goals, Further faster. Detail expenditure plan is currently being worked through as part of Q1 budget reviews.			
	Workforce			
	- The development of the Hub is not being undertaken in isolation and is forming part of the wider development of the integrated community model. It is likely to be the case that some resource will shift from other areas to support the Hub in the absence of any additional funding. Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix - Support and improve wellbeing of our teams - Strong & resilient inter-professional leadership & delivery			
	Digital			
	- Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation - Digital is key for the Hub to be successful and an increase use of new technology to support patients to live well in the community will be a focus for 24-27			
Other (Specify)				

Priority area(s) to deliver 24/25:	
	Estate & Facilities enablers: The Hub is growing at a pace and with it comes a need for more appropriate premises which also has the infrastructure to support the integrated monitoring hub and also remote monitoring and create environments suitable for integrated teams and patients to access
Prevention & Population Health	Opportunities identified:
	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change. Evidence suggests a longer LoS for patients in areas of deprivation.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care																				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. Urgent and Emergency Care, with a focus on delivery of the 6 goals programme																		
Ref 2:	To transform the community services into a single CTM wide model of integrated teams and focus on the development of Extended Community Care and redesign of the community hospital model to improve flow and POCDS																			
Resume of planning Milestones 23/24:																				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4																
Ref 2:	Urgent Care Response - an urgent, un-scheduled, community response for intensive, wrap around MDT support that is time-limited  The diagram illustrates the 'Urgent Care Response' project, which is a time-limited wrap-around MDT support. It is divided into three phases: Phase 1 (Q4 Jan - March 24), Phase 2 (Q1 March - May 24), and Phase 3 (Q2 June - August 24). Each phase has specific objectives, activities, and deliverables. The diagram is titled 'Our Approach' and includes icons for each category. <table><tr><th>Category</th><th>Phase 1 (Q4 Jan - March 24)</th><th>Phase 2 (Q1 March - May 24)</th><th>Phase 3 (Q2 June - August 24)</th></tr><tr><td>Objectives</td><td>Integration of Urgent Community Pathway – teams/services identified for change: @Home; SW@HI & SW@H2 - ACT - Community Wellbeing Teams Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement</td><td>Integration of Urgent Community Pathway – teams/services identified for change: - New AHP resource - Community AHPs - Front door assessment services Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement</td><td>Integration of Urgent Community Pathway – teams/services identified for change: - Capacity in mobile response unit - Reablement - Community nursing Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement</td></tr><tr><td>Activities</td><td> - Review referral processes - Review and remodel team/service capacity based on current and future demand - Review of RIF status and plan for utilisation of underspend </td><td> - Review and agree allocation of AHP resource (new) and align with existing community AHP provision to meet demand - Review of front door assessment provision for direct referral via Hub - Produce clear triage tools to enable appropriate response and streamlined pathways </td><td> - Further expansion of capacity and function of the hub and spoke model of delivery - Cross functional review of demand and capacity following phase 2 to inform further commissioning </td></tr><tr><td>Deliverables</td><td> - Further, Faster, Together – funding allocation to address capacity gaps and planning - Streamed pathways for services (@Home, SW@HI & 2, ACT, CHWTs) via Hub - Clinical Triage with appropriate MDT within the Hub capacity </td><td> - Step up criteria and pathways for community beds (interdependency with Community Hospitals Redesign Programme) - Step down criteria and pathways to community services </td><td>Integrated UEC Community Team coordinated via Hub: - Up to 7 days for 'Acute MDT Response' - Step-up bed - Reablement - Ambulatory Community Pathway - Community Nursing Services - Home-based services (e.g., falls) </td></tr></table>				Category	Phase 1 (Q4 Jan - March 24)	Phase 2 (Q1 March - May 24)	Phase 3 (Q2 June - August 24)	Objectives	Integration of Urgent Community Pathway – teams/services identified for change: @Home; SW@HI & SW@H2 - ACT - Community Wellbeing Teams Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement	Integration of Urgent Community Pathway – teams/services identified for change: - New AHP resource - Community AHPs - Front door assessment services Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement	Integration of Urgent Community Pathway – teams/services identified for change: - Capacity in mobile response unit - Reablement - Community nursing Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement	Activities	- Review referral processes - Review and remodel team/service capacity based on current and future demand - Review of RIF status and plan for utilisation of underspend	- Review and agree allocation of AHP resource (new) and align with existing community AHP provision to meet demand - Review of front door assessment provision for direct referral via Hub - Produce clear triage tools to enable appropriate response and streamlined pathways	- Further expansion of capacity and function of the hub and spoke model of delivery - Cross functional review of demand and capacity following phase 2 to inform further commissioning	Deliverables	- Further, Faster, Together – funding allocation to address capacity gaps and planning - Streamed pathways for services (@Home, SW@HI & 2, ACT, CHWTs) via Hub - Clinical Triage with appropriate MDT within the Hub capacity	- Step up criteria and pathways for community beds (interdependency with Community Hospitals Redesign Programme) - Step down criteria and pathways to community services	Integrated UEC Community Team coordinated via Hub: - Up to 7 days for 'Acute MDT Response' - Step-up bed - Reablement - Ambulatory Community Pathway - Community Nursing Services - Home-based services (e.g., falls)
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The Planning Milestones for the redesign of community integrated model is as detailed above. Alongside this work is another significant work programme to Redesign our Community Hospitals. Ensuring that the whole pathways for patients is reviewed and reprioritised and along with enhanced community care. The focus on will be on rehabilitation, complex and step up and step down beds.																				



Progress synopsis	In respect of redesign of community integrated teams a formal Commissioning Group between Health (PC&C and AHP) and LA colleagues is established and meet on a regular monthly basis to progress the work programme. 1. Integrated service model has been agreed at LLG and RPB. 2. Outline model for the integrated teams has been agreed at ILG and RPB. 3. Pathways for urgent and population health defined and agreed 4. Focus agreed for care homes, ACP, and falls 5. Mapping of workforce and associated work-streams completed across LA and Health have been mapped. 6. Workforce and financial plans will finalised for end Q3. 7. Workstream established and meeting regularly to align integrated services redesign with Navigation Hub as being first point of contact 8. Gap analysis for community nursing specification and principles has been completed. Details of funding gap have been shared with WG. 9. Regular meetings for nursing specification and principles taking place 10. Civica has been rolled out to District Nursing day services but not as yet to District Nurse night service but exploring options for the Navigation Hub.

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	In respect of community hospital redesign a programme board has been established and is working alongside the wider Frailty Strategic Programme. Model has been agreed in principle and is waiting final sign off by the Design Authority.			
Outcomes of delivering Ministerial Priorities:				
Ref 2:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 2:	- To align the work programme with the Navigation Hub with the community service redesign - Implement community nursing principles - Implement community nursing specification - Implementation of Civica District Nurse Establish the work streams - Map the current workforce and the funding streams associated - Map the current gaps in workforce teams - Undertaken engagement sessions with other stakeholders - Undertake engagement sessions with teams to share and discuss the vision - sing scheduling system - Advertise posts required and identified as part of the Further fast funding - Additional community nursing to ensure that the District Nurse Principles are met as well as focus on frailty nurses, ACP, clinical support for the Navigation Hub. To	- Integration of Urgent Community Pathway: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams - Further, Faster, Together funding allocation plan to address capacity gaps and planning - Streamed pathways for services: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams - Establish capacity in mobile response units - Set up clinical triage with appropriate MDT within Navigation Hub capacity Community Hospitals - Operational embedding of new discharge policy and evaluation - Implementation of accredited training for trusted assessors - Discharge toolkit - Business case for Integrated Discharge Team with Section 33 agreement - Monthly review and update of PoCD action plan	- Integration of Urgent Community Pathway: new AHP resource, community AHPs, front door assessment services - Establish step-up criteria and pathways for community beds (interdependent) with Community Hospital bed modelling programme delivery) - Establish criteria for step down pathways to community services Community Hospitals - Sign-off for implementation - plan for Integrated Discharge Team - Full implementation of Integrated Risk Escalation Framework - Straight to service model for all Pathway 1	- Integration of Urgent Community Pathways. - Completion of integration of UEC Community Team coordinated via Hub: for Up to 7 days for ‘Acute MDT Response’ Step-up bed Reablement - Further demand and capacity review plan for future modelling and commissioning Community Hospitals - Audit of D2RA pathways and MADE reviews implemented quarterly on each site - Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care. - Monthly review and update of PoCD action plan

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	ensure the opportunity to enhance the AHCP workforce is maximised by shifting resource where it is required. Ongoing Bed base - Community Hospitals • New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily • reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges • per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings (acute, community hospitals, discharge teams and social care).	Demand and capacity modelling for residential/ nursing placements	discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff)			
Overarching outcome measures/ metrics: 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. Increase amount of people receiving enhanced community care 13. Reduce admission rates 14. Reduce POCD 15. Reduction in waits for social care in the community hospitals				
Progress Update 24/27	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	- New Community Hospital Model has been approved by Operational Management Board and Executive Team. - Implementation plan just being finalised - Workforce model complete - New JDs drafted for ANPs in Community Hospitals out on TRAC and being progressed			

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	• D2RA Process implemented • Discharge Hub in place, and further staff being recruited (band 6 and band 3) • All wards using EWTBs • POCD data being monitored on monthly basis and feeding into the action plan. • Scrutiny continues to take place at the Integrated Discharge Board • Discharge Policy approved and continues to be embedded in Q1. • Unscheduled Dashboard has been implemented • LOS and DPOC not yet reducing but analysis being undertaken to understand why			
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Appointment of the Diabetes Nurse Specialist in DN Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.
Risks	Risks of Non-Delivery		Mitigations	
	CTM will continue to have different models of community services across the CTM footprint		Concerted commitment and effort by all partners to drive the work forward. Monthly reporting and escalation into the governance structure.	
	Risks to Delivery		Mitigations	
	No dedicated resource to support either the redesign and the implementation could delay a ‘go live’. Complex and intensive work is carried by those as well as existing role		Concerted effort and commitment by all partners to drive the work forward. Monthly reporting into the HB governance structure	
Critical Enablers	Finance			
	The plan is for the model redesign to be cost neutral. A full financial analysis will be worked up as part of the plans			

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	
	Workforce
	A detailed workforce plan will be worked through as part of the programme board. Focus needs to be developing a wider MDT model of nursing and therapists for reablement.
	Digital
	Digital technology will be a key part of the programme in order to support patients at home and remotely but to also give them independence
	Other (Specify)
	Collaboration through partnerships is critical enabler
Prevention & Population Health	Opportunities identified: Development of robust community services which are linked to the hub will produce a system which can prevent individuals from going into hospital and early intervention should result in them being supported at home sooner. Population management for LTC will be a key pathways to follow the UEC pathways.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Enhanced Community Services				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 3:	Flow and Discharge: To reduce Pathway of Care Delays through the robust process for assessing and reviewing PoCD and redesign of community hospitals.			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 3	- Design and delivery of D2RA, - Roll out of 'Optimise' all community hospitals - Structured board rounds and involvement of MDT - Accurate data input and recording on eWhiteboards - Implementation of - SitRep for monitoring and scrutiny of flow and discharge processes - SAFER, Red2Green and Preventing deconditioning Guidance - Establishment of Board to overview redesign of community hospital bed and workforce profile	- Trusted Assessor role fully implemented and supporting appropriate - discharge on all 3 sites - Development of Training Modules to support new guidance – mandatory modules - Development of 'Train the Trainer' type toolkit for ward managers, MDT representatives and social care colleagues to support scaling up of the improvement project - Assessment of current Community Hospital Model	- End PJ Paralysis plan including educational material, staff coaching, resources for patients and families. - Scaling up Functional Rehabilitation Programme across inpatient areas - Drafting of optimum model for community hospitals with focus on medical model	- Work to embed the D2RA continued - Governance structure for oversight of POCD continues to embed and to report internally and nationally - Focus on embedding the understanding and need for quality of data on eWhiteboards across all teams. - Focus work taken place where data quality requires attention - Draft model for community hospitals and medical workforce model proposal considered by OMB.
Progress synopsis	- Integrated Discharge Delivery Board established with governance and assurance of PoCD delays - Integrated Discharge Policy approved March 2024 in line with national guidance - Revised PoCD reporting, validation and escalation process established - Stranded patient reviews established with MADE methodology with 1st MADE review in PoW 04/24 - Re-launch of redesigned Supported Discharge Notification form and electronic Transfer of Care - Re-launch of redesigned eWhiteboards system with internal and external delay codes aligned to Pathways of Care Delays and D2RA reporting. - Launch of Red2Green/SAFER in acute and community sites – phased and structured project implementation ongoing with anticipated completion date November 2024			

Priority area(s) to deliver 24/25: Enhanced Community Services

- Use of standardised data across health and social care to manage/report on flow and discharge
- D2RA/Discharge Hub established as an integrated model and management of discharge in acute and community services supporting implementation of trusted assessor model in place and operational ☐ Integrated Discharge Delivery Board (health & social care) overseeing discharge data and discharge delays and form action plans to address barriers to timely and effective discharge.
- Draft model for community hospitals and medical modelling approved by Operational Management Board and now awaiting scrutiny and approval by Design Executive.
- Opportunities being sought to enhance the Enhanced Community Services – Current delivery through community teams (CHWT & integrated network in Bridgend). Additional services commenced in Q1 for respiratory patients out of the Navigation Hub.
- Greater evaluation around the current Enhanced Community Services and this will be taken into consideration for the community services redesign

Outcomes of delivering Ministerial Priorities:				
Ref 3:	Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals Outcomes needs to be aligned with the Healthy Days at Home and the ECC agreed measures			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 3:	• New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site • Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings	• Operational embedding of new discharge policy and evaluation • Implementation of accredited training for trusted assessors • Discharge toolkit • Business case for Integrated Discharge Team with Section 33 agreement • Monthly review and update of PoCD action plan Demand and capacity modelling for residential/ nursing placements	• Sign-off for implementation plan for Integrated Discharge Team • Full implementation of Integrated Risk Escalation Framework • Straight to service model for all Pathway 1 discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	• Audit of D2RA pathways and MADE reviews implemented quarterly on each site • Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care. • Monthly review and update of PoCD action plan

	(acute, community hospitals, discharge teams and social care). - Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge - Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff) Community Hospital - Focus on two D2RA bed-based pathways of care Effective discharge - reduction of 'Red' days during person's hospital stay			
Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals				
Baseline 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1 Target improvement of LoS: 1) Reduce super stranded patients by 25% by end of Q2. 50% of patients within standard measures. POCD – reduction of	Quarter 2 Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Quarter 3 Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Quarter 4 Further reduction in POCD by 15%

	assessment delays by 15% per quarter Reduction in red days Evaluate outcomes of Respiratory ECC			
Risks	Risks of Non-Delivery		Mitigations	
	May lead to patient harm as patients will either be admitted into hospital when it could be avoided or result in a longer stay in hospital		Escalation through governance routes if non delivery or delay is a reality	
	Risks to Delivery		Mitigations	
	Protected time and resource to focus on the programme. Non compliance by ward staff		Monitoring against milestones Working with key partners to make happen	
Critical Enablers	Finance			
	Redesign needs to be cost neutral and financial plans are in the process of being finalised			
	Workforce			
	Community Hospitals: Higher ratio of therapies to nursing / medical staff - Reduction in medical supervision - Pathway 2 bridging - Care will be delivered by roles similar to domiciliary care workers - Oversight from registrants will be a 'light touch - reablement approach - Pathway 3 - similar ratio to current community beds with allocated medical support and RNS. Clear interventions provided for - Pathway 2 (rehabilitation/reablement) with specified standards and workforce - Pathway 3 with specified standards and workforce			
	Digital			
	Improved information management, data sharing/ technology – enabling D2RA driven care provision i.e. utilisation of E-Whiteboards system			
	Other (Specify)			
	n/a			
	Opportunities identified:			

Prevention & Population Health	The whole redesign of community services (including bed based care) is focused on prevention. Early and timely intervention is the key factor underpinning the programmes.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 4:	Further Faster – The specific areas of this programme is to further support the programmes of work identified for the Ministerial priorities, i.e. community nursing, EOL, making communities resilient through Navigation Hub and anticipatory for the top 5% of the population at risk of frailty			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 4:		- Through Commissioning Group development work with LA colleagues to identify what would make the greatest impact. - Care Homes identified as being the greatest need for both health and social care. Especially around falls. - Development and scoping of what would be needed - Additional eyes on clinician employed to support urgent and emergency pathway	- Testing concept with residential homes. - Further work to develop pathways and employ the resource for the respiratory ECC	Focus was on supporting the Navigation Hub to develop the urgent and emergency response to Care Homes and professional teams. Additional 'eye on clinician' supporting the triaging doctor. Enabled a home visiting service.
Progress synopsis	The aim was not to utilise the funding for new and additional projects but to utilise it to enhance the existing work to develop capacity and capability within the community teams, further supporting frailty and also ECC.			
Outcomes of delivering Ministerial Priorities:				
Ref 4 :				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 4:	Undertake recruitment of additional community staff	- Continued recruitment of additional District Nursing staff - Focus on frailty to support those in top 5% risk of frailty	Review the first few	Review the first few months of delivery to

Priority area(s) to deliver 24/25:

	required to increase capacity for 24/7 provision • Work with Palliative Care Consultant Development of plan to delivery ACP education and training • Work to gain demand and capacity information in respect of District Nursing Further development of the Navigation Hub to support professional teams focusing on Advanced Nurse Practitioner role especially around supporting care homes • Focus on Falls response in care homes and wider communities • Further progressing risk stratification work to enable Anticipatory care planning for 0.5% people most at risk of urgent care • Focus on EoL and especially around ACP. Work with Palliative Care Consultant Development of plan to delivery ACP education and training	▪ Focus on supporting care homes where need is identified by the Navigation Hub ▪ Validate data being identified from the risk stratification	months of delivery to assess outcomes and learning ▪ Review and assess impact on the District Nursing Principle	assess outcomes and learning Review and assess impact on the District Nursing Principle

Overarching outcome measures/ metrics:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Baseline position 23/24	▪ 24/7 service being delivered ▪ Assessment of needs for District Nursing Principles assessed. All teams are coterminous	As Q1 and in addition • Recruitment of the band 4 role taken place and demonstrated that enhanced skill mix and career framework in place for HCSW.	As Q1&2	Identification of Further Faster funding to improve 24/7 provision to reflect demand largely influenced by

Priority area(s) to deliver 24/25:				
	to general practice populations. Providing continuity for patients and professionals. - All Team leaders in place with SPQ 12WTE achieved in all but 1 team but this is due to joining of 2 small teams. Team is now more resilient. - Further work to be done around administration			deprivation.. Additional RGN posts to be recruited
Progress update 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	- Navigation Hub continues to deliver supporting Care Homes - Additional GP in the Navigation Hub to provide eyes on to patients has been engaged. - Finalising the recruitment process for the additional District Nursing Posts to enhance the weekend working. - Review of Marie Curie provision to ensure it is meeting the needs of EOL patients and is maximising capacity. 2 x Occupational Therapists in place in the			

Priority area(s) to deliver 24/25:				
	Hub since January 24 to support patients who have fallen. Linking in with wider therapy falls team and @home team. - Respiratory Virtual Ward delivering since January to support patients at risk of escalation and supporting at home and avoiding admission - Workshop undertaken in June to develop enhanced Extended Community Care model			
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ 15% admin Increase number of RCN by 10WTE	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ Have optimum administration support in place for DN teams Have a falls response team in place	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ
Risks	Risks of Non-Delivery		Mitigations	
	- Failure to recruit into the additional community nursing posts will lead to CTM not attaining the district nursing principles and standards set. - Failure to have appropriate ACP in place will lead to patients being admitted into hospital		- Robust recruitment plan - Delivery programme of ACP training and advice. Raise awareness of the need for ACP	
	Risks to Delivery		Mitigations	
	Failure to recruit will have a negative impact on our ability to delivery and therefore less resilience over the winter of 2024 and more patients accessing acute when it could be avoided.		Will need to put additional resource into acute which is what we are trying to avoid	

Priority area(s) to deliver 24/25:	
Critical Enablers	Finance
	The forecast to date is full spend of the £1.8million
	Workforce
	Final plans are being worked through as priority areas are tweaked and discussions continue with LA colleagues and clusters
	Digital
	At this point in time digital is not critical but will be a key enabler as the plans over the year progress.
	Other (Specify)
	Costs for additional community equipment to support patients at home will also need to be prioritised.
Prevention & Population Health	Opportunities identified:
	Keeping patients safe at home will be key to our resilience as we approach winter. Promotion of the importance of lifestyle and the impact of this on people's ability to manage LTCs will continue through WISE and other wellbeing and health promotion schemes. Delivery of the NIF programme will be key to keeping individuals protected

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

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.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:							
Key focus should be on delivering			Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. Support sustainability and development of robust primary care services through the commissioning of services which are value based and support system pathways and new models of care				
Ref:	New priority/ Continued from 23/24 (Delete as appropriate)						
Ref:							
Resume of planning Milestones 23/24:							
	Quarter 1		Quarter 2		Quarter 3		Quarter 4
Ref:	Priority	Key actions	Metrics (performance indicator/ outcome/ output)	Timescale Qtr./ Year	Update – May 2023	Q4 Update	
	General Medical Services and Access	1. Continuing to support practices to find ways to improve access to GMS services 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	1. Ensure 100% compliance of phase 1 & 2 GMS Access Standards 2. Monitor Concerns and complaint for trends, issues and hotspots	Q1-Q4 2023	- Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified. Access forum due to meet on the 24th 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	1. All contracts have been reviewed to reflect the unified contract variations. 2. Teams actively monitoring and supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 6 practices receiving direct support. 3. Rolling programme of Practice Development Visits (PDV) is now in place to ensure monitoring and assurance is gained	

Priority area(s) to deliver 24/25:							
					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.	4. Health Inequalities programme continues to focus in the North Bridgend Cluster.	
	Dental Services Contract Reform and Access	- Robust commissioning of dental services in areas of need during the re-tender of dental contracts - Review of CDS / DTU services - Development of model and workforce plan - Engagement with teams and stakeholders - Encourage participation in the ACD programme	- Monitor the urgent and emergency activity - Monitor the follow up activity - Monitor will be determined by the national dental contract measures - MOS activity - CDS activity - D2S & Gwen a Blyth activity	Q1-Q4 2023	- Activity is being reported into the Heath Boards Performance and Improvement Board. 3 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	- No further contract resignations have been received and all contracts have been re-tendered. - New contractor in Bridgend due to commenced in January 2024 and patients are being allocated centrally via the waiting list. - Urgent & Emergency Dental Service continues to manage calls and waiting list – demand is increasing. - First dental collaborative has met and is being	

Priority area(s) to deliver 24/25:						
					with the HB to offer additional urgent access appointments. • Urgent and Emergency appointments now handled 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.	funded centrally in the absence of it being included in contract reform. • Regular reporting of Dental activity reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board. • Final end year and mitigations 2022/23 completed. • Mid-year reviews currently taking.
	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 of the new contract.	• Additional post is in the process of

Priority area(s) to deliver 24/25:							
	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 hospital to community optometry, e.g. wet AMD, HCQ, glaucoma and cataract.	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		- 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 specialist services, such as wet AMD and HCQ.	being recruited into as part of OCP - All practices participating in WGOS1-3. - WGOS4 services are in place and further refinement to comply with national pathways is taking place. Good engagement from the Clinical Director and teams in the Hospital Eye Care Service.	
Progress synopsis	Please see above		Please see above		Please see above		Please see above
Ref:							

Priority area(s) to deliver 24/25:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Outcome metrics comply with the national metrics agreed in the contracts and deliver accessibility for patients.			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	1.Implement the new independent contract changes and metrics for 25-26 as directed 2.Support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 3 scoping meeting to discuss workshop around new models of care 4, considerations of priorities from Acute Clinical Services Plan to formulate plan for shift in services	1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2. Continue to explore and implement new models of care across PC through a workshop with LMC and clusters 3. Workshop/mtg to review ACSP and look at opportunities	1.Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2.develop service specifications to support the ACSP priorities 3 Mid-Year review of contracts and delivery	1. Continue to maximise delivery of the out of hospital services for optometry, dental and GMS in line with the clinical services plan
Delivery update	Q1 update GMS - Monitoring of escalation levels at practice level continues weekly - Continuing to supporting practices who are reporting level 3 and 4 - Exploring new models of Practice Model			

Priority area(s) to deliver 24/25:				
	• Work to enhance resilience community teams wrapped around GMS Dental • New dental metrics implemented • Contracts adjusted so resources re-directed to areas of need • Monthly monitoring of dental access / waiting lists • New operational management structure commenced for salaried dental services • Plans with Secondary Care Colleagues to reduce waiting lists for Paediatric GA and Special Care GA Optometry • Enhanced Optometry Contract implemented. • Implementation plan for WGOS4 submitted. • Enhanced Services (Glaucoma Refinement/Diabetic Retinopathy/WetAMD progressed and brought in line with WGOS4			

Priority area(s) to deliver 24/25:				
Overarching outcome measures/ metrics:				
Key metrics will be as per the NHS Wales Performance Framework 2024-2025 and will include access requirements:				
11. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours				
13. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Improvement trajectory			
Performance delivery 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	100% of practices achieved Access Standards 95% of practices have achieved the GDS contract value			
Risks	Risks of Non-Delivery		Mitigations	
	Impact on patient care in terms of primary care access Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.			
	Risks to Delivery		Mitigations	
	Key risks for primary and community care are: - Levels of demand across all elements of primary care. - 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.		Continue to monitor the current position of contractors and provide proactive support Continue to explore ways to monitor demand Direct resources where they will have maximum impact and positive outcomes Designing systems and process which mutually support all elements across the Care Group	

Priority area(s) to deliver 24/25:		
	• Delivery of recurrent cash releasing savings when service delivery is to shift into the community	
Critical Enablers	Finance	
	Workforce	
	• Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery	
	Digital	
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Increase use of technology to support patients to live well in the community, e.g. remote monitoring through telehealth, virtual wards, and digital options to support more prudent delivery of care for example wound care. • IT and digital infrastructure to support the Navigation Hub which will be the single point of access for community services and remote monitoring	
	Other (Specify)	
	Estate & Facilities enablers: • Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy • Identification of premises which has the infrastructure to support the integrated monitoring hub • Create environments suitable for integrated teams and patients to access	
	Opportunities identified:	

Priority area(s) to deliver 24/25:	
Prevention & Population Health	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change.

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

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.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

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The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

- 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
- 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

Key focus should be on delivering

Unscheduled Care
Group - Ministerial Pr

Ref: Continued from 23/24 (Delete as appropriate)

Ref:

Resume of planning Milestones 23/24:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services
Progress synopsis	No key milestones in Q1.	No key milestones in Q2.	The 3 acute sites are at different points of development. <u>Prince Charles Hospital update;</u> -There is a defined SDEC area however WAST will not have access to SDEC initially however this will follow at later phases. - Medical SDEC environments will be identified by end of year. - Staffing models will exist against defined environments, however for phase 2 onwards additional resource will be required to achieve full realisation of the plans. -SDEC opening hours may be phased starting 8-8. - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening – ED will form part of phase 2 however GP	<u>Prince Charles Hospital</u> - the capital work is due to be handed over during Q4 with plan to officially implement SDEC during March 2024. The scheme was prioritised by the HB's Capital Board for delivery from its capital funding for 23/24. The delivery model has been developed for SDEC at PCH setting out the flows which will be phased with later phases contingent on additional nursing and medical staffing – over and above significant existing HB resource and an SDEC grant contribution.

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

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			expectant patients will form part of Phase 1 and the Frailty development is already operating within the CDU/AMU. <u>Royal Glamorgan Hospital update;</u> - AECU in place in RGH. - Direct access to AECU for GP expected patients arriving by ambulance. - Appropriate patients are directed to AECU where possible. - Staffing establishment in place however not benchmarked against standards (Nurse Safe Staffing Act doesn't cover AECU/SDEC areas). - Defined opening hours, however during winter months AECU used overnight and on weekends as surge capacity. - Suitable patients from ED/Assessment Units are identified continually throughout the day and at PTWR and morning huddle.	

Outcomes of delivering Ministerial Priorities:

Ref:

Ref:

Planned Milestones 24/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	-Establishment of a 24 hour Navigation Hub -Expanding and Defining Existing Services -Creation of a Directory of Services	- SDEC development phase 2/GP stream - Develop workforce model to support phase 2	- Scope development of WAST direct access -Implement phase 2	-Explore phase 3 for SDEC PCH - Explore Virtual Wards utilising data -Direct to SDEC ED referrals

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

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- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Ref:	-CTM Navigation Hub deployed fully and accessible by GP's, WAST and Nursing Homes to refer patients in to secondary care -Map existing services -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	-Navigation Hub to have ability to book pre-arranged slots for Medical SDEC on acute sites -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	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 - 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	-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
Delivery update	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Updates on Navigation Hub in Pathways of care document.

Overarching outcome measures/ metrics:

Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1 -Navigation Hub to develop workforce model to support 24 hour implementation -Discussion with WAST/NCCU to increase utilisation of Navigation Hub -Navigation Hub to be expanded to take GP Calls from Primary Care to direct appropriately -Medical Same Day Emergency Care approach to be standardised across Cwm Taf Morgannwg	Quarter 2 -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	Quarter 3 -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	Quarter 4 -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

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

- Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
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- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

	-Submission of Capital Estates request to improve environments -Continue against current recruitment plans -Process Map current pathways against data points with support from Performance and Information	SDEC pathway but "overnight" – these may remain in Assessment Units -Review current demand data to understand any additional workforce requirements	Care will exist on three acute sites -A CTM Standard Operating Procedure for Medical SDEC will be defined to demonstrate how the areas will function to support flow	patients to demonstrate value
Performance update	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	-Prince Charles Hospital - Capital work completed, Medical SDEC unit is open and taking direct referrals from ED and GPs. Further pathways are being mapped, to be implemented when Medical and Nursing workforce in place. -Recruitment of 2 x WTE consultants with one in post and the second to start mid-August 2024. Further medical and nursing recruitment ongoing. -Princess of Wales Hospital- Capital Estates plans in development. -SOPs in draft and development across all sites to standardise SDEC approach, including not bedding into Medical SDEC units.			
Risks	Risks of Non-Delivery		Mitigations	
	Current constraints within the medical workforce in order to deliver on all three sites. Financial risk to deploy workforce model seven day Current data demonstrates poor value where seven day services have been trialled within Cwm Taf Morgannwg, with increased cost for very little patient benefit 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		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	

Priority area(s) to deliver 24/25:**Implementation of Same Day Emergency Care services that complies with Ministerial priorities:**

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	Risks to Delivery	Mitigations
Critical Enablers	Finance	
	There is a capital requirement of £120,000 to support the development of an identified appropriate environment within Prince Charles Hospital footprint. There is a capital requirement of £20,000 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.	
	Workforce	
	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: - o 2 x Band 6 OT - o 1 x Band 6 Physio - o 1 x Band 7 Physio - o 1 x Band 7 Falls AHP Lead - o 1 x Band 6 Speech and Language Therapist - o 1 x Band 6 Dietician - o 4 x Band 4 Health Care Support Workers	
	Digital	
	Other (Specify)	
Prevention & Population Health	Opportunities identified:	

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
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- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

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.

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Priority area(s) to deliver 24/25:

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

Key focus should be on delivering



Unscheduled Care
Group - Ministerial Pr

Ref: Continued from 23/24

Ref:

Resume of planning Milestones 23/24:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	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. Review of workforce and Demand and Capacity modelling required for each site ED Digital Project Group to be established Support implementation of WPAS merger	Reduction in ambulance lost hours Roll out of >1 and 12 escalation hour action card Completion of Demand and Capacity modelling for all 3 sites Undertake patient profiling exercise to better understand ED demand Electronic tracker to support deep dive into patient pathway stages in ED to identify delays / barriers impacting on flow Heightened focus on exit blocks and hospital flow Realignment of workforce as part of an invest to save programme to secure a substantive and sustainable staffing model and reduce expensive agency spend Development of an Urgent Treatment Centre for GP referrals at PCH Relocation of Paediatric area in RGH to work towards compliance with national standards Implementation of RATs on PCH site Mapping of patient pathways and data capture across ED to standardise reporting	Emergency Pressures Escalation Plans ability to respond to seasonal variation Secure enhanced, timely support for non-emergency patient transfer service Work with WAST to facilitate transfer of patients to Radiology Continued engagement with GIRFT/SEDIT	Emergency Pressures Escalation Levels shared pan CTM

Priority area(s) to deliver 24/25:

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

		Site wide engagement with Internal Professional Standards		
		Engagement with GIRFT/SEDIT		
Progress synopsis	- Trajectories agreed; - Weekly performance meetings in place; - Ambulance Handover Escalation Card in place - Focused improvement programme to reduce Ambulance Handover delays “go live” at Royal Glamorgan Hospital. - Workforce reviews commenced - Demand and capacity modelling commenced in PCH - Digital Project Group commenced and programme of work agreed (Electronic huddle, cas card, GP discharge letters and live validation - Standardisation of coding and drop down list to support WPAs merger completed	- Review adherence to escalation procedure/action and outcomes; - Roll out of handover improvement plan at Prince Charles and Princess of Wales Hospitals; - RCA for any delay >4 hours; - Progress patient flow work streams through Six Goals Programme. - UTC Project Group commenced in July and programme of work agreed - Local engagement with a view to implementation of Internal Professional Standards commenced on PCH site specialties - GIRFT/SDEIT visits too plan in June. Continued engagement with National Programme to continue	- 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.	- Launch of WAST - ICT colleagues to collaborate in reporting escalation levels on the intranet
Ref:	4 Hour Ambulance Handovers: Q1 No more than 750 ambulances over 4 hours	4 Hour Ambulance Handovers: Q2 No more than 510 ambulances over 4 hours	4 Hour Ambulance Handovers: Q1 No more than 360 ambulances over 4 hours	4 Hour Ambulance Handovers: Q1 No more than 150 ambulances over 4 hours
Progress synopsis	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – 802
Outcomes of delivering Ministerial Priorities:				
Ref:	15 minute handover improved from 19.6% (2022) to 26.2% (2023)			
Ref:	1 hour handover improved from 51.8% (2022) to 63.8% (2023)			
Ref:	4 hours handover improved from 81.3% (2022) to 90.8% (2023)			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Priority area(s) to deliver 24/25:

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

Ref:	• 2024/25 trajectories to be reviewed and agreed. • Agree reporting and monitoring processes in line with new Directorate (following OCP process); • Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Review the impact of the collaborative pilot between WAST and RGH to ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment; • Explore test of change to introduce a Discharge Lounge into RGH to reduce crowding within the ED.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Possible roll out of WAST protocol across all CTM sites.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Emergency Pressures Escalation Plans ability to respond to seasonal variation.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;
Ref:	4 Hour Ambulance Handovers: 730	4 Hour Ambulance Handovers: s 660	4 Hour Ambulance Handovers: 666	4 Hour Ambulance Handovers: 674
Delivery review	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overarching outcome measures/ metrics:				
Ref:	15 minute handover rates			
Ref:	1 hour handover rates – 24/25 performance trajectory			
Ref:	4 hours handover rates – 23/24 actual position			
Ref:	Ambulance lost hours			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – 802

Priority area(s) to deliver 24/25:				
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				
Baseline position 23/24				
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	730	660	666	674
Performance actual	978 over 1 hour			
Risks	Risks of Non-Delivery		Mitigations	
	Right patient, right place, right time		Getting the right patient to the right place on time leading to a reduced admission rate	
	Risks to Delivery		Mitigations	
	In hour v out of hours response Inpatient hospital flow Intelligent diverts		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”	
Critical Enablers	Finance			
	Workforce			
	Digital			
	Other (Specify)			
Prevention & Population Health	Opportunities identified:			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		104-week target for stage 4 RTT (all specialities)		
Ref:	Continued priority from 2023/24			
Ref:	Focus areas: ENT, Gynae, Ophthalmology, T&O and Urology (92% of target cohort)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	5,902	3,080	413	0
Progress synopsis	3,985 (Jun 23)	3,195 (Sep 23)	3,060 (Dec 23)	2,637 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Focus on number of specialities, insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	1,949	1,148	75	0
Delivery	2,919			
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	3,985 (Jun 23)	3,158 (Sep 23)	3,037 (Dec 23)	2,637 (Mar 24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1,949	1,148	75	0
Risks	Risks of Non-Delivery		Mitigations	
	Patient care, increased waiting times, additional complexity/deterioration of condition		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Continued impact of industrial action 92% of cohort in five areas with increasing demand and capacity challenges. Delays in key diagnostic areas and pathology		Increased theatre capacity, cross-cover and insourcing	
Critical Enablers	Finance			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity and reduction in elective activity to cover unplanned sessions			
	Digital			
	Digital dictation, single WPAS system, TOMs development and text remind service			
	Other (Specify)			
	Increase theatre productivity, Maximise day case & GA opportunities, POA development			
Prevention & Population Health	Opportunities identified:			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		52-week target for stage 1 RTT (all specialities)		
Ref:	Continued priority from 2023/24			
Ref:	Focus areas: Cardiology, Dermatology, ENT, Ophthalmology, T&O and Urology (79% of cohort)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	16,317	11,271	7,424	4,187
Progress synopsis	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	10,774	7,433	3,487	0
Delivery	15,492			
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	10,774	7,433	3,487	0
Risks	Risks of Non-Delivery		Mitigations	
	Patient care		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Continued impact of industrial action 79% of cohort in five areas with increasing demand and capacity challenges		Capacity mapping and improvement initials through OP transformation prog.	
Critical Enablers	Finance			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Digital dictation, single WPAS, full rollout of WPRS, Virtual outpatients, Consultant connect, text remind service			
	Other (Specify)			
	Reducing PC referrals through Health pathways programme			
Prevention & Population Health	Opportunities identified:			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		75% Cancer target, suspected to FDT (all specialities)		
Ref:	Continued priority from 2023/24			
Ref:	Focus areas: All areas			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	60.3%	62.8%	67.2%	69.8%
Progress synopsis	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Diagnostic & Pathology capacity, ongoing service redesign, increasing USC demand			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	67%	68%	69%	70%
Delivery	50.3% (TBC)			
Overarching outcome measures/ metrics: First definitive treatment ≤ 62 days from susp. cancer				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	67%	68%	69%	70%
Risks	Risks of Non-Delivery		Mitigations	
	Patient care and timely diagnosis		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Diagnostic and pathology capacity, regional/tertiary service capacity constraints		Regional collaborative working	
Critical Enablers	Finance			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Single WPAS, full rollout of WPRS, cancer tracker			
	Other (Specify)			
Prevention & Population Health	Opportunities identified:			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

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.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:	
Key focus should be on delivering	Mental Health, including CAMHS, with a focus on delivery of the national programme

Priority area(s) to deliver 24/25:				
Ref:	Continued from 23/24			
Ref:	Recover waiting time performance to performance framework standards for under 18 year olds waiting times for intervention (MHM Part 1 B)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	By June 2023 the MHM CAMHS target achievement is : • Part 1b 35%	By September 2023 the MHM CAMHS target achievement is: • Part 1b 42%	By December 2023 the MHM CAMHS target achievement is : • Part 1b 51%	By March 2024 the MHM CAMHS target achievement is : • Part 1b 60%
Progress synopsis	At the end of June CAMHS Part 1b was ahead of the trajectory target at 51% due to increased activity to support interventions	At the end of September CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to increased activity in Part 1a assessments which improved Part 1a compliance but increased the number of patients waiting for intervention	At the end of December CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to a decrease in intervention activity during December due to increased DNAs and patient choice	At the end of March CAMHS Part 1b was below the trajectory target at 51%. this deterioration was linked to an increase in accepted referrals which was not matched by an increase in interventions.
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Reduction in the backlog of patients waiting more than 28 days for intervention Improvement in the waiting times for 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			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Increase in intervention capacity via third sector agreement Ongoing performance management systems including weekly tracker	Implementation of referral to silvercloud to increase intervention options and capacity Monitor seasonal changes in demand and activity, expected	Monitoring and review of impact of third sector agreement and use of silvercloud to support intervention activity and patient outcomes	Reflect on the learning from national meetings and support from NHS Executive to ensure maximum impact and implementation. Demand and Capacity Modelling to

Priority area(s) to deliver 24/25:				
	shared with clinical leads; maximising attendance and usage of appointments via effective booking processes including text reminders (assumed in place throughout the year) Evaluation of Schools In-reach approach and impact via Whole Schools Approach in supporting prevention and management of demand	to reduce in Q2, and maximise impact of additional capacity. Review of demand and capacity between assessment and intervention in preparation for increased demand over the winter period	Monitor the referral demand to adjust or escalate risks through rising demand alongside implementation of further work to improve liaison with primary care Review outstanding vacancies following nursing streamlining and consider wider MDT opportunities and options where recruitment has been challenging.	be refreshed on data for 24/25 in order to identify any risks and opportunities for improvement/ongoing compliance with performance.
Delivery update	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Performance in Q1 is ahead of the trajectory with 80% compliance at the end of June. The partnership working with Mental Health Matters to deliver groups, implementation of the referral based SilverCloud initiative and close monitoring of one-to-one interventions by the nursing team have all helped. Representatives from the service will be attending the NHS executive workshop on LPMHSS planned for 9th July.			
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	51%	37%	37%	51%
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	By June 2024 the MHM Part 1b	By September 2024 the MHM Part 1b	By December 2024 the MHM Part 1b	By March 2025 the MHM Part 1b

Priority area(s) to deliver 24/25:				
	CAMHS target achievement is : - 65%	CAMHS target achievement is : - 70%	CAMHS target achievement is : - 75%	CAMHS target achievement is : - 80%
Actual	80%			
Risks	Risks of Non-Delivery		Mitigations	
	Ongoing increased waiting times for children and young people following assessment for intervention. This could impact on the deterioration of the mental health and increase the risk of children and young people requiring access to crisis services		Signposting support from assessment to support during the waiting time Contact number to discuss any concerns with the CAMHS team whilst waiting Access to online platforms like Kooth to support whilst waiting The actions described above to improve waiting times and reduce the overall risk of increased waiting times	
	Risks to Delivery		Mitigations	
	Effective use of the third sector agreement to provide group intervention capacity to meet demand and in a timely way Governance structures and pathways in place to support implementation of silvercloud and clinicians to refer/make use of the service Recruitment into the service vacancies to embed and sustain the service model and core capacity required to meet demand Increasing demand to the service exceeding capacity with a growing backlog of patients waiting to be seen		Regular operational meetings with third sector organisation to monitor activity and timetable and ensure effective working between CAMHS and service Senior nurse taking the lead on embedding clear governance structure and pathways. Implementation being monitored and reported in CAMHS Senior Leadership Group Proactive approach to recruitment and support to new employees. Focused wellbeing activities to support employees in the teams Ongoing implementation and development of whole school approach providing preventative/level 0/1 support	
Critical Enablers	Finance			
	Maintain use of investment via the Mental Health Service Improvement Funds in 22/23 and 23/24			
	Workforce			
	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			
Digital				
Use of online platforms like Silvercloud to provide interventions				
Use of electronic scheduling tools to maximise full use of capacity				

Priority area(s) to deliver 24/25:	
	Use of text reminders to reduce impact of DNAs/last minute CNAs
	Other (Specify)
Prevention & Population Health	Opportunities identified:
	Focused programme with CAMHS Schools In reach and Whole School Approach to provide a systematic preventative programme for all children and young people. Promotion of use of third sector organisations and online services which also support parents and carers and teachers, sharing and supporting understanding and knowledge to support the 'team around the child'



Agenda Item

10.2.5

CTM Health Board

NHS Emergency Planning Annual Report – CTMUHB Return to WG

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jason Evans, Emergency Preparedness, Resilience & Response Manager
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
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

NRSA	National Security Risk Assessment
SWLRF	South Wales Local Resilience Forum
CBRN	Chemical, Biological, Radiological and Nuclear
EPRR	Emergency Preparedness Resilience and Response
SMOC	Senior Manager On Call
VHF	Viral Hemorrhagic Fever

1. Situation / Background

- 1.1 The NHS Emergency Planning Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive who will review reports from across the system, seeking assurance that organisations:
- Mitigate where possible against the risks identified within the NSRA;
 - Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);
 - Have appropriate business continuity arrangements in place;
 - Regularly test the efficacy of organisational plans through training and exercise; and
 - Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

2. Specific Matters for Consideration

- 2.1 CTMUHB are required to provide the attached annual return, providing assurance to WG/NHS Executive Colleagues. The attached return requires noting by the Health Board and subsequent Chief Executive sign off prior to submission.

3. Key Risks / Matters for Escalation

- 3.1 See attached Annual Return Report

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	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 Resilient 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>)	Whole-systems Perspective
	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: Effective
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: Information only
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Information only
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>) /	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact
(People / Financial)

5. Recommendation

- 5.1 It is recommended that the Board note the content and activity within the attached return as reported to WG colleagues.

6. Next Steps

- 6.1 Following Board noting, the return will require Chief Exec. Sign off and return to WG.



NHS EMERGENCY PLANNING ANNUAL REPORT 2023/24

Name of NHS
Organisation

Cwm Taf Morgannwg University
Health Board

Date

July 2024

Signature of Chief
Executive Officer

Purpose

The NHS Emergency Planning Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive who will review reports from across the system, seeking assurance that organisations:

- Mitigate where possible the against the risks identified within the NSRA;
- Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);
- Have appropriate business continuity arrangements in place;
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

Governance

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Linda Prosser – Executive Director of Strategy and Transformation

2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

As above

3. Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.

Jason Evans - Emergency Preparedness Resilience and Response Manager

4. Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.

As above

5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

Claire O'Keefe – Head of Safeguarding (Claire.O'keefe@wales.nhs.uk)

6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES

7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

EPRR Strategy Group sits on a quarterly basis and is chaired by the Exec Lead. This group provides strategic oversight of EPRR duties and reports directly to Health Board on an annual basis to maintain assurance.

The EPRR Strategy Group maintains an actions database fed by lessons identified from local; regional and national exercises and incidents, representation on the group is via Care Group Directors or their deputies to ensure direct links.

8. Is there a mechanism for discussing and co-ordinating your emergency planning arrangements externally with NHS organisations in Wales and partner agencies, including within the LRF area?

YES

Please provide further details.

- Bi – weekly WG EPRR catch up meeting chaired by Iain Hardcastle
- Active electronic communication platform in place – Wales EPRR Group
- Open Communication – pan Wales EPRR community

- Open approach to Sharing best practice/Learning
- Regular meetings with the Emergency Planning Advisory Group, SWLRF (and relevant sub/working and T&F Groups), PHW, WG and others ensures that all major planning assumptions and actions are co-ordinated and consulted.
- EPRR manager attendance at SWLRF and relevant sub-groups
- EPRR manager chairs SWLRF Risk Group

9. If applicable, who represents your organisation at the Local Resilience Forum meetings?

- Linda Prosser (Exec Director Strategy & Transformation)
- Elizabeth Beadle (Asst. Director Planning & Transformation)
- Jason Evans (EPRR Manager)

10. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board?

October 2021 – Review date October 2024

11. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and how they are managed within the organisation.

There are currently no EPRR risks on the corporate risk register.

Major Incident/Emergency Plan

12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

Major Incident and Critical Business Continuity Procedural Guidance was developed, adopted and implemented during October 2021 with a formal review date of October 2024 identified in line with organisational timelines.

CTMUHB has recently undergone significant organisational change with a Care Group Structure being adopted. A number of interim reviews and minor amendments have been completed to reflect organisational changes.

An organisational decision has been made to enhance the current procedural guidance with the development of site specific major incident plans to underpin the overarching procedural guidance. This work is ongoing with task and finish groups in place across acute sites and a strategic oversight group in place to maintain assurance.

13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

An interim review of the procedure was completed on 27/6/22 to reflect structural changes that had been implemented at that time.

See comment 12.

14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES

15. If NO, what are the gaps and how are these being addressed?

Whilst the organisation has a robust generic plan in place that incorporates 39 Specific Action Cards to provide specific guidance to staff - recent post incident review and exercise feedback has identified that the plan could be strengthened with the addition of site specific information and dedicated actions in line with specific infrastructure and site constraints – specific training programmes will be developed to address any changes made.

An Exec. Level Scrutiny Panel has been initiated to provide oversight of the review along with a Task and Finish Group and on site working groups across our acute hospitals led by the acute site General Managers and supported by the EPRR manager to develop and implement what is required.

Terrorism

16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES

17. When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
14/6/23	CTMUHB Lockdown Procedures were initiated as part of a suspected firearms incident at the ED Dept. of Princess of Wales Hospital. Full hospital Lockdown was completed with ED Staff, switchboard and Porter/Security working quickly and closely to lockdown the site. SWP Firearms teams were deployed quickly and the CTMUHB wide major incident plan and strategic/tactical incident management arrangements were invoked. Full structured de-brief was completed with overall positive outcomes with minor lessons identified.
6/12/23 7/6/24 22/1/24 & 15/5/24	Princess of Wales Hospital Prince Charles Hospital Royal Glamorgan Hospital Full lockdown procedures were tested as part of CTMUHB ongoing infant abduction no-notice drills which were completed successfully across all sites. Full lockdown procedures were initiated that included maternity; porter/security and switchboard staff and de-brief reports compiled and shared post exercise.

18. Were any issues identified as a result and if so how has / is your organisation addressing these?

Lockdown was initiated successfully with minor lessons identified, communicated and acted upon. Site specific lockdown procedures are being reviewed and updated and a controlled access pan CTMUHB project group chaired at exec level is now in place reviewing the controlled access processes; procedures and possible future capital investment for all sites. Pan organisational Security Vulnerability Assessments currently being undertaken to review and enhance security in preparation for the introduction of Martyn's Law

Power Outage

19. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES

20. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

- Key risks for CTMUHB from a major power outage is the loss of electrical supply which compromises the ability of that site to continue services, keep patients and staff safe etc. IT systems (including most phone services) would potentially be affected. In a national or regional outage, internet and mobile phone communications may be affected.
- To address the above risks as far as reasonably practicable, our critical/key sites are served by emergency generators which are diesel powered and fed from dedicated storage tanks. WHTM 06-01 (clause 9.81) stipulates that in addition to a 10 hour / 750 litre day tank supply, hospitals should have fuel storage capacity for 200 hour full load running. CTMUHB has contingency fuel supply plans in place to ensure priority supply for generator and to enhance tank storage if required.
- Our key sites are hospitals with inpatient facilities and specifically our acute sites with services such as theatres, A&E, ICU etc. All inpatient hospitals are covered by backup emergency generators and UPS systems are also in place where required to provide back-up power in the event of outage. Some legacy sites that have changed use are also served by emergency generators.
- CTMUHB also has a number of identified vulnerable sites, which are those with critical or important functions but that do not have back-up generators? – e.g. CPU Food processing plant. Whilst emergency generators are not fitted, the estate developments have ensured that ease of connection for external temporary generators has been factored into plans.
- In addition, Emergency lighting systems will be fitted to all populated areas and escape route which will be fitted with 4 hour battery backup, to allow staff to exit buildings safely in the event of a power failure and IT servers and essential IT systems are fitted with uninterruptible power supplies (UPS) systems.

Mass Casualty Incidents

21. Please describe how your emergency planning arrangements fulfil the roles and responsibilities placed on your organisation as set out in the “Mass Casualty Incident Arrangements for NHS Wales” document, agreed by Chief Executives.

CTMUHB Major incident, Critical Business Continuity procedural guidance is fully supportive of the principle of the Mass Casualty Incident Arrangements for NHS Wales. Document is referenced throughout and Exec/SMOC Incident Management Training imparts training in relation to mass casualty events.

CTMUHB was fully supportive of the recent pan Wales mass casualty exercise – Pen Y Darren. Full major incident plan testing was also completed with a pan organisational exercise group set up and post event internal de-brief completed.

Cyber Attack

22. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES

23. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted?

As an Operator of Essential Services, CTMUHB are subject to the NIS Regulations. The original assessment was in 2022 and subsequent audits have been carried out – all with the Cyber Resilience Unit.

The risks identified within the audit have been amalgamated with the other risks identified around Cyber Security and an integrated Cyber Improvement plan is used to track and prioritise work towards this.

The Organisations Risk Register has a Critical Risk around a Cyber Incident affecting Business Continuity.

Progress towards the improvement plan is reviewed within the Digital team and Clinical Engineering on a monthly basis and also reported to the Digital and Data Committee on a quarterly basis.

Communicable Diseases and Pandemics

24. Do your business continuity arrangements include plans to respond to a new pandemic?

Yes – CTMUHB Pandemic Operational Plan is in place which is controlled/updated via the CTM Health Protection Board chaired by the Executive Director for Public Health.

25. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

Health Protection Board has recently been introduced within the CTM area to coordinate Health Protection activity/requirements across HB and LA footprint.

CTMUHB has direct links with PHW which ensures a joined up approach to health protection, increased resilience and enhance the ability to respond effectively to future challenges.

26. Please describe your organisation's readiness to deal with one or more patients presenting with a suspected high consequence infectious disease. Please include details of facilities, patient pathways, IP&C procedures, workforce and training.

CTMUHB has a number of specific procedures in place to deal with high consequence infectious diseases. Ebola; VHF and Monkey Pox are specific examples. CTMUHB has experienced a number of cases of Query VHF cases over the last 12 months and structured de-briefs have been completed and lessons identified. Training has been strengthened in certain areas and CTM IP&C staff have presented findings and learning through PHW/E forums to ensure shared best practice.

All CTMUHB emergency department staff receive training in the use of relevant PPE and specific de-robe and decontamination facilities are in place to address issues identified.

CBRN

27. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Yes – CTMUHB has a contaminated casualty protocol

28. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

Following recent incidents in neighbouring HBs and nationally in relation to individual chemical exposure (ICE) incidents and subsequent circulated information, a review of CTMUHB CBRNe procedures is ongoing.

The review will specifically address the management of ICE incidents whether from casualties suffering symptoms or for the safe storage of the deceased.

Training and Exercise

29. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES

Please describe these below

EPRR Strategy Group maintains a register of lessons identified from incidents and exercises and also local and national recommendations. Plans are reviewed and amended accordingly.

30. Please provide the dates when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
18/4/24	Wales 'Connect' – SWP communication test to switchboard and internal notification methodology in line with Action Cards. Some action cards reviewed and ongoing digital project to enhance notification methodology with enhanced electronic devices ongoing.

b. Carrying out a tabletop training exercise within the last year. Please provide details below

Dates	Details of tabletop training exercise
17/10/23	Exercise 'Pen Y Darren' – Mass Casualty and Major Incident Plan Exercise

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below

Dates	Details of major live or simulated exercises undertaken
17/10/23	Exercise 'Pen Y Darren' – Mass Casualty and Major Incident Plan Exercise
6/12/23 7/6/24 22/1/24 & 15/5/24	Princess of Wales Hospital Prince Charles Hospital Royal Glamorgan Hospital Full lockdown procedures were tested as part of CTMUHB ongoing infant abduction no-notice drills which were completed across all sites. Full lockdown procedures were initiated that included maternity; porter/security and switchboard staff and de-brief reports compiled and shared post exercise

31. Has your organisation had to initiate your major incident / emergency plan between April 2023 to March 2024?

YES

a. If YES, what was the nature of the incident?

On the evening of 13th December 2023, CTMUHB switchboard received reports via WAST Everbridge alerting system of a Major Incident Standby due to report of an explosion at Rizla House, Trefforest Industrial Estate. This developed into a Major Incident declaration with the expectation of between 30-100 casualties.

CTMUHB major incident plan was fully deployed with Strategic, Tactical and Operational incident management functions implemented at all sites along with recall to duty of key staff and full multi-agency links established through the all Wales EPRR network and via a Strategic Coordinating Group initiated by SWP and attended by the on call executive.

b. Were post-event reports produced for these incidents? YES

c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

A full internal structured de-brief was completed on the 21st December 2023 and an overwhelmingly positive response was noted. Some minor learning points were identified and presented through Organisational Management Boards and EPRR Strategy Group for action and assurance. Updates have been provided through the EPAG Group.

32. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES

Please provide further information

EPRR manager maintains an up to date training database of staff training scheduled and completed. A revised training needs analysis is under development for introduction in line with launch of revised site specific major incident plans,

33. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES

Please provide further details including

- Number of staff trained in Gold, Silver, and Bronze roles;
- Number of your Executive Team who've attended Wales Gold in the last 3 years; and
- Number of Senior Managers who've attended Wales Gold in the last 3 years.

- CTMUHB has a 24/7 incident management rota which provides for an overarching strategic/executive and 3 area specific tactical managers rota along with on-site bronze managers and a suite of supporting rotas to ensure robust response as required.
- The Strategic *Executive On-Call Rota* has 28 members. Each have received training in Gold level incident management. A total of 13 members of our exec on call rota have successfully attended Wales Gold over the past 3 years – 6 have been members of our exec team with 7 additional senior level directors/Asst. directors.
- The Tactical *Senior Manager On-Call Rota* has 110 members across 3 separate area specific rotas. Each SMOC has received incident management training relevant to role.
- CTMUHB has a cadre of circa 40 trained loggists across all sites. Additional training events are planned at regular intervals to ensure cadre is enhanced and refresher training completed.

Communication

34. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES

Please provide details.

Constant and consistent dialogue with EPRR networks across health and wider LRF partner agencies.

Assurance

35. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	X		
2) Put in place Emergency Plans	X		Full review of Major Incident, Critical Incident and Escalation Plans ongoing. Training programme will emerge from review and require resourcing to implement – options currently under consideration for operational structures to support delivery
3) Put in place Business Continuity Management arrangements	X		BCM Training for Managers ongoing – managers reviewing existing plans following staged implementation of HB structure review Although BCM arrangements are in place, current review ongoing to enhance organisational BCM arrangements and assurance
4) Share information with other organisations to enhance co-ordination and efficiency	X		Positive working relationships and dedicated meeting structures in place and embedded to share learning and support with Health colleagues and other LRF members
5) Cooperate with other organisations to enhance co-ordination and efficiency	X		As above
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	X		
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds in to EPAG?	X		

Priorities

36. What are your priorities for 2024/25 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

May 2024

- Ongoing review of Major Incident Plan following recent full Health Board restructure.
- Overarching and full site specific plan review in addition to revision and development of specific individual and departmental action cards.
- Training programme utilising EPRR Manager and specific care group/site specific trainers being considered to address any training needs that emerge from revised plan.
- Enhance and revise Exec/SMOC training in line with re-launch of MI Plans/Site specific plans.
- Enhance and ensure robust exercise programme against revised Major Incident Plan.
- Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy and BCM training provided.
- Review of BCM assurance process ongoing.

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan; – attached**
- **an organisational chart setting out your organisation's emergency preparedness structure; and - EPRR Policy attached**
- **an organisational chart setting out your organisation's emergency response structure. – within attached MI Plan**

Completed and signed report forms with any attachments to be returned following consideration by your Board at its July meeting.

By email to: Rebecca.Luffman@gov.wales

CTMUHB Major Incident and Critical Business Continuity Procedural Guidance

Document Type:	Non Clinical Organisational Wide Policy
Ref: ST 05	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk)
Author:	Andrew Francis Civil Contingencies and Business Continuity Manager
Executive Sponsor:	Executive Director of Strategy and Transformation
Approved By:	Management Board (Non Clinical Procedures Only)
Approval / Effective Date:	October 2021
Review Date:	October 2024 (Interim review completed July 2022)
Version:	3.0

Target Audience:

People who need to know about this document in detail	• Chief Executive • Chief Operating Officer • All Directors • All Assistant Directors • All Service Delivery Unit Managers • All Heads of Nursing • All On Call Managers • Board Secretary • ILG Facilities leads • Regional Facilities Manager
People who need to have a broad understanding of this document	• All Medical and Nursing staff • All Security and Portering Staff • Switchboard Managers and Supervisors
People who need to know that this document exists	All staff South Wales Local Resilience Partners

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 14th May 2021
	Outcome: No Issues
Welsh Language Standard	No
Date of approval by Equality Team:	Not submitted as this is a procedural guidance not a policy and there are no equality issues.
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

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

Minor Amendments

If a minor, change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page	Date change	Version	Name of responsible person
Minor addition	Inclusion of POW To highlight the need to include POW in the approach to MI's	5	25/3/19	2	A Francis
Minor addition	Notification of other hospitals in the new CTMUHB	6	25/3/19	2	A Francis
Minor addition	Inclusion of CTMUHB	7 & 12	25/3/19	2	A Francis
Minor change	NHS mass casualty Plan is now developed	13	25/3/19	2	A Francis
Inclusion and additional information	Inclusion of the use of the All Wales Mass Casualty Dashboard	16	25/3/19	2	A Francis
Additional information	Additional information on the Welsh Burns Unit and National Burns Plan	19	25/3/19	2	A Francis
Additional Information	Additional Information on Paediatric requirements	20	25/3/19	2	A Francis
Additional information and action	Additional actions and information relating to: Emergency Pressures Portal/Mass casualty Portal.	Action Cards 2, Site Co-ordinator/Bed manager. Action Card 3 Bed manager, Action Card 4, Action Card 8, Hospital Incident Manager/DCOO	25/3/19	2	A Francis
Additional Action Card 39	Primary Care and Community Services	87	7/5/19	2	A Francis

Full Review of Plan	To align with new ILG structure and provide additional information on, forming the Hospital Tactical Coordination Team, Additional detail on the JESIP Principles, South Wales Trauma Care Network, Psychological Support, Post incident Debrief,		18/05/21 Completed 24/08/21	3	A Francis
Specific review of plan in the light of Summary of WG feedback on MI Plan/Procedural Guidance.	Added Appendix B to provide an SCG Standing agenda.		27/06/2022		A Francis.

IF A MAJOR INCIDENT HAS BEEN DECLARED

**If you have not read this guidance
previously,**

DO NOT READ IT NOW

**Undertake the actions specified within
your Integrated Locality Plan action cards
or take instruction from your line manager
or Hospital Tactical Co-ordination Team.**

**Each ILG must develop
their own specific Action
Cards. The Action Cards
appended are as a guide
only.**

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INTRODUCTION

Welsh Government (WG) under the Civil Contingencies Act has the delegated responsibility to ensure that health services are fully prepared to make an effective contribution to the combined response of all emergency services in the event of a major incident. This is co-ordinated through the Health Emergency Planning Officer for Wales, and the Emergency Planning Advisory Group of the WG.

The Civil Contingencies Act (CCA) 2004, places a statutory duty on all designated responders in NHS organisations, with respect to their role in the management of Major Incidents. The CCA sets out clear expectations and responsibilities for front line responders at the local level to ensure they are prepared to deal effectively with the full range of emergencies from localised incidents through to catastrophic emergencies.

Cwm Taf Morgannwg University Health Board (CTMUHB) is a designated Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity arrangements
- Put in place arrangements to make information available to the public and maintain; arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance coordination and efficiency.

CTMUHB has overall responsibility for the population within its geographical area. CTMUHB must ensure that plans provide a single framework for the strategic, tactical, and operational response to internal Business Continuity Incidents, along with external or internal Major Incidents, ensuring that co-

ordination and liaison is in place with all key stakeholders, partners, NHS Wales and the Welsh Government.

The Chief Executive Officer has the overall accountability for compliance with the CCA, however they have delegated responsibility for the effective compliance with the duties placed on CTMUHB by the Act to the Director of Strategy and Transformation.

The ILG Directors along with the Assistant Directors regarding ICT risks are responsible for ensuring that risk assessments are completed and plans developed by Managers within the ILGs who have responsibility for specific areas and services within the ILG.

Aim

This document is an overarching guidance document. Its aim is to describe how CTMUHB will respond to a Critical Business Continuity or Major Incident event, at Operational, Tactical and Strategic Levels, through established Communication and Co-ordination Arrangements that align to the principles of the Joint Emergency Services Interoperability Programme (JESIP) and the NHS Wales Emergency Planning Core Guidance across the Health Board.

Whilst this document details best practice it is termed procedural guidance as there may be alternative approaches more suited for a particular event.

However, adherence with this document will provide staff with a recognised emergency responder structure and prove alignment to accepted practices.

Objectives

The objectives of this plan are to:

- Define what constitutes a business continuity, critical or major incident and who can declare such for Service Delivery Units and the escalation arrangements.
- Describe the command structures and responsibilities in a business continuity, critical or major incident.

- Provide guidance for roles of Service Delivery Unit staff in a critical business continuity, or major incident.
- Describe the roles of response partners in a critical business continuity, or major incident.
- Identify key elements of a critical business continuity, or major incident response, including specialist resources that may be required.
- Provide examples of aid arrangements to support a business continuity, critical or major incident response.
- State the process in place to capture lessons learnt from a business continuity or major incident and incorporate into future arrangements.
- Identify the recovery process by which the return to normal operations is managed following a major incident.

STATEMENT ON HEALTH AND SAFETY

During a major incident or critical business continuity event, it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply. It is essential that these regulations, procedures and processes are maintained with regard to risk assessment and risk management. Appropriate personal protection equipment (PPE) and procedures implemented, as must the CTMUHB Policies and Procedures for issues such as infection control, manual handling or the safe use of hazardous substances. If you are unsure of anything during a major incident seek advice from the nearest appropriate person.

STATEMENT ON THE PRESERVATION OF EVIDENCE

All major incidents will be subject to some form of investigation, as too may critical business continuity events. This can be in the form of a Criminal, Judicial or Coroners enquiry. It is essential that all staff are aware of the absolute need for "All" paperwork, managers notes, Loggist notes, recordings of meetings, patients notes, property and clothing to be preserved. It is also essential that any Dry wipe boards used be preserved

until they can be recorded using cameras for submission to the relevant investigating agencies.

SCOPE

Internal Scope

The Integrated Locality Groups (ILG) will hold operational management plans covering the localised management of an incident and the delivery of the strategic intent of this Guidance Document.

Incident response and business continuity plans must include all Service Delivery Units, i.e. District General Hospitals, Primary Care, GP Out-of-Hours, Community Services, Community Hospitals and Mental Health any other Service Delivery Unit and will hold their own service unit specific plans that will link into each other at an Operational Level, Tactical and Strategic levels.

External Scope

This document provides the operational framework for incident management within CTMUHB. As such, this document outlines the response mechanisms; communication channels; roles and responsibilities and reporting arrangements for a response to both internal and a non-Health Board External Major Incident and links with other partners, in particular the Local Resilience Multi Agency Forum.

It also does not cover the detailed response to a HAZMAT, Mass Casualty or Chemical, Biological, Radiological and Nuclear (CBRN) Incident. Separate specific plans exist within the Health Board to respond to these types of incidents. This plan must be activated in conjunction with these and other Regional or National plans (some of which are mentioned above) when it is appropriate to do so.

Plan Review

This plan is written on behalf of CTMUHB by the Civil Contingencies and Business Continuity Department under the Director of Strategy and

Transformation in consultation with the ILG Directors, Assistant Directors and their management Teams.

The plan is subject to an annual review to ensure it remains fit for purpose and that any changes in guidance or legislation are reflected in the plan. The plan may be reviewed following a debrief after a live major incident or exercise, where lessons have been identified which would warrant an interim review and change to the plan.

It is the responsibility of the Civil Contingencies and Business Continuity Manager to ensure that the annual review is completed and if significant changes are made, the reviewed plan, should be submitted through due process, for approval. Minor changes need only be noted, in the Minor Changes section of the document.

Following a full review, the plan is submitted to the Corporate Policy and Procedure Consultation Section on SharePoint for 2 weeks and then following any amendment forwarded to the Emergency Planning, Preparation and Response Committee prior to the Management Board, for Health Board wide approval.

Training and Exercising

The ILG Director is responsible for nominating appropriate persons to oversee the training and exercising of this and other plans that underpin and support this it during specific events. This will usually be the ILG Director of Operations in conjunction with the Medical and Nursing Directors, their Assistant Directors, Service Delivery Unit Managers and key staff.

Each ILG must have a training and exercising procedure to ensure that an appropriate schedule of training and exercising provides opportunities to an appropriate cross section of staff groups that underpin the overall response to major incidents.

The Health Board is required to carry out a communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

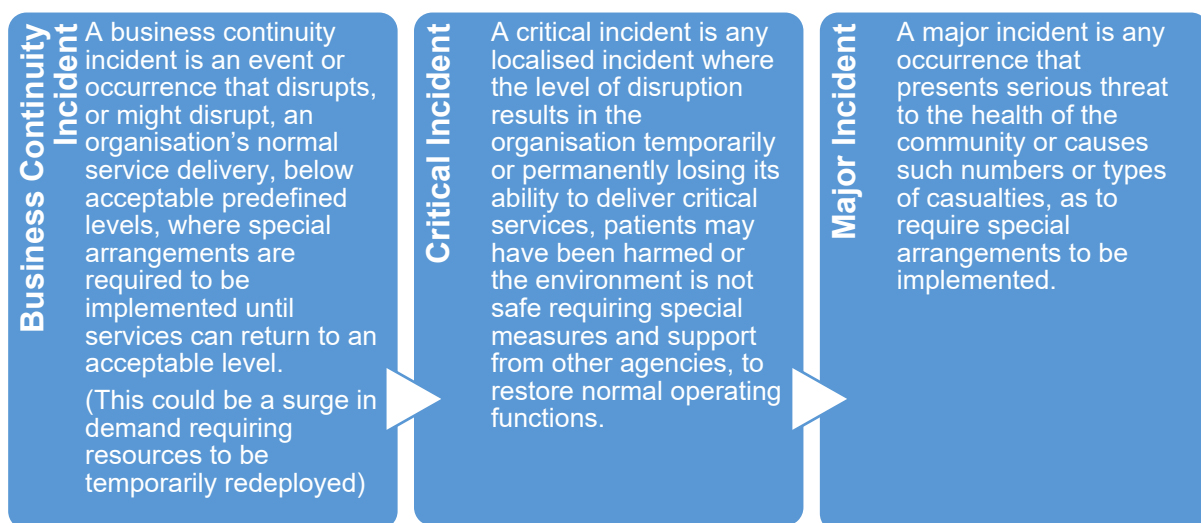
The Communication exercise will be conducted by the CTMUHB switchboard manager.

The delivery of desk top exercises and the live major incident exercises are the responsibility of the ILG Directors or their nominated person.

ILG Directors or their nominated person must co-ordinate and agree a cycle of training and exercising that ensures each ILG achieves the minimum requirement above.

The Civil Contingencies and Business Continuity Manager should be utilised to facilitate training and exercising in liaison with the ILG Directors and/or nominated persons.

Definitions of Major Incident, Business Continuity and Critical Incident:



These definitions are the nationally agreed definitions for all Category 1 responders across the United Kingdom, including devolved administrations.

Incident Type Definitions

CTMUHB may need to activate plans at a strategic, tactical and/or operational level as a response to one of the following types of incidents:

Big Bang A serious transport accident, explosion, or series of smaller incidents	Rising Tide A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action	Horizon A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory	Headline news Public or media alarm about an impending situation
Internal incidents Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime	CBRNE Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device	HAZMAT Incident involving the accidental release of Hazardous Materials	Mass casualties Incident involving such numbers and types of casualties that require the NHS to implement special measures

The ILG Director will ensure that Service Delivery Units have appropriate plans to meet the range of incidents that may affect service delivery within the ILG. The Civil Contingencies and Business Continuity Manager will ensure that the Health Board has notification of National and Regional plans, designed to meet the Strategic and Tactical Response to such incidents.

It is critical that ILG's have Business Continuity arrangements that enable critical service provision to be maintained alongside any foreseeable incident.

Command and Control structure in a Business Continuity, Critical Incident and Major Incident.

Whether the incident is an internal Critical Business Continuity event, or a Major Incident such as a Mass Casualty event, the standard Command and Control hierarchical system aligned to the Joint Emergency Services Programme (JESIP) and the NHS Wales Emergency Planning Core Guidance should be implemented.

Dependant on the nature and size of an incident it may involve either just CTMUHB or it may require assistance from other NHS partners. In the case of an external major incident or incident of mass public impact, a full multi agency response is most likely.

Incidents may require the Command and Control hierarchical system to be set up both as Multi-Agency Coordination Groups external to the Health Board whereby the Health Board will send a suitable representative to each level of Co-ordination Group set up. For the Health Board this usually means sending a representative to the South Wales Local Resilience Forum (SWLRF)

Strategic (SCG) and the Tactical (TCG) Multi-Agency Coordination Groups. Only in the case of a Mobile Emergency Response Incident Team (MERIT) deployment (covered later) will the operational level at the site of the incident be attended by Health Board staff.

For Health Board Business Continuity and Critical Incidents that are capable of being managed within the Health Board or with assistance from neighbouring Health Boards then the Command and Control structure may only be required within the Health Board and possibly the neighbouring or assisting Health Boards as a multi-agency Local Resilience Forum response may not be required.

The structure and principles of Command and control will be the same in each of the examples above.

Strategic Coordination (Formerly Gold)

Within the Health Board the term 'Strategic' formerly known as 'Gold' refers to the person or persons in overall executive command/charge of the Health Board incident response. This is usually the Chief Operating Officer or other nominated Executive Officer.

They are responsible for chairing the HB Strategic Co-ordination Group (SCG), and will chair the formulation of the strategy and objectives for the incident response.

In a Multi-Agency Major Incident the Senior Police Officer will usually chair the group to co-ordinate the strategic objectives of the response (other agencies may be nominated dependant on the type of incident).

Each strategic group representative will retain overall command and control of the resources of their own organisation, and will delegate tactical decisions to their respective tactical managers/commanders (formerly known as Silver's). An example of a Standing Agenda for an internal or external SCG can be found in Appendix

Tactical (Formerly Silver)

The term Tactical 'Silver' refers to those who are responsible for formulating the tactics to be adopted by the Health Board or the Multi-Agency Tactical

Coordination group (TCG) to achieve the strategic direction set by Strategic Command. Tactical command will oversee but not be directly involved in providing the operational response to the incident.

This is the same principle for Multi Agency and the Internal Health Board TCG. For some specific issues such as the recent Pandemic, the TCG has been a Health Board wide group.

Some incidents such as a Mass Casualty event will require the setting up of one or more of the Hospital TCGs. It acts in the same way with the same principles as above but deals with Tactical approach to the individual, ILG/Hospital specific issues and response to an incident.

In the case of a Multi-Agency incident that covers the TCGs will set up, reporting to the HB Strategic Group. This will be in addition to the HB representation at the Multi-Agency Coordination Groups TCG/SCG.

Operational (Bronze)

The term 'Bronze' refers to those who provide the main operational response in an incident, and control the resources of their respective Service Delivery Area. They implement tactics defined by tactical command.

Examples of the Operational Levels are the Emergency Departments, Wards and Theatres etc. Each of these areas will have managers responsible for implementing actions that meet the Tactical requirements set by the Hospital Tactical Coordinating Group.

As mentioned above the MERIT team will work at the scene of the incident when deployed and they will come under the incident management at the scene of operations. MERIT team members are, trained to work within the operational response model.



(JESIP Website 2021)

To assist managers in the co-ordination of the SCG a Standing agenda can be found in Appendix B.

Triggers to a Major Incident

This plan can be triggered in several ways to a potential or actual incident: The Health Board may declare a major incident itself (See below) or be alerted to a major incident or emergency by any other agency usually the Ambulance or Police;

- In response to an internal Health Board incident (an internal decision) in consideration of the need for multi-agency assistance. The Health Board can initiate a major incident multi-agency response by contacting the South Wales Police Force Incident Manager (Detailed later).
- In the event of a potential, or unconfirmed Major Incident situation, or where another Hospital is dealing with a Major Incident, and the CTMUHB Hospitals have been asked to be prepared to assist if required, the Hospital will be asked to initiate the '**Stand-by Procedure**'.

The alerting message will go to the main hospital switchboard. Switchboard will initiate the notification process for Standby Procedure.

- External alert that a **Major Incident has been Declared**.

This will mean that the Health Board will need to activate this plan as one or more of the ILGs/Hospitals will be receiving casualties or have some other impact from an incident, i.e. Major Flooding.

Major incident – cancelled

This message cancels either of the first two messages at any time.

Stand Down Procedure

On receiving the message from the Ambulance Incident Commander, Ambulance Control will notify the following message to the Emergency Department who will inform the Hospital Co-ordination Centre:-

The Hospital will be informed of any casualties already en-route when this message is given. This means that the incident is closing down at the scene.

Note: It is likely that the hospital stand-down will not be given for some time after the scene stand-down. This will be due to the hospital still dealing with patients from the scene or the subsequent backlog. The Hospital Stand-down will be issued from the Hospital Co-ordination Centre, which will in turn be cascaded to relevant staff through the Hospital Switchboard.

Note: WAST will no longer undertake formal notification to the Health Boards of a major incident standby, or declared, by other agencies, and will only notify Health Boards of incidents declared by WAST where there are actual or potential casualties/patients. Hence, Health Boards must recognise alerts from other organisations. Usually these will come via the Local Resilience Forum/Police in the same format as the Welsh Ambulance Services Trust (WAST) Message i.e. METHANE. (Covered later in this document)

Health Board Declaration of a Major Incident

The Health Board may experience its own internal Critical Business Continuity event. It may constitute the need for multi agency assistance and the declaration of a major incident, to activate a multi-agency response.

The SWLRF has a Multi-Agency Coordination Group (MACG) Implementation Protocol. This enables any member of the Local Resilience Forum (of which CTMUHB are), to activate the Multi-Agency response. This document is found on the Civil Contingencies SharePoint page.

[SWLRF MACG 2019 - Final Version.pdf](#)

In hours the Chief Operating Officer or other Executive will make the decision to activate a multi-agency response and out of hours the duty Executive on Call will make the decision.

The above document provides a detailed account of the protocol, the extract below provides the basic method of activation of a Multi-agency response.

Activating the South Wales Local Resilience Forum:

Call the South Wales Police, Public Service Centre (PSC) Force Incident Manager Desk on 01656869380

- Ask to speak to the Force Incident Manager
- State you name, organisation, role and your contact details
- State clearly you wish to Declare a Major Incident and or a Major Incident planning group to be called in the case of a "Fast Rising Tide Incident".
- Provide as much detail as possible, ideally in the standard METHANE message format
- Follow any instructions the Force Incident Manager may give you.

Other forms of External Alert are:

- External alert that a multi-agency Tactical Co-ordinating (Planning) Group (TCG) is being convened;

In addition to being called as part of a response to a major incident, a planning group may be convened to pre-plan impending impacts of situations such as severe weather, i.e. flooding, or to deal with a rising tide incident or situation such as a developing pandemic.

- External alert that a Strategic Co-ordinating Group is being convened;
- Ask for the calling of a TCG.

- NHS/Public Health Wales' (PHW) SCG's or TCG's in response to a national or regional NHS direction such as a rising tide incident or situation such as a developing pandemic. These may be called under the banner of the South Wales and other Welsh Local Resilience Forums or as NHS/PHW forums.

Standard Message Format

To ensure all responder to agencies have a shared situational awareness a standard message format has been devised.

It is used for the initial declaration of a Major Incident and all subsequent update messages. (See next page)

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)	Include the date and time of any declaration.
E	EXACT LOCATION	What is the exact location or geographical area of the incident?	Be as precise as possible, using a system that will be understood by all responders.
T	TYPE OF INCIDENT	What kind of incident is it?	For example, flooding, fire, utility failure or disease outbreak.
H	HAZARDS	What hazards or potential hazards can be identified?	Consider the likelihood of a hazard and the potential severity of any impact.
A	ACCESS	What are the best routes for access and egress?	Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?	Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.
E	EMERGENCY SERVICES	Which, and how many, emergency responder assets and personnel are required or are already on-scene?	Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.

The Chairs of Co-ordination groups or individual teams should maintain the correct format so that information is easily and quickly recognisable and able to be collated efficiently.

Major Incident and Business Continuity Event Decision Making

Managers should use the Joint Emergency Interoperability Protocol, Joint Decision Model (JDM) to help bring together the available information, reconcile objectives and make effective decisions - together. Like most decision models, the JDM centres around three primary considerations:

Situation	Direction	Action
What is happening? What are the impacts? What are the risks? What might happen and what is being done about it?	What do you want/need to achieve in the first hour (the desired outcomes)? What are the aims and objectives of the emergency response? What overarching values and priorities will inform and guide this?	What do you need to do to resolve the situation and achieve your desired outcomes?

(JESIP)

The Strategic and Tactical Management Groups may make the decision on the following issues:

- relocation of the organisation's services and teams;
- any potential impacts on patient care, access to healthcare or targets;
- activation of the organisation's disaster recovery arrangements;
- services to be recovered in a priority order, for any of the following issues;
- property/accommodation;
- ICT services and access to systems;
- access to emergency expenditure/payment facilities;
- recruitment of temporary staff;
- corporate advice on HR issues and corporate policies to be followed;
- corporate message for publication to media etc.

(This is list not exhaustive)

If managers are to ensure that the decisions they make individually or collaboratively are able to withstand scrutiny, enquiry and/or review then cognisance of this Joint Decision Model is highly recommended. Through recording the timings of available information, options, and rationale for choices, the manager and the co-ordination team should be able to withstand high levels of scrutiny. (This is covered in detail later).



(JESIP Joint Decision Making Model)

Hospital Response to a Major Incident Involving Casualties

An acute hospital can expect to respond to a major incident in three defined phases:

The **reception** phase requires staff on site to react to an activation call in order to prepare the hospital to receive casualties. The hospital will also need to manage the influx of staff responding to the recall to duty.

The **response** phase is when casualty attendance is imminent or has begun and requires the maximum management effort (both clinical and managerial) to maintain an effective response;

The transition between the reception and the response phases can depend on numerous unforeseeable factors, such as the volume of casualties and the proximity of the incident. It is for this reason that this plan is structured on a collapsible hierarchy basis to ensure that reception can be enabled 24/7.

The term collapsible hierarchy refers to when some staff will act and carry out the duties of a role that may be above, below or different to their usual job description or grade until the person who would usually

assumes the role becomes available.

The **recovery** phase begins soon after the response phase is initiated. It aims to bring the provision of health care services back to normality and re-establish 'business as usual' as quickly as possible.

Reception Phase:

The objectives of this phase are:

- to prepare both the Accident & Emergency (A&E)/Emergency Department (ED) and the rest of the hospital to receive and admit casualties from the incident
- Initiate a communication cascade to ensure that the right level of senior staff (both clinical and managerial) are brought into the hospital to manage the response.

In the event of a verified major incident being declared the Bed Manager/Site Manager on site will arrange to have the Hospital Control Room set up, the senior Nurse will base both themselves there until relieved by senior staff. If there is only one person acting as Senior Nurse on site they will identify and designate a Bed Manager. The Bed Manager will implement the bed escalation procedure to its highest level.

The other Hospitals (including the Community Hospitals) in CTMUHB must be notified that a major incident has been declared by the initial receiving hospital and early communications set up between each. The Control Room Numbers in any operational coordination room will need to be made known to Switchboard.

The Senior Doctor and Senior Nurse on duty in the A&E Department, on receiving a verified 'major incident declared - activate plan' message will prepare the department.

The department will be cleared as far as reasonably practicable and, if the volume of casualties demands it, expanded into other predetermined areas such as; Out Patient Departments, Ambulatory Care units etc.

Note: Each ILG must develop and maintain:

- Predetermined emergency surge plans and plans for other relevant areas that can accommodate the above actions of the reception and all relevant staff such as Senior Nurses and Bed managers must be aware of the emergency surge plan.
- Key role action cards specific for their individual ILG (examples of which are in Appendix 1).

Patients waiting in the A&E Department for admission will be identified and transferred to the wards without delay. Permission for admission will not be required when a major incident response is in progress.

Existing patients receiving treatment in the A&E Department must also be categorised, prior to receiving care. A supply of triage cards must be available for this purpose and for any casualties from the incident that may self-refer. Walking wounded (Priority 3) patients should be discharged to the immediate care of their General Practitioner or GP Out-of-Hours Service if appropriate.

To ensure that patients are evacuated from the scene of the incident and appropriately processed at the receiving Hospital, triage procedures are used. A feature of this is that the patient's classification is kept under constant review and, may be amended either at the scene or later at the Hospital.

The Ambulance Service or Medical Emergency Response Incident Team (if mobilised by the Ambulance service) will categorise and label casualties at the scene prior to transportation to Hospital.

Patients will be re-triaged at arrival.

Triage Priority Groups

Tag Colour	Definition
EXPECTANT / DEAD	Victim unlikely to survive given severity of injuries, level of available care, or both. Palliative care and pain relief should be provided
Priority 1	Victim can be helped by immediate intervention and transport Required medical attention within minutes for survival (up to 60) Includes compromises to patients Airway, Breathing, Circulation
Priority 2	Victim's transport can be delayed Includes serious and potentially life threatening injuries, but status not expected to deteriorate significantly over several hours
Priority 3	Victim with relatively minor injuries Unlikely to deteriorate over days May be able to assist in own care Walking wounded

Picture of the Triage Card.



THE HOSPITAL Tactical CO-ORDINATION CENTRE

To provide an overall Hospital Response the Hospital Tactical Co-ordination Centre is set up.

Locations of Co-ordination Centre's/Major incident Control Room

These are currently situated in rooms within the DGH sites:

- Prince Charles Hospital (PCH) – First Floor Lecture/Meeting Room above the ED
- Royal Glamorgan Hospital (RGH) – First Floor Pathology/Meeting Room
- Princess of Wales (POW) – Next door to the Bed Managers Room.
- Note; some other Health Board premises, such as Community Hospitals may also utilise a similar approach.

Each of these rooms has equipment such as phones, Decision Logs, note pads, copies of the Major Incident Plan, a Police Casualty Bureau folder and other Local Resilience Guides.

The telephone numbers in use within the Coordination Centres/Control Rooms must be made known to Switchboard, along with all the hospital's Operational Teams/Departments and other Tactical Groups and if in operation, the Strategic CTMUHB Co-ordination Teams, immediately the phone lines are set up.

The Hospital Tactical Co-ordination Centre is considered essential for the direction, management and co-ordination of a hospital response to an emergency and will be the nucleus for command and control and co-ordination in such an event.

The setting up of the room is the one of the priorities that must be done/overseen by the Site/Bed Manager.

Example of the Hospital Co-ordination Team:

The structured approach detailed in the Advanced Life Support Group's (ALSG) Hospital Major Incident Medical Management support (HMIMMs) guidance is that the core team consist of at least:

Medical Co-ordinator

Senior Emergency Physician

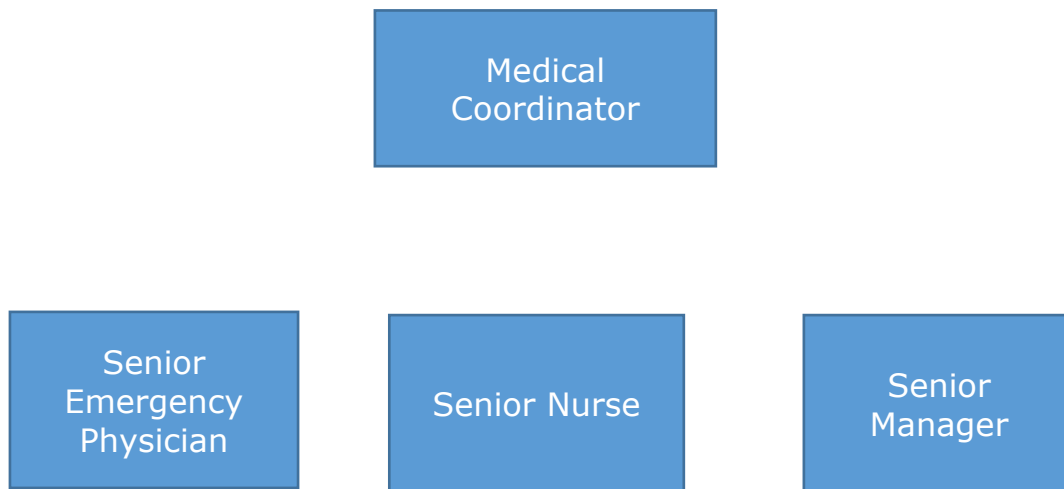
Senior Nurse

Senior Manager

These being supported by a Loggist (role described below) and an Administrator

THE STRUCTURED APPROACH TO THE HOSPITAL RESPONSE

(Core Hospital Coordination Team (ALSG HMIMMS))



Whilst this core team are the minimum that will be required and most likely to be available immediately when a Major Incident is declared, the team will need to flex and bring in additional members as the situation escalates and the dynamic demands of such an event need managing. The following matrix is an example of some of the key roles that will most likely be required at the Hospital Tactical Coordination Team.

The approach to hospital major incident management has been developed on the basis of what is termed the collapsible hierarchy (HMIMMS ALSG)

Director of Operations	Intensive Therapy Unit (ITU) Lead Consultant or deputy
Site Manager /Bed Manager	Paediatrics Consultant (if Children involved)
Emergency Department Consultant or deputy	ILG Facilities Lead & Facilities Technical Services Lead

Doctor Lead – Surgery or deputy	Estates Lead
Doctor Lead Medicine or deputy	Media and Communications Officer*
ILG Head of Nursing/Nurse Lead Acute or deputy	Loggist & Administrator
Theatre Manager	WAST Ambulance Liaison Officer (HALO)

*A specific section relates to this role later in this document

The Hospital Co-ordination Team must be supported by, a nominated Loggist and additional managerial, nursing/medical and administration staff, as deemed necessary.

A trained Loggist nominated at the time will record information and communications received and sent and log actions and decisions with the rationale of the decision maker/s.

These records must be kept following the incident as they will be required for evidence. As will all notes and information written, recorded or otherwise produced by any person involved in the incident.

The Loggist must also record any TEAMS meeting or other media platform, as these will also form part of the decision making evidence.

The immediate considerations of some of the roles are detailed below. However, the actions by all managers will be dynamic, and whilst action cards and pre-set lists of task may be helpful, managers must be able to respond to the changing circumstance as they arise. (Decision making will be covered later).

Immediate considerations of Roles

The ILG Operational Directors should consider the benefit of providing roles that have or likely to have a responsibility in the response to a major incident with specific action cards or instructions (Examples attached in Appendix 1).

The Doctor Lead –Medicine/Deputy, or nominee, will be the co-ordinator of the deployment of medical staff and equipment resources during the period of the Incident on declaration of a Major Incident. Responsibilities include directing

and monitoring medical staff within the Hospital; and to assess the medical demands of the hospital.

The Doctor Lead –Surgery/Deputy, or nominee, will work with the Theatre Manager to co-ordinate the deployment of Surgical Teams and resources during the period of the Incident on declaration of a Major Incident. Responsibilities include directing and monitoring surgical staff within the Hospital; and to assess the status of surgical procedures in process and the emerging demands and priorities that the incident will present.

The Nurse lead Acute/Head of Nursing will be the co-ordinator of the deployment of nursing resources during the period of the Incident. Responsibilities include ensuring an up-to-date hospital bed state; directing and monitoring nursing staff within the Hospital; and assess the nursing demands of the hospital.

The Site Manager will activate support services and oversee the co-ordination of relatives' area (those attending at the hospital and telephone enquiries). Casualty Triage Areas, Areas for Priority 1 (P1), Priority 2 (P2), Priority 3 (P3) treatment should be pre-determined along with other areas such as Recalled Staff Reception Area and Additional Discharge Areas.

ALL departments **MUST** confirm their state of readiness to the Hospital Co-ordination Centre. This is a particular priority where the Incident is declared 'out-of-hours' and where Action Cards are being followed.

Recall to duty/Major Incident Alert to Off Duty Personnel

In the case of a Declared Major Incident the following departments will initiate a recall to duty of staff.

- Emergency Department
- Theatres
- Critical Care Units/ITU
- Radiology

- Pathology including Mortuary Staff
- Telephonists
- Pharmacy
- Blood Bank Co-ordinator
- Portering
- Facilities

Others will be recalled, (including the calling in of contracted services such as security) pending the decisions of the Hospital Tactical Co-ordination Team. One section often over looked during major incidents is the Occupational Health and Mental Health Teams. These should have early notification, to enable them to respond in a timely fashion and enable assessment and support of staff and patients to be implemented if required.

It is the responsibility of the Individual Service Delivery

Units/Departments to recall their staff to duty. Therefore, they must maintain up to date contact details for individuals who are prepared to be recalled to duty in the case of a major incident.

Mass casualties / Medical Emergency Response Incident Team

(MERIT)

In the event of an incident resulting in large numbers of casualties, a Medical Emergency Response Incident Team (MERIT) may be deployed to work near the scene with WAST. Details about the Team can be found, in the Health Board MERIT protocol. Accessible via the link below:

[Civil Contingencies - Default](#)

An NHS Wales Mass Casualty Plan has been developed to co-ordinate the response across NHS organisations. Although major incident plans continue to provide the basis for the response, there needs to be collective leadership of Wales NHS response and enhanced co-ordination of both the pre-hospital and hospital response across organisational and national boundaries.

Accessed via the Link below:

[Civil Contingencies - Default](#)

A mass casualty event will result in a significant increase in the demands placed on a Health Board, consequently all services will need to work together to maintain essential health services and to respond to the care and treatment demands of the emergency.

Definition of Mass Casualty

The Welsh Government Guidance "Mass Casualties Incidents: A Framework for Planning defines mass casualties as:

"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response"

For emergency planning purposes, emergencies can be categorised by the number of casualties involved - major (10's), mass (100's) and catastrophic (1000's).

Mass Casualty Structure

The Wales NHS Mass Casualty Structure (see below) builds on the major incident response by recognising the need for enhanced co-ordination across organisational and national boundaries through the holding of a Wales NHS CEO/Senior Executive teleconference(s) and a Medical Directors/Senior Clinician teleconference(s).

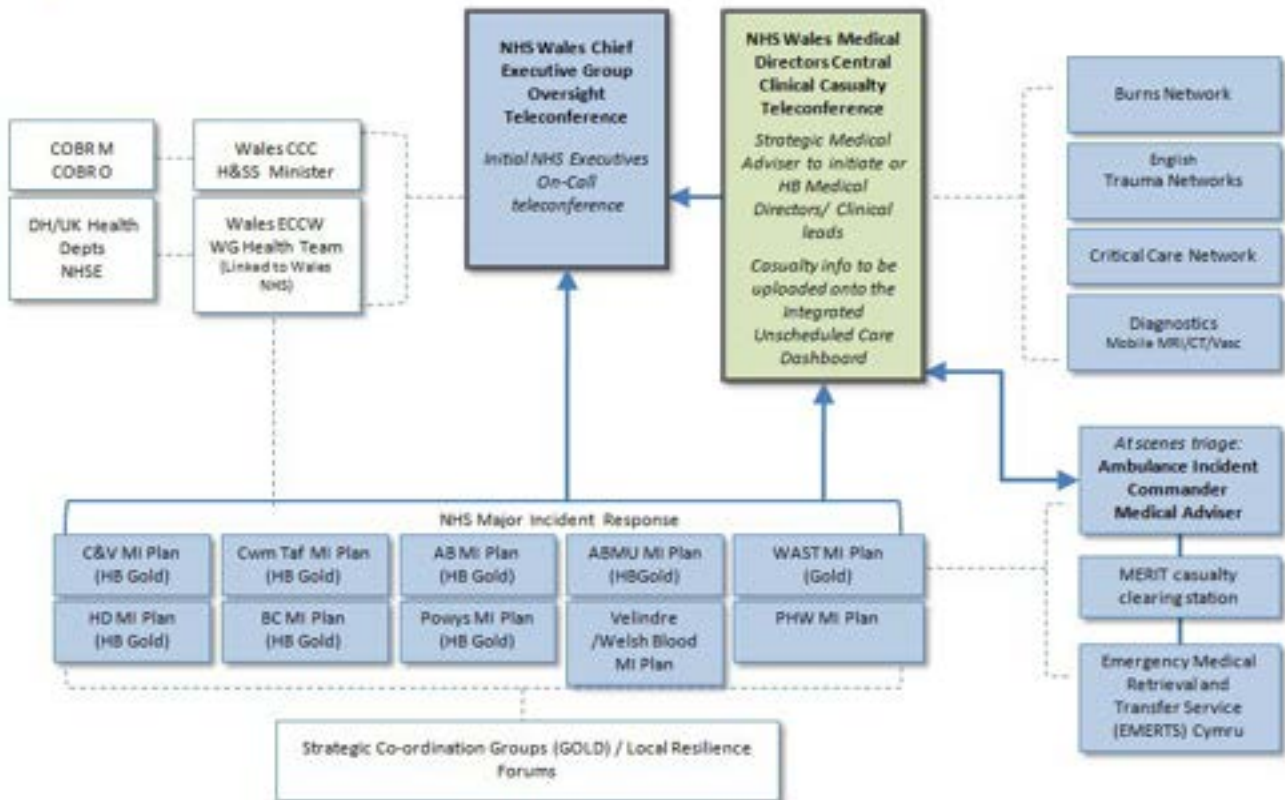
The Mass Casualty Incident Arrangements for the NHS in Wales are covered in a separate document. This document can be found on the Civil Contingencies SharePoint page:

[MASS CASUALTY ARRANGEMENTS FINAL VERSION 3 - July 2019.docx](#)



NHS Wales Mass Casualty Response Structure

→ Reporting
 --- Comms / Liaison



FINAL 24 June 2016 RS

The South Wales Trauma Network

The South Wales Trauma Network serves the population of South Wales, West Wales and South Powys.

A pre-hospital triage tool ensures major trauma patients are conveyed directly by WAST or the Emergency Medical Retrieval and Transfer Service Cymru (EMRTS), or other emergency providers, to the Major Trauma Centres (MTC's) or Trauma Units (TU's).

The University Hospital of Wales (UHW), Cardiff is an adult and children MTC. The MTC has access to all specialist services relevant to major trauma. It will take responsibility for the acute care of all major trauma patients in the region via an automatic acceptance policy and manage the transition of

patients to rehabilitative care. It will collaborate with and support other hospitals in the network.

Morrison Hospital, Swansea, is an adult and paediatric TU, with specialist services. It will provide specialist support to the MTC and provide specialist surgery for patients who do not have multiple injuries, for burns, plastic, spinal and cardiothoracic surgery. It has the lead role for the major trauma network.

CTMUHB has two Trauma Units. These are PCH and POW.

The others being, The Grange University Hospital, near Newport and Glangwilli Hospital Carmarthen.

The TUs will provide care for injured patients and have systems in place to rapidly move the most severely injured patients to hospitals that can manage their injuries, in most cases the MTC. They will have a role in receiving patients back who require ongoing care in hospital and will have a suitable 'landing pad' via an automatic acceptance policy.

RGH will become a Local Emergency Hospital. This hospital will not routinely receive acute trauma patients but, should this occur, it will ensure appropriate initial management and transfer to the MTC or nearest TU.

Contaminated Casualties

The Ambulance and Fire and Rescue Services have mobile decontamination facilities, which are sent to the scene of an incident and are able to deal with a large number of casualties. However, it must be recognised that a small number of contaminated casualties arriving at a hospital will also result in this plan being activated.

The Health Board has limited patient decontamination equipment and procedures at the ED sites. In the event of any of the above incidents occurring, the Patient Decontamination procedures will be implemented at the nominated sites adjacent to the HB's EDs. The Fire & Rescue Service has plans in place assist the Health Board and to deploy their decontamination facilities to the hospital if requested. Note: the Fire

and Rescue Resources may be committed to the operational response and the incident site.

The Health Board has dedicated Contaminated Casualties, Mers CoV and Ebola Procedures.

In the event of a Chemical Incident, 24 hour information and support can be obtained from the National Poisons Information Service or the Toxbase database. EDs have the contact details.

In the event of an incident involving radioactive material, the Police will call out an expert from the Radiation Protection Service (in accordance with the National Arrangements for Incidents involving Radioactivity).

Any requests for information should be coordinated via the Police.

Health Board Radiology Units may also have staff who can provide advice.

Casualties with Burns

Casualties with burns will, initially receive treated at the hospital that receives them.

The Welsh Burns Centre at Morriston Hospital provides a burns service to a catchment area involving the whole of South and Mid Wales.

It is also the **Adult Burns Centre** for complex burn admissions from the South West UK Burn Network, and so must be prepared for a major incident involving multiple major burns casualties from anywhere within its catchment population of 10 million. In addition, it forms part of a UK wide Burn Incident response.

It is important to contact the Welsh Burns Centre and inform them of the details of burns casualties as soon as possible by the receiving hospital.

The Regional Burns Unit at Morriston Hospital is unable to accept large numbers of patients, therefore arrangements will be made for a clinical

team (Burns Assessment Team) to visit the hospital or utilise other methods to triage and decide which of these casualties should be treated on site and which should be transferred.

Contact details of the Regional Burns Centre are below:

CENTRE	LOCATION	TEL/FAX NUMBERS/ E-MAIL DETAILS
Burns Co-ordination Centre	Resource Room, Tempest Ward, Burns Centre.	Tel: 01792 703805 / 703814 / 703293 Fax: 703803 E-Mail: Burns.Incident@wales.nhs.uk
Swansea Bay Hospital Co-ordination Centre	Service Corridor, adjacent to Telephone Exchange	Tel: 01792 87442 / 703368 / 703778 / 703779 / 703269 Fax: 703556 E-Mail: CTMUHB.MajorIncidentMorr@wales.nhs.uk

Paediatric Casualties

Most major incidents involve a proportion of Children and some predominantly involve children". (ALS Group, 2002, Major Incident Medical Management & Support 2nd Ed, page 8, BMJ Publishing).

The Major Incident response must consider the special needs of children and their families, and family units should be cared for together wherever possible. Paediatric care will pose significant challenges in terms of the availability of staff with specialist skills and of the quantities of equipment and consumables required. A paediatric scenario requires an additional team member to the Hospital Co-ordination Team from Paediatrics to advise on such issues as triage, capacity and resources.

In the event of children being involved in a Major Incident both Paediatric Medical and Nursing staff will be informed. The following will be notified:-

- **Paediatric Consultant**
- **Paediatric Middle-Grade Doctor**
- **Paediatric Nursing bleep-holder**

The Paediatric Team will work in conjunction with the ED Team. The Lead Nurse for Paediatrics would similarly be required for advice on child welfare.

Wherever possible, children will be cared for by paediatric trained medical and nursing staff. Every attempt will be made to keep children and their families within the same Hospital. Children will be admitted to the Paediatric Ward, unless they require Paediatric Intensive Care, or Burns care, these children will require retrieval to PICU at UHW or Burns care at the locations decided by the Burns Assessment Team. The Paediatric Consultant will liaise with the Wales and West Acute Transport for Children Service, (WATCH), regarding the possible need for retrieval services.

In the event of an incident involving a school, the Local Education Authority may wish to send a member of staff to liaise with the hospital/school/families. The Service Group Manager for Paediatrics will either undertake this role, or will designate a suitable manager to do so. Please see the Local Authority section below for communication/contact arrangements.

Incidents – Response to Survivor/Emergency Evacuation Centres Reception Centres

Some Major Incidents may not directly affect the Acute Hospitals in the way in which a mass casualty event will.

In such cases the SWLRF, will likely convene the Strategic and Tactical Co-ordination groups.

Where an incident involves the displacement of people, e.g. flooding, chemical incident, and industrial fires and so on, the Health Board can consider whether:

- ILG TCG/s are set up in the affected ILG. These may be located in the Hospital Major Incident Control rooms referred to earlier, or a different venue providing suitable communication and ICT facilities.
- A single HB TCG covering the Health Board area would be better suited, allowing the hospital major incident control rooms to be utilised for the individual ILG / Operational (Bronze) Group co-ordination. An overall HB Tactical may then be located in the HB Headquarters/Taff room or other suitable location.

Where an incident involves the displacement of people and results in people being moved to reception centres. The Health Board Representative attending or dialling into a Multi-Agency Tactical or Strategic Co-ordination Group must request via the Hospital/Health Board Tactical Co-ordination, that a Senior Tri/Quadamvirate Lead of Community, Primary Care and Partners task Community Nurses/Medical staff to attend the Emergency Evacuation centres, with the aim of:

- Identifying any patients that require transfer to Hospital or require attendance of additional medical aid.
- Identify patients who require emergency prescriptions
- Identify any patients requiring other specialist services e.g. Mental Health or other specialist support.
- Any other Health related issue that require escalation.

The Senior Tri/Quadamvirate Lead of Community, Primary Care and Partners must report, back to the requesting Hospital/Health Board Tactical Coordination Group to ensure that other Delivery Units i.e. Pharmacy etc. are provided with timely requests for assistance.

Alternative methods of setting up a Structured Response to Incidents.

The above section has dealt with the setting up of the Hospital to receive, manage and support the medical needs of casualties from a major incident.

There may be times when Business Continuity events occur that do not require the same medical leads to, directly participate in the management response to the incident. Such issues may include loss of ICT, Power systems, Diagnostic equipment failures, etc.

In this case, the management of the incident may not require the use of the Hospital Co-ordination Room and may be, better managed by other method or locations. However, the use of a co-located location may still be an advantage.

Managers need to ascertain the most appropriate structure and methods of communicating.

Recent examples have seen the advent of TEAMS used to manage strategic, tactical and operational response. Other such platforms may also be considered.

If other options are chosen the senior person managing the response should be cognisant of the elements of major incident and critical business continuity management, which provide the basis for sound communications, objective setting, decision models and recording of information to enable effective incident management and to satisfy post incident scrutiny.

Post-Traumatic Stress – Staff

Staff welfare and safety is the responsibility of all Service Delivery Unit managers. All managers must ensure staff and visitors within their area are accounted for. All staff involved in a business interruption and/or emergency must be, monitored to ensure their wellbeing is maintained.

During and following any incident the welfare of all staff should be, considered and managed. Staff should be regularly briefed on, what has happened, and what will happen. Managers who feel that a member of

staff/team has been, affected by the incident or may require additional support should consider contacting Occupational Health.

Staff may, be affected by what they see and have to do, both immediately during the incident, and longer-term where rehabilitation from serious mental injury is necessary. Support will be offered to staff, and will take the form of;

- debriefs for staff finishing shifts;
- post-traumatic stress counselling;
- group support;
- On-going therapeutic interventions.

The experiences from major incidents have shown the need for longer-term support for people affected by incidents. While many people will be able, with limited support, to deal with the psychological issues raised, there will need to be access to services, whether support, counselling or specialist mental health services. For further information on staff welfare and issues surrounding staff, please refer to the Occupational Health pages on SharePoint.

[Occupational Health - Homepage](#)

NHS Wales Medical Directors/Senior Clinicians Teleconference

Chaired by the Strategic Medical Adviser (EMRTS)

In a mass casualty event the Strategic Medical Adviser in conjunction with the Welsh Ambulance Strategic Commander will activate a NHS Wales Medical Directors Central Clinical Casualty Teleconference to help determine with Health Boards / Trusts where and when to send casualties. NHS England will also be invited to join, if appropriate.

Contact details for this clinical teleconference will be held by Ambulance Control. Ambulance Control who contact each Health Board/Trust Switchboard to activate the Trusts response to such a conference and provide a time for the first Conference call/meeting to take place.

Draft Agenda for first clinical teleconference

- Introduction and Welcome (Chair)
- Membership – Any additional attendees required.
- Situation Report (Chair) – METHANE (Include number of P1's and identified specialist requirements, such as burns, neuro etc. (currently known))
- Matters for Urgent attention
- Health Board Capacity by Hospital Site, including specialist capacity (as per attached template) and resourcing
- South Wales Trauma Network Co-ordinator Report
- National Trauma Network Co-ordinator Report
- National / Regional Burns Network Co-ordinator Report
- Welsh Blood Service Report
- Date and Time of Next Meeting

NHS Wales CEO/Senior Executive Lead Teleconference

Chaired by the Director General / representative

Welsh Government Health and Social Services Group will activate the NHS Wales CEO/Senior Executive Teleconference either through the routine mechanisms already used or by calling each Health Board / Trust Switchboard to activate and provide a time for the first call. This purpose of the CEO/Senior Executive teleconference is to:

- Support Wales NHS CEO in demonstrating accountability and governance of Wales NHS response
- Provide the mechanism for visible co-ordinated leadership of Wales NHS response
- Establish a shared understanding of Wales NHS response and priorities
- Confirm /Agree priorities and use of NHS resources, where appropriate
- Consider additional NHS requests for assistance not currently

being provided

- Consider clinical advice/requirements referred to it by Medical Directors
- Provide collective support to Wales NHS response and consider issues referred upwards
- Consider the need for agreeing collective media lines and health communications impacts
- Consider short /medium and longer term NHS business impacts and co-ordination requirements
- Respond to matters appropriate to the Group that may have arisen

Data to support teleconferences

Spreadsheet data will enable a strategic overview to be undertaken by the Strategic Medical Adviser and allow appropriate advice to be provided to Medical Advisers regarding the availability of capacity. An Excel spreadsheet has been produced that will assist in collating Hospital capacity and patient distribution, as an initial method of tracking capacity and distribution of patients. The Unscheduled Care Dashboard should be used, once it is confirmed that data contained within the dashboard is up to date

[http://nww.iuscdash.wales.nhs.uk/.](http://nww.iuscdash.wales.nhs.uk/)

In addition the Mass Casualties Dashboard on the All Wales Emergency Pressures portal to gain access to the all Wales bed capacities and the major incident Joint Emergency Services Interoperability METHANE standard format Messages.

<http://howis.wales.nhs.uk/emergencypressures/login/menu.cfm>

Click on “New Hospital Report” use tabs i.e. METHANE

Press and Media

At the start of a major incident, the Communications Lead for the Police force involved will take the lead for managing communication with the press, media, and public. During this initial phase a 'Gold media cell' will be established, led by the Police Communications Lead, but supported as necessary by the CTMUHB Assistant Director Engagement & Communications (or deputy) and any other communication leads from partner Gold Command organisations e.g. Fire or Ambulance etc.

As the major incident moves into the recovery phase, the CTMUHB Assistant Director Engagement & Communications (or deputy) will be responsible for managing the press and media in connection with press interest around the Health/NHS issues linked to the major incident.

Responsibilities will include managing press and media on hospital or other CTMUHB sites, arranging press releases and information updates, dealing with media queries, and organising press conferences and interviews. In addition, the Assistant Director Engagement & Communications will be responsible for social media updating, including the Health Board's Face book and Twitter sites as appropriate.

The CTMUHB Facebook page will be used to ensure accurate and timely information is available via social networking. A bespoke Facebook page can be considered, but it is likely to be more beneficial to access the existing audience of the established CTMUHB Facebook page. In addition, a hash-tag named in accordance with the incident will be produced for Twitter updates, or if a hash-tag has already been established by another party, that will be used.

The Assistant Director Engagement & Communications will also update information on the CTMUHB website as needed.

During this recovery phase, the Assistant Director Engagement & Communications will continue to work with Communications Leads from the Police and other organisations as necessary.

Communications: Internal

The Assistant Director Engagement & Communications will be responsible for updating the CTMUHB intranet as necessary to keep staff informed in general about the incident. In addition, the Assistant Director Engagement & Communications will be responsible for preparing general staff email messages.

Note: specific operational information to groups of staff will be the responsibility of their line manager, and not the Assistant Director Engagement & Communications.

Communications: External (Non-Press and Media)

The Assistant Director Engagement & Communications will also ensure other important parties are kept aware of key messages:

- Non-Executive Health Board Members
- Community Health Councils
- Welsh Government
- Partner Organisations as appropriate
- Members Community Health Councils

Additional Communications Support

The Assistant Director Engagement & Communications will also assist in general Communications support, e.g. preparing ad hoc patient information leaflets, posters, etc.

Post Incident Considerations

Incident Debrief

Following a Major incident or a Critical Business Continuity event, a “Hot debrief” should be carried out immediately following the incident. The

Tactical Manager in charge of the event, or other suitably nominated person should complete this. This need only include staff having key roles/actions during the event. This should be carried out to ensure that urgent learning outcomes can be raised for immediate remedial actions to be taken to mitigate any possible early repeat of the incident or occurrence.

Following the "Hot Debrief" a structured Debrief should be facilitated represented by a suitable number of staff forming a vertical slice of all Service Delivery units/Departments involved in the incident to ensure that any further issues can be identified, recorded and actioned. The Civil Contingencies and Business Continuity Lead will facilitate this debrief in collaboration with the ILG Directors of Operations.

In addition to the examination and collation of all written loggist notes, decision logs, managers and staff notes etc. the debrief team should consider the capture and recordings including any CCTV footage to assist with lessons learned.

The Civil Contingencies and Business Continuity Lead will ensure that key Learning outcomes are uploaded the SharePoint Civil Contingencies Operational Learning page and the South Wales Local Resilience Forum Operational Learning System if appropriate.

Wellbeing and Post Incident Stress Management

The need to take staff and patient wellbeing into consideration is discussed above, this may also need to extend to patients and others that have been involved in the incident for periods extending the actual duration of the incident. This will require early liaison with the CTMUHB Occupational Health Team and Mental Health teams to enable early engagement with individuals to mitigate long term effects of the incident.

Specialist Paediatric psychological support may also need to be considered if young people are involved or witnessed events.

RESPONSIBILITIES OF OTHER ORGANISATIONS

Welsh Ambulance Services NHS Trust

WAST has specific responsibilities in terms of alerting relevant NHS organisations in the event of a major incident or emergency. These are:

- Immediately notify or confirm with police and fire controls the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards;
- Alert the most appropriate receiving hospital(s) based on local circumstances at the time;
- Alert the wider health community as the incident dictates (e.g. PHW);
- Alert Welsh Government Health and Social Services Directorate.

Whilst many major emergencies are triggered by 'big bang' incidents that result in large numbers of casualties such as traffic accidents, explosions etc. there are other potential circumstances where an NHS major incident would be triggered by a 'rising tide' or non-acute traumatic event, for example, infectious disease outbreak, power cuts, covert radiation leakage. In such cases the ambulance service may be involved but may not be the natural 'alerting' NHS organisation. In the event of a rising tide event, and/or a widespread incident, the communication cascade mechanism used must ensure notification of the Welsh Government. Relevant Local Health Boards will take responsibility for implementing health co-ordination arrangements to ensure appropriate deployment of NHS resources, in collaboration across boundaries where necessary, to meet the demands of wide area emergencies. The Welsh Government will establish arrangements to provide central support and give direction if necessary.

South Wales Police

The Police will treat the cause of the incident as 'suspicious' until proven otherwise. Staff must bear this in mind when handling material

(e.g. casualties' property) that may be required for forensic evidence.

The role of the Casualty Bureau

The South Wales Police at Divisional Police Headquarters, Bridgend, will activate a Casualty Bureau. The function of the Bureau is to collate information about each of the casualties for identification purposes. All telephone enquiries from the Public must be directed to the Bureau to avoid "jamming" telephone communication to the Hospital. The Casualty Bureau telephone number will be published on the day. Calls/enquiries from the media must **not be** directed to the Casualty Bureau.

Hospital Police Liaison

The designated Police Liaison Officer will report to the Hospital directly when an incident is declared or a standby notified. The designated Police Liaison Officer will establish a Police Information Room in the A&E Department. This is equipped with an internal telephone, an exchange line and a fax machine. The task of the Police Liaison Officer, in conjunction with his/her assistant, will be to collate information provided by the Medical Records Manager and transmit details to the Casualty Bureau, Police Headquarters.

Family Liaison Officers

The Family Liaison Officer (FLO) will be deployed by the Family Liaison Coordinator (FLC) and they play a crucial role in response to mass fatality and the identification of the dead. The primary role of a family liaison officer is an investigator and to assist the Senior Identification Manager (SIM). The FLO will undertake the day-to-day interaction with the family of the deceased. They will complete the yellow, Interpol DVI ante-mortem forms and undertake the ante-mortem harvest on behalf of the SIM.

The key objectives of a family liaison strategy will be

- Providing the family with as full and up to date information as possible about the incident and its investigation;

- Obtaining a full family background, and other relevant details as required by the SIM and Coroner.
- The FLO will:-
- Provide immediate, appropriate information to the family concerning the death of their family member, and the procedures being undertaken by the police and Coroner;
- Gather initial information and evidence from the family and pass it immediately to the Casualty Bureau or SIM;
- Facilitate practical support to the family, including contact with other statutory and voluntary agencies;
- Support the family in respect of their contact with the media;
- Facilitate, if practicable, a visit by the family to the scene of the incident;
- Facilitate medical support to the family if required.

Local Authority

Local Authorities have a number of key roles and responsibilities to undertake during a major incident. Contact with Local Authority partners should be considered at an early stage, particularly out of hours as there may be a delay in operational response as not all departments are 24 hour.

The local Social Services Department will need to be engaged at a very early stage to help facilitate the early discharge of patients. After the incident, they may also be able to provide support to patients and relatives, who have experienced trauma because of the incident.

For incident's involving schools see section on **Paediatrics**.

Voluntary Sector

The Voluntary Sector response is co-ordinated by the relevant Local Authority. However, during a major incident people not associated with a particular voluntary organisation may arrive at the hospital offering to volunteer. These will range from those who are 'genuine', such as recently retired NHS staff to those who have ulterior motives or illegal intentions. It is for this reason that all volunteers must report to the

designated area where a senior member of staff can vet them. Staff who see any individual who is not wearing the approved identity badge must ask them to leave the area immediately and report to the Volunteer Co- coordinator. Alert Security if they refuse or persist in remaining.

British Transport Police - Railway Incidents

Transport for Wales Rail Limited have a Rail Incident Care Team who can provide support to the victims and families of casualties of rail incidents by arranging transport, accommodation and similar welfare needs. If the rail incident occurs in the catchment area of the hospital the Team leader will report to the hospital and should be directed to the Relatives Liaison Officer otherwise they will attend the hospital to provide this service if requested by a member of Hospital Co-ordination Team.

REFERENCES

Civil Contingencies Act 2004

NHS Wales Emergency Planning Guidance 2015

Hospital Major Incident Medical Management Support: the Practical Approach in the Hospital (Advanced Life Support Group)

Joint Emergency Services Interoperability Programme.

Medical Emergency Response Incident Team Protocol

APPENDIX A Example Action Cards For Mass Casualty Event.

These cards are designed for response to a Mass Casualty Event.

Other event such as a Critical Business Continuity Event will require individual service delivery unit action plans.

Action cards must be amended by the ILG leadership teams to suit specific roles.

**These cards are provided as guidance and personnel occupying roles in a major incident must:
Manage dynamically.**

Action Card 1 - Switchboard

The most senior operator on duty will take the following actions:

Step	Action required	Confirm
1	On receipt of a ' Major Incident - Stand By ' alert from Ambulance Control verify the call by call back to the Ambulance Control that raised the alert	
2	Call in off duty operators	
3	Contact all staff for your site and inform them of the 'Major Incident – Stand By'	
4	Take no further action at this point	

- 1 On receipt of a '**Major Incident Declared**' –

Gather the METHANE message information from the notifying agency (usually Ambulance Control). This may be by automated telephone message with the option to listen again and the confirm the full message has been received

 Activate Plan' Manually **call back to the Ambulance Control that the Health Board Alert has raised if not automated as above..**
- 2 Call in off duty operators
- 3 Transfer the call to the Nurse in Charge, A&E **with the METHANE message.**
- 4 Begin a call / alert cascade of staff for your hospital site
- 5 Log all calls from this point forward – note the person contacted, the date/time of contact and their expected time of arrival

- 6 Once completed, contact the Hospital Control Room or the Single Health Board Tactical Coordination group if a single Health Board Tactical has been set up and request that someone collects a copy of the log
- 7 When 'Stand Down' has been declared attend the post incident debrief with a copy of the log and feed back if required.

MERIT TEAM REQUEST

If a Major Incident is declared for another Hospital/Health Board, we could receive a call from Ambulance Control requesting Medical Emergency Response Incident Team (MERIT) of specially trained nurses from A&E who can attend an incident site.

This call should come from Ambulance Control and the caller will give you a number to call back on. In the event of this happening, please follow the below instructions.

- ☐ Write down all details of the message given by Ambulance Control. Please Note: it is **essential** that you get the contact telephone number on which the call can be returned.
- ☐ Contact the Nurse In Charge of A&E and pass on the message.
- ☐ Take name of nurse you have passed the message on to
- ☐ Email the Switchboard supervisor and Civil Contingencies Manager to make them aware.

No further response is required from Switchboard other than passing the information on to the Nurse in Charge of A&E

Action card 2 – Site Co-coordinator/Bed Manager

On being contacted by Switchboard the Site Co-ordinator/Bed Manager (a Nurse Practitioner may assume this role if a Site Co-ordinator/Bed Manager is not available) will:

Step	Action required	Confirm

1	On receipt of a 'Major Incident – Stand By' undertake a review of the status of the hospital. If single handed identify and inform a designated Bed Manager	

2	Take no further action at this time	

1	On receipt of a 'Major Incident Declared – Activate Plan' alert from Switchboard, contact the Bed Manager and request that they meet you in the Control room	
2	Contact the Nurse in Charge, A&E and obtain a brief on the nature of the incident and the number and type of casualties. Access the Emergency pressures portal and access the METHANE message http://howis.wales.nhs.uk/emergencypressures/login/menu.cfm Click on "New Hospital Report" use tabs i.e. METHANE	
3	Go to the Hospital Control Room and set out the equipment as per local schedule ³ .	
4	Begin a record of events, communication and any decisions made in the log book provided.	
5	Receive a report from the Bed Manager and log it	
6	Confirm with the Bed Manager that all wards, Theatres and ITU have been advised of the major incident. Contact any that have been omitted	

- 7 Assume the roles of action cards 8,9,10 & 14 until relieved
- 8 Brief the Incident Controller, Nurse and Clinician as / when they arrive
- 9 Maintain the log until relieved by the Incident Administrator
- 10 When relieved undertake your normal duties unless assigned another action card
- 11 Attend the post incident debrief

3 Each control room has a checklist of the equipment to be used, where it is to be deployed and a hard copy of 'emergency' telephone numbers

Action Card 3 - Bed Manager

On being contacted by the Site Coordinator/Bed Manager or Nurse Practitioner you will be required to:

- ☐ Contact the Nurse in Charge, A&E and obtain a brief on the nature of the incident and the number and type of casualties. Access the Emergency pressures portal and access the METHANE message <http://howis.wales.nhs.uk/emergencypressures/login/men u.cfm> **Insert User name: MCCT and password: Hos4t@f. then Click on "New Hospital Report" use tabs i.e. METHANE. Inform the nurse in Charge of the METHANE Message. Keep them informed of updated messages.**
- ☐ Go to the Hospital Control Room, contact all wards and
 - ✓ Request a bed status update
 - ✓ Request that patients are identified for potential immediate discharge
- ☐ Inform Theatres and ask if any operations are ongoing/ imminently starting
- ☐ Inform Intensive Care Unit and identify capacity
- ☐ Depending on the nature and extent of the incident and, if possible to do so, clear a Ward to be designated for the casualties from the incident.
- ☐ Collate this information and hand over to the Senior Nurse/ Incident Administrator
- ☐ Maintain bed management duties until relieved
- ☐ When stand down has been given inform staff and attend the debrief

Action Card 4 – Nurse in Charge, A&E Department

On being informed of a 'Major Incident Standby', the Nurse will undertake a review of the Department's activity; inform the Senior Nurse, Emergency Care and the A&E Consultants. No further action is required.

On being informed of a 'Major Incident Declared- Activate Plan', the Switchboard Operator will transfer the Ambulance Control to you. Make a record of the information you are given and note the following:

- Time of call
- Incident location and type
- Number of casualties' serious/minor that can be expected
- Estimated time of arrival of the first casualty

The above information will be available via the mass Casualty dashboard that can be accessed by the Bed Managers on:

The Emergency pressures portal and access the METHANE message

<http://howis.wales.nhs.uk/emergencypressures/login/menu.cfm>

Insert user name: MCCT and password: Hos4t@f. Click on "New Hospital Report" use tabs i.e. METHANE. See Action Card 3.

Then take the following steps:

- ☐ Inform all medical and nursing staff in Accident & Emergency Department.
- ☐ Inform the Receptionist to call in additional reception staff and to log all patients received as "major incident" on the system.
- ☐ Discuss with the Senior Doctor on duty, Accident & Emergency Department, the number of additional Accident & Emergency Medical staff required. The lists of Accident & Emergency Doctors and Nurses are kept at Accident & Emergency.
- ☐ Delegate a healthcare assistant and a nurse to call in consultants, doctors and nurses, using the telephone in the Accident & Emergency Sister's office. Give the members of

staff clear instruction of the message to be conveyed.

- ☐ Contact the relevant Minor Injuries Unit (MIU) and request that they complete the treatment of any existing patients then close the Unit and relocate staff to the A&E Department. Request that before they leave the MIU that they also call in all available staff to report to A&E.
- ☐ Support the senior clinician in clearing the Accident & Emergency Department of all patients. Patients requiring admission should be identified and admitted without delay. All other patients should be discharged to their GP via the Discharge Point Hospital Tactical Coordination (Control)
- ☐ Delegate an experienced emergency nurse to work with the Senior Doctor on duty at the triage point.
- ☐ Allocate additional nursing staff, as they arrive, to their areas of responsibility.
- ☐ Be available to assist as required with any requests for equipment or requests for additional nursing staff within the Accident & Emergency Department.
- ☐ At no point should you participate in direct patient care.
- ☐ When stand down has been given inform staff and attend the debrief

MERIT TEAM REQUEST

Request for Medical Emergency Response Incident Team (MERIT) Trained Staff

- ☐ On receipt of request for MERIT trained staff from Welsh Ambulance (WAST) via Switchboard, assess existing 'on duty staff for capability' of sending an initial response of 2 MERIT personnel. Switchboard will give you a designated number to respond to WAST
- ☐ When these 2 members of staff have been identified, respond immediately to number provided by Switchboard confirming initial response availability also ascertain time of pick up from department.
- ☐ Request the 2 members of staff prepare to get ready with designated PPE
- ☐ Inform Site / Bed Manager. Request back fill of deployed staff and that Exec On-Call is informed.
- ☐ Commence call out of further 6 x MERIT Trained staff, availability and response times to attend department using the attached proforma.
- ☐ When list compiled re contact Number provided with estimated MERIT capability with time duration.
- ☐ Log names and times of staff deployment and intended destination on log provided.

MERIT ACTIVATION LOG

1. Time of Call_____Hrs
2. Nurse in Charge ED- Name_____
3. WAST Contact Number_____
4. Site Manager Informed - Name_____
- Time_____Hrs
5. Consultant of the day informed-
Name_____
6. On Duty MERIT Members for Deployment (see trained list)
– Names_____
- _____
- _____
7. WAST Contacted on Designated
number_____Hrs
8. Estimated Deployment
time_____Hrs
9. Checklist for PPE – MERIT Coveralls
 - Helmet
 - Steel Toe Cap Boots
 - Hi Viz Jacket
 - ID Badge (Health board & MERIT)
10. Actual Deployment Time Of MERIT
Members_____Hrs
11. Additional MERIT Personnel and Availability within 1hr-
Names_____
- _____
- _____

This document is uncontrolled if printed, for the latest version please see the Health Board Intranet

12. Additional MERIT Personnel and Availability within 2hr-
Names_____

13. Additional MERIT Personnel and Availability within 4hr-
Names_____

Nurse in Charge

Signature_____

Date_____

Action Card 5 - Senior Clinician, A&E Department

On being informed of a 'Major Incident Declared - Activate Plan', the most senior clinician on duty will, until relieved by the Consultant, take forward the action points below:

- ☐ Obtain a brief on the incident from the Nurse in Charge, A&E.
- ☐ Advise the Nurse in charge of the number of additional medical staff required
- ☐ Prepare the Department to receive casualties from the major incident.
- ☐ Review and triage all existing patients in the Department
- ☐ Establish a Triage point. The Senior Accident & Emergency Doctor will be responsible for the triage of the major incident patients when they arrive. Spare Cruciform cards are available for patients who may self refer
- ☐ Ensure existing patients are either admitted or are discharged to the immediate care of their GP. Liaise with the duty Senior Clinician or Consultant, Clinical Decisions Unit.
- ☐ Senior Nursing staff can discharge green category patients.
- ☐ Yellow and Red category patients are to be processed by Medical staff.
- ☐ During a major incident the Accident & Emergency medical staff have the authority to implement admission without prior consultation/permission, but the duty Bed Manager should be notified of all patient movements so that each patient can be subsequently followed up on the ward by the relevant inpatient team.

- ☐ Ensure available staff are deployed to best effect and are designated specific roles.
- ☐ Arrange for the call-in of additional Accident & Emergency Medical Officers, by liaising with the Accident & Emergency Nurse in Charge.
- ☐ Direct arriving Consultants to key areas, to oversee the management of patients, as follows:
 - ☐ Red category area - on-call Consultant Anaesthetist or Deputy, on-call Consultant General Surgeon.
 - ☐ Yellow category area - on-call Consultant Trauma & Orthopaedic Surgeon, on-call Consultant Physician.
- ☐ Paediatric patients in the above areas are to be overseen by a Consultant Paediatrician, with the assistance of trained Paediatric Nurses.
- ☐ The Maxillo-facial Consultant and staff will utilise the Maxillo-facial Department as part of that Department's Major Incident Plan.
- ☐ Provide updates on the Accident & Emergency Department's role in the major incident response to the Incident Medical Director. Advise the Director should the capacity of the Department becomes saturated, in order that consideration can be given to providing additional resources or making alternative arrangements.
- ☐ Provide briefings to the Communications Coordinator.
- ☐ When stand down has been given inform staff and attend debrief.

Action Card 6 – Clinical Decisions Unit

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the On call/duty Consultant will:

- ☐ Report to the Briefing Point Hospital Tactical Coordination (Control) for an update on the situation
- ☐ Brief staff in the Unit
- ☐ Liaise with the duty Senior Clinician or Consultant, A&E
- ☐ The key objective will be to clear the Unit of patients as quickly as possible
- ☐ Ensure staff are deployed to best effect and call in additional Medical staff to expedite if necessary from the Ward areas
 - Undertake Patient assessment then
 - Discharge or
 - Admission for further investigation or treatment
- ☐ When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident declared - activate plan' the on call Consultant will:

- ☐ Report to the Briefing Point Hospital Tactical Coordination (Control) for an update on the situation
- ☐ Undertake the action points above

Action Card 7 – Charge-hand / Dispatcher / RGH out of hours Porters

When contacted by Switchboard the Chargehand / Dispatcher / RGH Out of Hours Porters on duty will:

Step	Action required	Confirm
1	On receipt of a 'Major Incident – Stand By' notification from Switchboard, review the status of the Department using the "Major Incident – Standby By Check List": • Notify all on-duty staff of the notification • Ensure Action Cards 7 and 35 and Appendix 2 – Key Locations are available as check-lists. • Ensure a complete list of all department management and staff, in the order they are to be contacted, is available • Ensure "Major Incident" signage is available for placement in the already agreed locations and quantities. • If over-lapping shifts, make the subsequent Chargehand / Dispatcher aware of the situation	
2	Take no further action at this time other than to make management aware of the "Major Incident – Stand By" notification, and any problems arising from following the associated "Major Incident – Standby By Check List".	
3	On being contacted by Switchboard and informed of a 'Major Incident Declared -Activate Plan' call in selected off duty staff (Porters, Drivers, Porter Security Officers, and Community Porters).	
4	Liaise with the Senior Nurse in A&E regarding the deployment of Porters and Porter Security Officers.	
5	Assign staff to put up the "Major Incident" signs in the agreed locations and in the agreed quantities.	
6	Designate staff to the discharge point (Appendix2)	

- 7 Hand over to the Portering Facilities Manager when they arrive or continue with Portering section of **Action Card 35.**

Action Card 8 - Hospital Incident Manager/ Deputy Chief Operating Officer

Primary Card Holder: Deputy Chief Operating Officer

Potential alternative card holders: Assistant Director of Nursing,
Directorate Manager, Head of Nursing

On being informed of a 'Major Incident Standby', be prepared to attend the Hospital Control Room. If you are unable to attend the Hospital Control Room within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'Major Incident Declared- Activate Plan' the Incident Manager will:

- ☐ Go to the Hospital Control Room
- ☐ Receive a brief from the Senior Nurse/Incident Administrator
- ☐ Confirm that action cards 9 & 10 have appropriate staff managing them.
- ☐ Assign these cards to senior staff if the designated card holders are not available
- ☐ Identify and designate appropriate staff to undertake the roles of Briefing Officer, Media Officer and Incident Liaison Officer as set out below and Volunteer Co-coordinator (Action Card 13)
- ☐ Note Appendix 2 footnotes and re-designate accommodation if required
- ☐ Ensure that only the following action card holders are allowed to remain in the Hospital Control Room (action cards 9,10, & 14)
- ☐ Request that the Ambulance Liaison Officer provides regular updates on the 'at scene' situation **and request the Bed managers or nominated person monitor the METHANE messages available via the Emergency pressures portal and access the METHANE message <http://howis.wales.nhs.uk/emergencypressures/login/menu.cfm> Insert User name: MCCT and password: Hos4t@f. Click on "New Hospital Report" use tabs i.e. METHANE.**
- ☐ Receive and assess acute hospital situation reports and redeploy resources as/when required

☐ **Liaise with the other CTMUHB Hospital silver/tactical co-ordination groups.**

- ☐ Liaise with the Executive Team
- ☐ When the Ambulance Service declares a 'Stand Down' confirm with the Executive Team and agree if the Hospital can be stood down or agree a time for the next review of the situation. Once agreed inform staff to cascade a 'Stand Down'
- ☐ Hand over any relevant issues to the Executive Team
- ☐ Attend the debrief

Briefing Officer

The role of this officer is to ensure that accurate and up to date information about the incident is cascaded to the organisation.

The Briefing Officer will obtain the original brief from the Senior Nurse/Incident Administrator and subsequent updates from the Hospital Incident Manager or the Incident Administrator and will disseminate this information from the briefing point.

Media Officer

The role of the Media Officer is to refer all media enquiries to the Communications Officer. At the beginning of the incident the Media Officer must make themselves known to the Communications Officer and subsequently maintain close contact/brief updates. The Communications Officer may request that the Media Officer identifies and manages a suitable location (not near A&E) for the press to undertake interviews.

Incident Liaison Officer

The role of the Incident Liaison Officer is to check that all of the action cards across the hospital are covered. On completion of this task the Officer will then report/confirm this with the Hospital Co- ordination Team

Action Card 9 – Hospital Incident Medical Director

Primary Card Holder: Assistant Medical Director

Potential alternative card holders: Clinical Directors, Acute Services

On being informed of a 'Major Incident - Standby', be prepared to attend the Hospital Control Room. If you are unable to attend the Hospital Control Room within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'Major Incident Declared - Activate Plan' the Incident Medical Director will:

- Go to the Hospital Control Room
- Receive an incident brief from the Senior Nurse/ Incident Administrator
- Oversee the medical response to the incident
- Ensure that appropriate staff are allocated roles and that the following teams are established
 - Triage Team

A team led by a senior doctor experienced in the assessment of a wide variety of surgical and medical disorders. Can be supported by senior nurse practitioners.

➤ Treatment Team

A team made up of an experienced doctor and nurse. A team is required for each Priority category – essential for P1s and P 2s. Further teams will be required for paediatric casualties and P3s.

➤ Operating Team

A team led by a senior surgeon whose primary role is to ensure that the right patients reach theatre at the right time and only following the best possible resuscitation. Base in A&E until all casualties have arrived.

If the majority of casualties have medical problems (e.g. poisoning) then a senior physician should undertake this role

➤ Discharge Team

A team led by a senior physician based in the Discharge Area to confirm patients' suitability for immediate discharge. Co-ordination & communication with the Discharge Nurse is essential.

➤ Transfer Team

A team that is established in the event of a number of burns casualties. The Leader will act as the point of contact for the Burns Assessment Team

- Maintain close liaison with the Clinical Team Leaders
- Provide regular updates to the Incident Controller
- When stand down has been given inform staff and attend the debrief

Action Card 10 – Hospital Incident Nurse

Primary Card Holder: Assistant Director of Nursing

Potential alternative card holders: Heads of Nursing

On being informed of a 'Major Incident Standby', be prepared to attend the Hospital Control Room. If you are unable to attend the Hospital Control Room within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'Major Incident Declared- Activate Plan' the Incident Nurse will:

- ☐ Go to the Hospital Control Room
- ☐ Receive an incident brief from the Senior Nurse/Incident Administrator
- ☐ Designate Senior Nurses to undertake action cards 11 & 12
- ☐ Oversee the Nursing response to the incident
 - Ensure that appropriate staff are allocated roles in A&E – triage, P1, P2 & P3
- ☐ If the volume of casualties has resulted in the Department over spilling into other areas designate a Senior Nurse to oversee the activity going on there
- ☐ Ensure that clinical areas are adequately staffed, particularly in Theatres and ITU
- ☐ Provide regular updates to the Incident Controller
- ☐ When stand down has been given inform staff and attend the debrief

Action Card 11 – Discharge Co-ordinator

The role of Discharge Co-ordinator will be assigned by the Hospital Incident Nurse.

- ☐ Obtain a brief on the present situation from the Incident Nurse Director
- ☐ Go to the Discharge Area Hospital Tactical Coordination (Control) and liaise with the Manager in Charge and the Medical Records Clerk
- ☐ Establish a base and assess the patients awaiting discharge
- ☐ Identify those patients who are waiting transport by ambulance. Remember few, if any, WAST vehicles will be available during the incident. Alternative arrangements will need to be considered
- ☐ Ensure that all patients are thoroughly checked before they leave the hospital
- ☐ When stand down has been given inform staff and attend the debrief

Action Card 12 – Relatives Liaison Officer

The role of Relatives Liaison Officer⁴ will be assigned by the Hospital Incident Nurse

- ☐ Obtain a brief on the present situation from the Incident Nurse Director and collect the Community Psychiatric Nurse volunteers list from the Hospital Control Room
- ☐ Go to the designated Relatives Area Hospital Tactical Coordination (Control) and liaise with the Medical Records Clerk
- ☐ Undertake a call-in of the Community Psychiatric Nurse volunteers
- ☐ Establish a base and assess the relatives waiting for information
- ☐ Prohibit any media entering the area (with the support of Security if required)
- ☐ With the support of the Medical Records Clerk and the Community Psychiatric Nurse volunteers, match the relatives to those casualties who are alive in the hospital
- ☐ Refer any relatives of those who are confirmed dead to the Family Liaison Officers prior to allowing them to go to the Mortuary
- ☐ Any Relatives who can not be matched must be referred to the Casualty Bureau
- ☐ In the event of a rail incident being the cause of the major incident Arriva Trains may dispatch a Rail Incident Care Team (see section 7 of this plan). If the casualties/relatives are from a rail incident outside of the hospital catchment area contact the Hospital Control Room and request the support of a team.
- ☐ When stand down has been given inform staff and attend the debrief

⁴ This action card has close links to action cards 29 (Spiritual Care/Chaplaincy)

Action Card 13 – Volunteer Co-ordinator

The role of Volunteer Co-ordinator will be assigned by the Hospital Incident Manager.

- ☐ Obtain a brief from the Communications Co-ordinator
- ☐ Collect the volunteers pack from the Hospital Control Room and go to the Volunteers Reporting Point
- ☐ A key role is to ensure that staff/volunteers are allocated to areas where they will be most effective
- ☐ Effective liaison with the Hospital Control Room (for instructions) and Briefing Point (for information) is essential
- ☐ Keep a record of who is allocated where and the time of the allocation
- ☐ Staff, in the first instance, should go to their **NORMAL** place of work
- ☐ Medical staff should be sent to Wards and Departments as per their speciality
- ☐ Students should only be sent to areas where they will be supervised by qualified staff
- ☐ If volunteers are known (e.g. recently retired staff) they may be allocated to clinical areas if necessary after being vetted (see volunteers pack)
- ☐ All other volunteers should be allocated to non clinical areas (e.g. Portering or Catering Service)
- ☐ Each volunteer must be issued with a signed identity badge and told to display it at all times
- Be aware that there are some 'volunteers' who have their own agenda. If you have any doubts it is far better to politely, but firmly, ask them to leave
- ☐ Most volunteers present themselves in the first 4 to 6 hours of an incident. Should they continue to arrive after this time, contact the Hospital Control Room and ask to be relieved
- ☐ Members of the public may arrive to offer emergency blood donation. They should be advised to contact the Welsh Blood Service (WBS) or look at the WBS web site
- ☐ When stand down has been given inform staff and attend the debrief

Action Card 14 – Incident Loggist/Administrator

On being informed of a 'Major Incident Standby', be prepared to attend the Control room.

On being informed of a 'major incident activate plan' the Incident Loggist will:

- ☐ Go to the Hospital Control room
- ☐ Support the Senior Nurse in setting up the Hospital Control Room
- ☐ Receive a hand-over from the Senior Nurse
- ☐ Identify a support officer to act as a communications link person with the Briefing Officer
- ☐ Maintain the incident and decision logs with timed entries each time either a decision is made or an update of the situation is received (e.g. from the Ambulance Liaison Officer)
- ☐ Keep a visible record (white board/flip chart) of the names of staff who have been allocated an action card
- ☐ Request the support officer to liaise with the Briefing Officer and provide regular updates
- ☐ When stand down has been given inform staff and attend the debrief

Action Card 15 - Chief Executive

Primary card holder: Chief Executive

Potential alternative card holders: Deputy Chief Executive, Chief Operating Officer, Executive Directors, Assistant Directors

On being informed of a 'major incident standby', be prepared to attend the Health Board Head Quarters. If you are unable to get to the Health Board Head Quarters within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'major incident declared - activate plan' the Chief Executive will:

- Go to the Health Board Headquarters – if outside of office hours Switchboards at PCH and RGH have the contact details of OCS (the Security company) and must be asked to contact them to open up the building
- Contact and receive a brief from the Hospital Incident Managers(s)
- Confirm that action cards 16, 17, 18 & 19 have appropriate staff managing them.
- Receive and assess acute hospital situation reports and redeploying resources as/when required
- Liaise with other Local Health Boards, Welsh Assembly Government and other agencies
- If requested, either attend or request that a Director attends the Strategic Co-ordination Group (see on call handbook for details)
- Providing media support to the Communications Officer
- When the Ambulance Service declares a 'stand down' confer with the Hospital Incident Managers and the Recovery Team leader as to when the Hospitals can be stood down. Once agreed inform Hospital Control Teams
- Hand over any relevant issues to the Recovery Team Leader
- Attend the debrief

Action Card 16 –ILG Medical Director

Primary card holder: Medical Director

Potential alternative card holders: Assistant Medical or Clinical Directors, Acute Services

On being informed of a 'major incident standby', be prepared to attend the Health Board Headquarters. If you are unable to get to the Health Board Headquarters within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'major incident declared -activate plan' the Executive Medical Director will

- Go to the Health Board Headquarters – if outside of office hours the Switchboards at PCH and RGH has the contact details of OCS (the Security company) and must be asked to contact them to open up the building
- Receive a incident brief from the Chief Executive
- Oversee the medical response to the incident across the Health Board
- Maintain close liaison with the Hospital Incident Medical Directors
- Attend the debrief

Action Card 17 – Director of Nursing

Primary card holder: Director of Nursing

Potential alternative card holders: Assistant Directors of Nursing

On being informed of a 'major incident standby', be prepared to attend the Health Board Headquarters. If you are unable to get to Health Board Headquarters within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'major incident declared - activate plan' the Executive Nurse Director will:

- Go to the Health Board Headquarters – Go to the Health Board Headquarters – if outside of office hours the Switchboards at PCH and RGH has the contact details of OCS (the Security company) and must be asked to contact them to open up the building
- Receive an incident brief from the Chief Executive
- Oversee the nursing response to the incident across the Health Board
- Maintain close liaison with the Hospital Incident Nurse Directors
- Attend the debrief

Action Card 18 – Assistant Director of Engagement & Communications.

Primary holder: Assistant Director Engagement & Communications

Potential alternative card holders: Directors

On being informed of a 'major incident standby', be prepared to attend the Health Board Headquarters. If you are unable to get to the Health Board Headquarters within an hour identify a deputy and inform them of the situation. No further action is required.

On being informed of a 'major incident declared- activate plan' the Communications Co-coordinator will:

- Go to the Health Board Headquarters and receive a brief from the Chief Executive
- Contact the Communications Cell and agree media related arrangements
- When 'stand down' is given designate a member of staff to collate all written material appertaining to the incident (other than patients records) and produce a brief report
- Attend the debrief

Action Card 19 – Director of Planning and Performance - Recovery Team

Primary card holder: Director of Planning and Performance

Potential alternative card holders: Director of Workforce & Organisational Development, Director of Therapies & Health Science

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared - activate plan' the Recovery Team Leader will

- Report to the Health Board Headquarters and receive a brief from the Chief Executive
- Establish a small team to undertake the following:
 - ✓ Undertake an appraisal of the disruption to the service
 - ✓ Ensure that systems are in place to track patients who have been either discharged early or have had appointments cancelled
 - ✓ Liaise with the Hospital Co-ordination Team to monitor and support staff welfare issues
 - ✓ Lead on recovery issues once 'stand down' has been given
 - ✓ Ensure that all decision and incident logs (and any other relevant documentation) is collated and scanned
 - ✓ Ensure that the organisation is debriefed as soon as normal operating is resumed

Action Card 20 - Wards

On being informed of a 'major incident declared -activate plan' the Nurse in charge will

- Recall staff to duty
- Highlight patients who may be fit for discharge and inform the Bed Manager and clinical staff
- Ensure that any patients who are discharged go to the Discharge Area Hospital Tactical Coordination (Control) with their possessions and records
- Keep detailed records of patients admitted, transferred or discharged
- Ensure that communications are co-ordinated by one designated person e.g. Ward Clerk
- Advise your Senior Nurse if more staff are required
- Keep a record of who has come in to work extra shifts
- Post incident feed back any key issues to your Senior Nurse who will collate this information to inform the debrief

Action Card 21 - Theatres

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared- activate plan' the person in charge will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Inform all staff on duty
- Undertake a call in of all off duty staff as required
- Co-ordinate/manage existing workload/lists
- Delegate staff to stock all theatres
- Be prepared to fast track casualties directly from A&E to Day Theatre
- Inform the Recovery Team if stock levels become low
- When stand down has been given inform staff and attend the debrief

Action Card 22 - ITU/Anaesthetics

On being informed of a 'major incident standby' the Consultant Anaesthetist on call will be prepared to go to the Hospital Briefing Point. Inform the senior Nurse on duty in ITU of the situation. No further action is required unless a major incident is declared.

On being informed of a 'major incident declared-activate plan' the Consultant Anaesthetist on-call, before coming to the Hospital, will arrange to contact other Anaesthetists with instructions to attend the Anaesthetic Office. This may be delegated.

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- The Consultant Anaesthetist on-call will arrange for the bed occupancy of ITU to be provided to the Bed Manager on an on-going basis via the Senior Nurse.
- The Consultant Anaesthetist will liaise with the Operating Theatre Nurse Manager giving details of expected cases, and guidance on the handling of cases already booked.
- In the event of a Major Incident outreach would be providing assistance to Critical Care
- When stand down has been given inform staff and attend the debrief

Action Card 23 – Paediatrics

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared - activate plan' the Senior Nurse on duty will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Return to the Department and brief the staff on duty
- In the event of a number of paediatric casualties expected to attend, contact and brief the Consultant on call immediately
- Prepare the Ward for paediatric admissions
- When stand down has been given inform staff and attend the debrief

Incidents Resulting in Numbers of Paediatric Casualties

On being informed that these casualties are anticipated, the on-call Consultant Paediatrician will go to the Hospital Control Room and, advise the Incident Medical Director of the special arrangements that will be required. These include

- A Paediatric Triage Team based in the A&E Department
- Additional resources that will be required such as staff, equipment and stock etc.
- The potential impact on Theatres
- To liaise with other neighbouring units or alert the HCT to capacity issues
- When stand down has been given inform staff and attend the debrief

In the event of an incident that results in the majority of the casualties being paediatric cases the Department will hold an internal debrief which will inform the Health Board post incident debrief.

Action Card 24 – Special Care Baby Unit

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared - activate plan' the Senior Nurse on duty will:

- Inform Senior Nurse Acute Children's and Young Peoples Services
- Inform Senior Nurse Neonatal Services
- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the numbers of casualties and possible admissions to SCBU, assess the impact and plan accordingly
- Return to the department and brief staff accordingly
- In the event of a number of obstetric casualties expected to attend, possibly resulting in SCBU admissions contact and brief the Consultant on call immediately
- Prepare SCBU for possible admissions, make 2 incubator spaces in ITU room
- Prepare to transfer stable babies to Paediatrics, liaise with the Paediatrics Nurse in charge
- Liaise with level 3 units for cot availability to transfer babies <29 weeks for intensive care
- Prepare to discharge well babies home as appropriate or to other level 2 units
- When stand down has been given inform all staff and attend the debrief

Incidents resulting in increased numbers of SCBU admissions

On being informed that these casualties are anticipated, the on call Consultant Paediatrician will attend the Hospital Control room and advise the Incident Medical Director of the special arrangements that will be required. These include

- Additional resources that will be required such as staff, equipment and stock etc. Staff with relevant neonatal training essential
- To liaise with neighbouring units or alert the HCT to capacity issues
- When stand down has been given inform staff and attend the debrief

Action Card 25 – Obstetrics & Gynaecology

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action required.

On being informed of a 'major incident declared - activate plan' the senior Midwife will:

- Report to the Briefing Point for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Return to the department and brief staff on duty
- In the event of maternity casualties expected to be involved, contact and brief the Consultant on call and Head of Midwifery immediately, followed by the on call supervisor of midwives
- Mothers and babies awaiting discharge to be accommodated in MSR, with tags still in place, until discharge
- Prepare the ward for admissions, freeing up a bay or ELR where possible
- Postpone elective work – c/s and IOL, unless urgent, when the Consultant should make the decision whether these are to proceed or not. Make HDU beds available if possible
- When the stand down has been given, inform staff and attend the debrief

Incidents resulting in increased numbers of maternity admissions

On being informed that these casualties are anticipated, the Consultant Obstetrician on call and Head of Midwifery will go to the Hospital Control Room and advise the Incident Medical Director of the special arrangements that will be required. These include

- the Maternity triage team based in the A&E Department.
- the Additional resources that will be required such as staff, equipment and stock
- the potential impact on theatres, in addition to maternity theatre (bearing in mind any labouring women in the unit)
- the on call Supervisor of Midwives (who may be from any Health Board) will act as the link between SCBU, paediatrics and neighbouring units, dealing with arranging the potential

transfer of mothers for where capacity issues or where specialist NNU facilities are required

- When stand down has been given, inform staff and attend the debrief

The Supervisor of Midwives will also need to identify cases of serious maternal morbidity or mortality; to follow up and record after the stand down has been given

In the event of an incident involving maternity cases, the department will hold an internal debrief which will inform the Health Board post incident debrief.

Action Card 26 – Pharmacy

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Chief Pharmacist/Senior Pharmacist will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Arrange for the assessment of stock position of critical drugs
- Arrange for any potential stock deficiencies to be remedied
- Alert local hospital Pharmacy Departments for back-up supplies
- Maintain essential services to the remainder of the hospital
- When stand down has been given inform staff and attend the debrief

Out of hours

On being informed of a 'major incident activate plan' the on call Pharmacist will

- Report to the Briefing point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries assess the impact and plan accordingly
- Commence a recall of off duty staff
- Continue with the actions as set out above

Action Card 27 – Radiology

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Clinical Director/Directorate Manager/Senior Manager on site will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Brief staff of the situation and remind them of the location of the Discharge Area Hospital Tactical Coordination (Control)
- Assign staff to cancel procedures if necessary
- Ensure patients are escorted back to the Wards
- Ensure out patients who require ambulance transport are sent to the Discharge Area
- Ensure that the Recovery Team are briefed on the issues that need to be addressed to return to normal operating
- When stand down has been given inform staff, reconsider staff required to deal with the aftermath of the emergency and attend the debrief

Out of Hours

On being informed of a 'major incident activate plan' the on call radiographer will:

- Initiate a call out of off duty staff via staff recall/cascade procedure
- Hand over to the on call Consultant/Clinical Director/Directorate Manager who will then follow the steps above
- Keep a record of those staff who attend

This document is uncontrolled if printed, for the latest version please see the Health Board Intranet

Action Card 28 – Pathology

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Clinical Director/ Directorate Manager will:

- Notify the Consultant Haematologist
- Contact the Welsh Blood Service and inform them of the situation
- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries assess the impact and plan accordingly
- Brief staff of the situation
- Arrange the transfer of work to other laboratories if required
- Ensure that the Mortuary staff are prepared to implement their contingency plans
- When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident activate plan' the BMS for Biochemistry and Haematology will:

- Initiate a call out of staff including notifying the Consultant Haematologist and Welsh Blood Service
- Keep a record of those staff who come in
- Hand over to the Clinical Director/Directorate Manager who will then follow the steps above

Action Card 29 –Therapies

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Directorate Manager for Therapies / Head of a Therapy Service / Superintendent Physiotherapist/Senior physiotherapist on duty will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Return to the department and brief staff
- Allocate staff to cancel clinics and prepare the department for the arrival of patients who are to be discharged
- Allocate staff to care for those patients who are awaiting discharge
- Allocate staff to work with and support the Discharge Co-ordinator
- When stand down has been given inform staff and attend the debrief

Out of hours

On being informed of a 'major incident activate plan' the on call Physiotherapist will:

- Call in off duty staff
- Keep a record of those staff who come in
- Hand over to the Superintendent who will then follow the steps set out above

Action Card 30 – Spiritual Care/Chaplaincy

On being informed of a 'major incident declared - activate plan':

1. Chaplaincy Lead to call in available chaplains and volunteers
2. All chaplains and volunteers to go to the Chaplaincy Office to receive instructions. **NHS ID badges must be worn to gain access to the hospital.**
3. The first chaplain in office to report immediately to Briefing Point/Co-ordination Centre for update on situation. (Leave note to say who has gone to Briefing Point)
4. Other staff to Open MIP Box and prepare chapel, put up posters directing people to chaplaincy services. (leave a note to say that this is being done)
5. All chaplaincy staff to return to office to receive information from Briefing before going to key areas. **Major Incident ID badges must be worn in addition to NHS ID.**

Key areas for chaplaincy spiritual care are:

Relatives area: RGH Lecture Theatre Post Graduate Medical Centre

PCH Multidisciplinary Training Unit

Out Patients Department (priority 3 patient triage overspill area)

A & E Department

Hospital Chapel

Briefing Point

Action Card 31 – Outpatients Manager

On being informed of a 'major incident standby' undertake an assessment of the present workload in the Outpatients Department. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Outpatients Manager/Senior Nurse or deputy will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Send home all non urgent outpatients in liaison with Ambulance Liaison and ensure that Medical Records record on PAS the status of their appointment.
- Where patients cannot be transported immediately they should be held in the Discharge Area Hospital Tactical Coordination (Control) until transport is available
- An assessment should be undertaken in consultation with Medical staff to consider if patients with urgent appointments in the Department can be seen

The Outpatients Manager will regularly update the Medical Records Manager or Deputy on numbers of patients, disposal of patients etc.

When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident declared - activate plan' the Outpatients Manager will attend the Hospital and call in staff if necessary to support other clinical services.

An out of hours incident could impact on normal operating therefore early cancellation of clinics must be considered.

Action Card 32 – Medical Records

On being informed of a 'major incident standby' undertake an assessment of the present workload of Medical Records staff in the Outpatients Department. No further action is required.

Normal hours

On being informed of a 'major incident declared - activate plan' the Medical Records Manager or deputy will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update on the situation, assess the impact and plan accordingly
- In liaison with the Outpatient Manager and Ambulance Liaison support the discharge of non urgent outpatients and record on PAS the status of their appointment.
- Where patients cannot be transported immediately they should be held in the Discharge Area Hospital Tactical Coordination (Control) until transport is available
- Allocate medical records staff to the following areas as set out in Appendix 2
 - ✓ Accident & Emergency Department if required
 - ✓ Discharge Area
 - ✓ Relatives Area

The Manager will allocate a member of staff to collate information required by the Police for the Casualty Bureau.

The Medical Records Manager or Deputy will be based in the Discharge Area Hospital Tactical Coordination (Control) and will update the Communications Co-coordinator on numbers of patients, disposal of patients etc.

When stand down has been given inform staff and attend the debrief.

Out of Hours

On being informed of a 'major incident declared - activate plan' the Medical Records Manager or deputy will attend the hospital and call in staff as necessary, then follow the relevant steps set out above. An out of hours incident could impact on normal operating therefore early cancellation of clinics must be considered.

Action Card 33 - Hospital Central Sterile Supplies Department

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal hours

On being informed of a 'major incident declared - activate plan' the CSSD Manager or the most senior member of the department on duty will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Instruct CSSD staff to issue emergency packs to all priority locations.
- Assess the stock levels and availability of medical and surgical items and theatre trays to respond to the demand - and advise the Hospital Co-ordination Team of any requirements/problems.
- When stand down has been given inform staff and attend the debrief

Out of Hours:

On being informed of a 'major incident declared - activate plan' the CSSD Manager or Deputy will recall all staff members of CSSD then follow the steps above

Action Card 34 – Clinical Engineering (EBME) Department

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the most Senior representative will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update on the situation
- Brief staff in the department
- Ensure staff are deployed to best effect to maintain service delivery
- Contact Clinical Engineering staff from other Health Boards (that are not receiving casualties) and request support and/or the loan of equipment if required
- When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident declared - activate plan' the on call technologist will:

- Undertake a call in of essential staff
- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update on the situation
- Undertake the action points above

Action Card 35 – Facilities Directorate

Head of Hotel Services or Deputy

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Head of Hotel Services or Deputy will:

- Immediately undertake an information/call in cascade
- Report to the Briefing Point/Hospital Tactical Co-ordination (Control) room for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Ensure that Action Card 13 is covered and delegate the remainder of this action card:
- Identify whether any additional resources or supplies are required
- Liaise with designated Senior Nurse (Discharge Area) / Ambulance Liaison Officer over patient transport issues
- Continue normal services as per schedules
- When stand down has been given inform staff and attend the debrief

Out of Hours

The Chargehand / Dispatcher / RGH Out of Hours Porters will follow Action Card 7 and then the above procedure until the arrival of the Head of Hotel Services or Deputy.

Portering

On being informed of a 'Major Incident - standby' undertake an assessment of the present workload. No further action is required.

Normal hours

On being informed of a 'major incident declared - activate plan' the Portering Facilities Manager will:

- Confirm that the Chargehand / Dispatcher / RGH Out of Hours porters has undertaken the actions required in Action Card 7
- Check and ensure that selected off duty Porters, Porter Security Officers, and Drivers have been called into the hospital

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Assemble all available trolleys and wheelchairs for use in the Accident & Emergency Department
- Ensure sufficient medical gases are available in the Accident & Emergency Department
- Assist with unloading of ambulance cases into the Accident & Emergency Department. Also assist with the collecting and loading of any patients being decanted to other hospitals
- Collect and prepare equipment necessary if helicopter landing is expected
- Undertake any patient trolley services within the hospital, using volunteers if required
- Ensure Porters and Porter Security Officers are dispatched to pre-arranged areas, i.e. Switchboard area
- Liaise with the Security Manager over traffic management.
- When stand down has been given inform staff and attend the debrief

Out of Hours

The Chargehand / Dispatch / RGH Out of Hours Porters will follow Action Card 7 and then the above procedure until the arrival of the Portering Services Manager or his Deputy.

Catering Department

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared - activate plan' the Catering Manager Hotel Services or Assistant will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Recall all available staff
- Issue beverage facilities to (as at Appendix 2)
 - Control Centre
 - Switchboard
 - Accident and Emergency
 - Relatives area
 - Volunteers area

- Discharge area
- Ensure that food and beverage facilities are ongoing in dining room and delivered to key areas
- Liaise with Wards/Departments to determine refreshment requirements
- Contact suppliers and arrange for the delivery of additional stocks
- When stand down has been given inform staff and attend the debrief

Porters, Drivers, and Security Porter Officers

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

On being informed of a 'major incident declared - activate plan' the Security Manager and Supervisor Porter Services will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Ask the Security Manager to contact the external security contractor to request additional security officers.
- Open all necessary gates/doors, in conjunction with the Security Manager.
- Control and facilitate the entry and exit of people to/from the hospital building
- Clear illegally parked vehicles from the Accident & Emergency and Outpatient Department entrances
- Control the flow of traffic within the site
- Entry to/exit from the site
- When stand down has been given inform staff and attend the debrief

Action Card 36 – Estates

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Estates Officer will:

- Report to the Briefing Point/Hospital Tactical Coordination (Control) Room for an update on the situation
- Oversee any Estates issues that may arise
- Ensure that stocks of medical gases and other consumable service products under the remit of the estates Teams
- Ensure staff are deployed to best effect to maintain service delivery
- When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident declared - activate plan' the on call engineer will:

- Contact and brief the on site electrician
- Call in staff if required to undertake the action points above
- When stand down has been given inform staff and attend the debrief

Action Card 37 – Information Technology Department

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the I T Manager/Deputy will:

- Report to the Briefing Point for an update on the situation
- Brief staff in the department
- Oversee any IT systems/issues that may arise
- Cancel ongoing/impending upgrade work that may affect hospital service delivery
- Ensure staff are deployed to best effect to maintain service delivery
- When stand down has been given inform staff and attend the debrief

Out of Hours

On being informed of a 'major incident declared - activate plan' the on call Support Officer will:

- Undertake a call in of essential staff
- Report to the Briefing Point for an update on the situation
- Undertake the action points above

Action Card 38 – Procurement

On being informed of a 'major incident standby' undertake an assessment of the present workload. No further action is required.

Normal Hours

On being informed of a 'major incident declared - activate plan' the Head of Procurement (HoP), or the most senior member of the Department will:

- Report to the Briefing Point Hospital Tactical Coordination (Control) for an update of the number of casualties and nature of injuries, assess the impact and plan accordingly
- Designate a member of staff to the Recovery Team
- Assess the stock levels and availability of various stores and materials and the likelihood of having to increase them to deal with the incident.
- Consideration will need to be given to the time of day and how best this might be achieved, for example, by calling in or keeping back staff
- All requests for additional supplies will be made to the Head of Procurement (HoP)/Deputy via the Directorate/Service Managers or, in exceptional case, via the Hospital Control Team.
- The Head of Procurement (HoP)/Deputy will need to consider the impact of the incident on the medium and long term availability of supplies, (particularly in a large scale event involving numerous hospitals) and, initiate appropriate action to meet the potential shortfalls
- If the procurement of the required goods is foreseen to be difficult, the Head of Procurement (HoP) or Deputy will inform the Executive Co-ordination Team at Health Board HQ. This will be in the form of a request that the Team liaises with other Health Boards or suppliers to resolve the issue
- When stand down has been given inform staff and attend the debrief

Out of Hours:

Switchboard will contact Head of Procurement (HoP) or Deputy at home who will instigate the above procedure on arrival at the hospital

- The Manager or Deputy will recall all staff members, using the list of names, which are kept in the department

Action Card 39 - Primary Care and Community Services

Notification and confirmation of a Declared Major Incident situation will be received from the Hospital/s Switchboard, who will provide information on the incident in terms of location, type, the hazards and number of casualties.

The roles included within this Action Card may be undertaken by the following:

ILG Director, Primary & Community Services and Head of Nursing, Primary & Community Services who will in turn contact the staff members as noted below to ascertain availability). Please note, if you are on call another colleague will be needed to undertake the roles in this action card.

- **Director, Primary Care and Mental Health**
- **Assistant Director, Primary Care, Children & Community**

The above will contact the following:

- **Locality Service Delivery Unit Managers or equivalent**

Role Summary

- Provide appropriate co-ordination of Primary Care and Community Health Services involvement at or in support of a major incident
- Establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected and to manage patient discharges. (see section on: **Incidents – Response to Survivor/Emergency Evacuation Centres Reception Centres**)
- Provide healthcare support for people who have been evacuated from their homes into reception centres

- Liaise with Chief Executive, Executive colleagues, and other relevant officers and organisations.

NOTE: This action card focuses on the Primary Care and Community Services Director/Deputy role in overseeing the coordination of primary care and community health services during an incident.

However, there may be an occasion when the acute in-patient health service has not been placed on major incident alert, but a request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured survivor reception centres and evacuation centres. Such an evacuation may include the evacuation of a Nursing/Residential Home. Information may also be sought in relation to chronically ill patients and frail/disabled persons in a particular community, where evacuation may be considered by the Police. Therefore, a community Tactical Co-ordination Team may be required.

ACTION:- As soon as a major incident is **declared** you should immediately:-

1. Log the details of the incident in a METHANE format;

M Confirm major incident declared

E Exact location

T Type of incident

H Hazards

A Access/Egress issues

N Number of casualties and types of injuries

E Estimated time of arrival of casualties.

Ascertain if Princess of Wales, Royal Glamorgan and Prince Charles Major Incident Plans have been activated.

Either attend the Hospital Tactical Co-ordination Centre, (Tactical Co-ordination Team) nearest to the incident or make contact with them and confirm your undertaking of the action card and your contact details. Following contact and ascertaining more detail assess the need to inform other senior colleagues. Once the situation has been assessed ensure there is a presence at 'The Tactical Co-ordination Centre within the effected ILG/ILG's if appropriate and establish a community based co-ordination point at a suitable Community Clinic. Ensure there is regular communication with the Hospital Co-ordination Centre Team if there is no Community Services representative present.

2. Consider the following;

Assess the impact of the incident on primary care and community health services.

3. Inform primary care and the community teams of the nature and likely duration of the incident and the support required;

- As appropriate gain further information regarding current community nursing levels.
- Delegate appropriate nursing and other health resources to the required location for rest centres/survivor centres. Identify a lead person for each centre.
- Ensure regular updates by the designated leads are forwarded to you.
- Make an assessment of staffing requirements for both the incident and routine workload, with consideration of the period that the response is required. If necessary off duty staff may be required as appropriate.

4. Based on the incident a Strategic multi-agency Co-ordination Group

may be established. If so, establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected and to manage patient discharges from hospitals including liaison with nursing homes for emergency placements.

- 5.** Liaise with Local Authorities to ensure people at survivor reception centres and rest centres have effective access to health care and support and, in particular, access to essential medication
- 6.** If necessary, mobilise GP out of hours services to provide advice and to increase capacity to primary care services.
- 7.** If necessary, provide support to mass vaccination and treatment programmes
- 8.** Make an assessment, in discussion with senior colleagues, of any additional resources likely to be required
- 9.** Provide on-going oversight of the primary care and community health service response.
- 10.** Liaise with the Tactical Co-ordination Team, and other relevant colleagues and organisations.
- 11.** Assist the Executive Manager in the organisation of an operational debrief and the preparation of a Report.

Liaise with Local Authorities to ensure people at survivor reception centres and rest centres have effective access to health care and support and, in particular, access to essential medication

If necessary, mobilise GP out of hours services to provide advice and to increase capacity to primary care services

If necessary, provide support to mass vaccination and treatment programmes

Make an assessment, in discussion with senior colleagues, of any additional resources likely to be required

Provide on-going oversight of the primary care and community health service response.

Liaise with the Tactical Co-ordination Team, and other relevant colleagues and organisations.

Assist the Executive Manager in the organisation of an operational debrief and the preparation of a Report.

Note:

- If you are called in from Home, it is essential that you drive safely and park in designated parking areas, since it is likely that there will be heavy traffic in the area
- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness Resilience and Response Lead
- Be aware that initial information reports will change regularly.

Appendix B SCG Standing Agenda

Joint Doctrine Supporting Document Strategic Co-ordinating Group – Example Standing Agenda



Preliminaries: Pre-notified seating plan by organisation and name plates for attendees

Item	Item Lead
Introductions (by exception and only where deemed necessary)	Chair
Declaration of items for urgent attention	Chair
Confirmation of decisions on urgent items	Chair
Adjourn as necessary to action urgent issues	
Situational briefing (including any clarifications or recent updates from chief of staff/ information manager/attendees by exception only)	
Review and agree strategy and priorities	Chair
Review outstanding actions and their effect	Chair
Determine new strategic actions required	Chair
Allocate responsibility for agreed actions	Chair
Confirm date and time of next meeting and required attendees (alongside an established meeting rhythm)	Chair
Post Meeting: Distribute record of decisions, ensure decision log is updated and complete	Sec/Chair

Business Continuity & Emergency Preparedness Response & Recovery Policy

Document Type:	Non Clinical Standard Operating Procedure
Ref: ST 02	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk)
Author:	Andrew Francis Civil Contingencies and Business Continuity Manager.
Executive Sponsor:	Executive Director for Strategy & Transformation
Approved By:	Management Board (Non Clinical Procedures Only)
Approval / Effective Date:	25 th October 2022
Review Date:	25 th October 2025
Version:	1

Target Audience:

People who need to know about this document in detail	Executive Directors Chief Operating Officer Deputy Chief Operating Officer Care Group Directors Directors of Operations Clinical Directors Assistant Directors Clinical Service Group Managers Heads of Nursing Facilities Leads Security & Porter Service

People who need to have a broad understanding of this document	Managers, supervisors of all functions within the Health Board.
People who need to know that this document exists	This policy applies to all staff on all locations across the UHB.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 31/08/2022
	No Impact see Appendix 2
Welsh Language Standard	No
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

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

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1. PURPOSE

National Health Service organisations have a duty under the Civil Contingencies Act 2004, to ensure that they have effective Business Continuity Management (BCM) plans that promote effective Emergency Preparedness, Response and Recovery (EPRR).

These plans will outline the strategic, tactical and operational approach of the Health Board (HB) or its constituent parts, in its response to and recovery from major incidents and/or the adverse impacts to business continuity events.

The plans will outline how the HB'S constituent Care Groups (CG's) and their Clinical Service Groups (CSG's), respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

This Policy sets out the requirements of Care Groups (CG's) and Clinical Service Groups within the Health Board to meet these duties; thus ensuring that the Health Board is compliant with the Civil Contingencies Act 2004 and guidance found within the NHS Wales Emergency Planning Core Guidance 2015.

2. POLICY STATEMENT

The Health Board will promote a culture of EPRR that will instil confidence in its stakeholders (staff, patients and customers) in its ability to effectively deal with and recover from disruptive challenges.

3. PRINCIPLES

The Health Board's Care Groups and their Clinical Service Groups are responsible for having a series of EPRR plans and business continuity contingencies that will:

- Set out agreed procedures to respond to unintended incidents that could adversely affect the normal operating of the Health Board
- Mitigate the impact of such disruptive challenges to the business of the Health Board
- Provide guidance on the recommended methods to rapidly recover the situation back to normal operation

The requirement to develop business continuity plans will arise from the Business Impact Assessments (BIA's) (risk assessments of the impact on 'normal' business) undertaken at a range of levels from National (both UK and Welsh Assembly Governments) through Local Resilience Forum Community Risk Registers to Local Health Board Service Group level risk assessments.

This policy provides a clear commitment to EPPR planning that will ensure that the Health Board:

- Continue to provide critical services to the community;
- Provide better use of personnel and resources at times when both may be scarce;
- Reduce the period of disruption to the organisation;
- Improve the resilience of the organisations infrastructure to reduce the likelihood of disruption;
- Reduce the operational and financial impact of any disruption;

4. SCOPE

This Policy incorporates all activities of the Health Board and its employees. Where the disruption of those activities impact on the wider community the Health Board will engage with the community/its representatives and/or relevant partner agencies.

5. LEGISLATIVE AND NHS REQUIREMENTS

Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

Healthcare Standards for Wales, Standard 4

6. PROCEDURE

This Policy is supported by the Guidance for Business Continuity Emergency Preparedness Response & Recovery Planning that sets out the process for Clinical Service Groups/Departments to follow for development of business continuity plans.

In order to ensure consistency across the organisation, BIA's will be undertaken and plans prepared in accordance with the guidance found in the document above.

7. TRAINING IMPLICATIONS

Business Continuity Plans (BCP's) will be most successful when they have been communicated to staff, tested and rehearsed. It is the responsibility of the Directors of Care Groups and Clinical Service Managers who 'own' the plan to ensure that all staff who may use it, are aware of the plans, adequately trained and exercised in their implementation.

Corporate plans will be subjected to regular testing and exercising at least once in a 3 year period. All relevant staff will be trained, by the Clinical Service Group Managers according to their roles and/or role in the case of activation of the BCP. Training Records will be maintained and available for audit by the Service Group Manager.

8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

The review of Clinical Service Group plans will be for local determination but as a minimum will be reviewed every three years or:

- Incident debriefs indicate changes need to be made
- When legislation or guidance changes.
- When changes occur within the Care Group/Clinical Service Group that warrant review and/or amendment.

An audit of risk and the presence of suitable BCP's will be completed annually by the Clinical Service Groups/Departments to ensure that any new or emerging risks are considered in either existing BCP's or the development of new BCP's that address the new risk.

An annual external audit will be undertaken via the Healthcare Standards for Wales, Standard 4, through the Welsh Assembly Government Health Emergency Planning questionnaire/inspection.

This will be conducted by the EPRR Manager under the instruction of the Executive Director of Strategy and Transformation in November/December each year for submission to the Welsh Government in January each year.

9. MANAGERIAL RESPONSIBILITIES

The Health Board has in existence formal structures and committees, which set the strategic aims and direction of the organisation and monitor progress.

Health Board

The CTMUHB Health Board is responsible for reviewing the effectiveness of Internal Controls – financial, organisational and clinical. The Board is required to produce statements of assurance which demonstrate that it is doing its 'reasonable best' to ensure that the Health Board meets its objectives and protects patient, staff, the public and stakeholders against risks to its business.

Chief Executive

The Chief Executive has overall accountability for ensuring an effective Health Board response to business continuity events.

Executive Director of Strategy and Transformation

The Chief executive has delegated responsibility to the Executive Director of Strategy and Transformation for:

- the management structures and systems necessary to implement corporate governance, controls assurance standards including business continuity management;
- for meeting all statutory requirements to manage risks to normal business operations;
- adhering to guidance issued by the Welsh Assembly Government in respect of resilience and business continuity management;
- ensuring that the Health Board receives an annual report on the effectiveness of organisational systems;
- the business continuity policy and procedure are subject to regular reviews in line with the Health Board's policy document, and that measures for implementing the policy are established, maintained and monitored;
- there are sufficient competent people who have the knowledge and training to carry out appropriate business impact assessments;

- ensure systems are in place to audit compliance with legislation and address any deficits identified
- Ensure that legislative requirements are complied with
- Ensure that effective systems are in place to support the effective co-ordination of business continuity management throughout the Health Board
- To Chair the Emergency Preparedness Response and Recovery Group and govern its activities.

Care Group Directors

Directors are instrumental in achieving the requirements of this policy, and are accountable to the Chief Executive (through the Executive Director of Strategy and Transformation) for ensuring implementation of the business continuity policy within their Clinical Service Groups.

Care Group Directors may identify lead managers/clinicians who will co-ordinate business impact assessments and develop the resulting BCP's.

Care Group Directors will also ensure that:

- the business continuity policy and procedures are implemented;
- all managers are competent to discharge their business continuity management responsibilities;
- business impact assessments and business continuity/contingency plans are completed and Service Group Plan and Risk registers are maintained;
- any business impact assessments that have a potential corporate impact are communicated to the Board Secretary/Corporate Director;
- the need for additional funding or other resources within the Clinical Service Groups as a result of undertaking business impact assessments is identified and allocated

- reports to the Health Board via the Chair of the Emergency Preparedness Response and Recovery Group in order to confirm that all business risks identified have suitable and sufficient plans that have been fully and effectively tested and reviewed regularly;
- post incident debriefs are undertaken as/when required and plans are revised as required and learning outcomes communicated to the HB's EPRR Group.

Emergency Preparedness Response and Recovery Group.

The role of the EPRR Group is to co-ordinate and collate information that provides assurance to the Health Board that appropriate arrangements for effective internal preparedness response and recovery are in place. And that identification and management of risks to the Health Boards across all Clinical Service Groups is appropriately managed.

The EPRR Group will work with CSG's to assist in the audit and reporting of EPPR assurance.

The EPRR Group will work with internal and external Audit and Clinical Governance Committees in carrying out this role in order to provide assurance to the Board that the CTMUHB has effective systems of internal control.

Line Managers

Line managers includes any individual involved in the managerial process ranging from Supervisors to Service Group Managers. Such roles are instrumental in achieving the requirements of the business continuity policy.

Line managers will ensure that:

- business impact assessments are undertaken, business continuity/contingency plans are developed, implemented and reviewed and that a ward/department risk register is maintained;
- all staff have knowledge of and understand the business continuity policy and supporting business continuity/contingency plans;
- identify the need for additional funding or other resources, as a result of undertaking business impact assessments which are escalated through appropriate managerial pathways.

Host organisations

- Host organisations will be required to meet the requirements of this policy as set out for Care Group Directors and others above.

10. RETENTION OR ARCHIVING

In cases of Police investigations/public enquiries and other legal processes it is often necessary to demonstrate that the policy was in place at the time of the incident. The Executive Director of Strategy and Transformation or their nominated manager must ensure that copies of policies and procedures are archived and stored in line with the Health Board Records Management Policy and are made available for reference purposes should the situation arise.

11. NON CONFORMANCE

There is a requirement of all staff to comply with the provisions of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Health Board Human Resources policy.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

Following assessment, no issues have been identified.

13. REFERENCES and SUPPORTING DOCUMENTS

Civil Contingencies Act 2004

Emergency Response and Recovery Non statutory guidance
accompanying the Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

CTMUHB Guidance for Business Continuity Emergency Preparedness
Response & Recovery Planning

ISO 22301 2019.

14. Appendix 1 Equality Impact Assessment

Section 1: Preparation

This section must be completed at the beginning of a policy review. For advice on its completion please contact the Equality Team on 01443 744800. For examples of completed EIAs please see the Equality site under Useful Staff Information on SharePoint.

Section 1 – Preparation		
1.	Title of Policy - what are you equality impact assessing? Please state whether it is a new or existing policy?	New Emergency Preparedness response and Recovery Policy
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The purpose of this Procedure is to assist managers and staff to deal with events that impact on the normal operating (business continuity) processes of the Health Board. The procedures are designed to minimise the risk to CTUHB's business and its statutory duty to comply with the requirements of the Civil Contingencies Act 2004.
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	The Executive Director of Strategy and Transformation
4.	Who is Involved in undertaking this EqIA? - who are the key contributors and what are their roles in the process?	Civil Contingencies and Business Continuity Manager.
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA? Is it relevant to the Integrated Medium Term Plan (IMTP)	This documents supports the: Health Boards Compliance with the Civil Contingencies Act 2004 It has an impact on the IMTP and other strategic plans within the UHB.

Section 1 – Preparation		
7.	What might help/hinder the success of the policy? These could be internal or external factors. E.g. training, awareness raising.	Staff not being aware of the policy and failing in their duties to comply with the requirements of the said Act.
8.	Is the policy relevant to “eliminating discrimination and eliminating harassment?”	The procedure provides a structure and process to ensure effective resource management and planning, hence does not directly eliminate discrimination and harassment.
9.	Is the policy relevant to “promoting equality of opportunity?”	The policy is not designed to promote equality of opportunity directly. It does strive to ensure effective management of resources and business continuity planning.
10.	Is the policy relevant to “promoting good relationships and positive attitudes?”	The policy details specific tasks and levels of support in order to support departments in their service delivery hence promotes good working relationships through a clear support structure and defined actions of staff in the business continuity processes and actions.

Section 2. Impact	
Please answer the following Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised.	
Do you think that the procedure impacts on people because of their age? (This includes children and young people up to 18 and older people)	NO
Do you think that the procedure impacts on people because of their caring responsibilities? I.e, would it affect their ability to care for somebody who is primarily dependant on them	NO
Do you think that the procedure impacts on people because of their disability? E.g. sensory loss, physical disability, Learning disability, some mental health issues	NO
Do you think that the procedure impacts on people because of Gender reassignment? This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc	NO

Section 2. Impact	
Do you think that the procedure impacts on people because of their being married or in a civil partnership?	NO
Do you think that the procedure impacts on people because of their being pregnant or having recently had a baby?	NO
Do you think that the procedure impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)	NO
Do you think that the procedure impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs)	NO
Do you think that the procedure impacts on men and woman in different ways?	NO
Do you think that the procedure impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)	NO
Do you think that the procedure impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc)	NO

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below.

Consider the relevance of your Procedure to these Human Rights and list any available information to suggest the Procedure may interfere with, or restrict the enjoyment of these rights.

The right to life

Whilst this procedure deals with maintaining health care it does not directly relate to the context of a right to life under article 2 of the Human Rights Act

The right not be tortured or treated in an inhuman or degrading way

No specific impact

The right to liberty

No specific impact

The right to a fair trial

No specific impact
The right to respect for private and family life, home and correspondence No specific impact
The right to freedom of thought, conscience and religion No specific impact
The right not be discriminated against in relation to any of the rights contained in the Human Rights Act No specific impact on human rights identified.

Section 3 Outcome Report

Policy Title:	Business Continuity & Emergency Preparedness Response & Recovery Policy
Organisation:	Cwm Taf Morgannwg University Health Board
Name: Title: Department: Date:	Andrew Francis Civil Contingencies and Business Continuity Manager Strategy and Transformation 31/08/2022
Summary of Assessment: Please indicate issues of significant concern and changes that will be made to the procedure accordingly. Please indicate whether these changes have been made.	This procedure provides an operational approach to the effective management of resources in cases of severe weather affecting the ability of staff travel. There are no specific issues of concern identified in relation to equality and diversity. No changes are required.
Please indicate where issues have been raised but the procedure has not been changed and indicate reasons and alternative action taken where appropriate.	Not applicable

Monitoring Arrangements:	Annual review by The Executive Director of Strategy and Transformation or in response to a particular issue.
Review Date: This is usually the same as the procedure review date.	The policy will be reviewed annually by the responsible manager and a date for review will be agreed with the Executive Director.
Signature of all Parties:	Andrew Francis

Agenda Item

10.2.6

CTM Health Board

Core Supporting Professional Activities (SPA) Guidance for CTM Consultants and Department Managers

Dyddiad y Cyfarfod / Date of Meeting	25/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Nerys Conway, Assistant Medical Director Workforce Natalie Price & Nicola Evans, Assistant Directors, Strategic Workforce Planning
Cyflwynydd yr Adroddiad / Report Presenter	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical 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	
SPA	Supporting Professional Activity
LNC	Local Negotiating Committee
CPD	Continuing Professional Development

1. Situation /Background

Last year the Local Negotiating Committee (LNC) and Cwm Taf Morgannwg University Health Board (CTM) agreed that Core Supporting Professional Activity (SPA) activity was defined as up to 2 sessions. (1 session being equivalent to 3.75 hours in the Welsh Consultant Contract 2003).

The intention of this paper is to set out a CTM position for both clarity and to standardise the Job Planning process in terms of time allocation across the Health Board. Prior to this there has been variation within specialties and sites as to what is expected and allocated. This is to address that and provide parity for all colleagues. All Consultant's time will be addressed by the same process and allocation of SPA to ensure transparency.

2. Specific Matters for Consideration

2 a/ Consultants in CTM will be offered an initial SPA of 2 sessions

This will be offered in two parts. The first is the Core SPA that Consultants need to meet their appraisal requirements (see section 2b for what this covers in detail). The time allocated for this will be 1.6 sessions. The second part will account for 0.4 of a session as a Discretionary Role towards their department's activity. Consultants, as the Senior Leaders in the Health Board that they are, will be given the opportunity at their Job Planning meeting to select from a list of options that will contribute towards their, and the department's, development and function (see section 2c for details and the SPA Document that lists the 0.4 session roles).

A Consultant may already have a leadership role(s), in another area, and as such not opt to take a Discretionary Role or any additional roles. That is within each individual Consultants choice.

2 b/Core SPA allocation of time

This term (Core SPA) refers to the activities set out in the Welsh Consultant contract and GMC guidance on the essential activities for a Consultant to complete on an annual basis. They will be evidenced in the usual Appraisal and Job Planning reviews. There is no intention to monitor these in any greater detail.

The following table gives an indicative outline of the time allocated for each activity per week.

Appraisal	15 minutes
Job Planning	15 minutes
Training (i.e. ESR)	15 minutes
Audit	30 minutes
Governance (inc QI) *	60 minutes
Directorate meetings	15 minutes
Clinical Supervision	60 minutes
CPD*	120 minutes

These times are a guide only and should not be interpreted as a set rule of what time is required weekly. They merely set out the time splits that account for the activity over a week.

Core activity includes completion of internal and external Incident reports (such as Root Cause Analysis) as well as Coroner and Ombudsman statements. Section 2f deals with this in more detail.

CPD* includes;

- Workshops and seminars
- Conferences and events
- Training courses
- Online and E-learning (including mandatory training modules as they are all related to professional practice and learning)
- Other structured forms of learning
- Reflective learning

Study Leave can be taken for organised learning events and training (i.e RCP Conference, RCS Conference) including those required specific to the care you deliver.

- For CTM the time allocated for Core activities is 1.6 sessions (this follows Royal Academy adjustment for Welsh Contract for 1 session of 3.75hours).

2 c/ Discretionary SPA activity

As set out above these are specific roles asking 0.4 sessions of activity. They would be discussed and allocated at the initial annual Job Planning meeting and then reviewed, and if agreed mutually, be re-allocated on an annual basis. These roles are for the individual's leadership and the department's development and range from Infection Control to Mortality Review Co-Ordinator roles. All roles would need to be allocated across a department, some requiring all sites to have a Co-Ordinator role on them. The allocation will be mutual between the Consultant and the Clinical Director and Department Operations Manager. A list of roles will be maintained within the SPA Document as an Appendix, however it will not be exhaustive to allow for other Discretionary Roles to be suggested and approved (approval will come from the relevant Care Group Medical Director). Example – Mortality Review Co-ordinator. Each specialty and department to have an individual who can assess the required mortality reviews relevant to that team ensuring that colleagues are both involved and any relevant learning has been shared.

2 d/ Meeting entitled SPA allocation

The previous agreed position between the LNC and CTM was for 'typically up to 2 sessions', this has left discussions open to interpretation and has already caused

difficulty standardising the process across the Health Board. As such there is a need to greater clarity.

This does not in any way affect your contractual right to sessions as set out. Additional sessions can be adopted from the SPA document, which sets out sessions and time allocated for each. These would need to be evidenced at Job Planning and Appraisal, as per current practice.

We anticipate that as a consultants career progresses they will have additional SPA responsibilities which will be encompassed as part of the annual job plan process up to 3 SPA's.

2 e/ Part Time Doctors

The principles outlined above would be applied to part-time Consultants on a pro-rata basis

2 f/ Investigations and reviews (including Coroner statements)

- Coroner cases happen irregularly and constitute part of Core SPA time.
- The time required, to comply with a Coroner or Ombudsman request for a statement, for a single case in a year this would equate to around 4 hours a year (5 minutes a week) to write.
- As part of the appraisal process Consultants do need to reflect any incidents they are involved in and as such this statement would add to that process as well.
- If a report is time critical (as set by the Coroner or Health Board) then Professional Leave can be sought and agreed by the Care Group Medical Director.
- Coroners' hearings themselves, as well as any in-person preparation sessions, will be accounted for under Professional Leave. This may involve moving of Direct Clinical Care (DCC) activity.

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 /	Not Applicable
	If more than one applies please list below:



Link to CTMUHB Strategic Areas	
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</u> <u>(futuregenerations.wales)</u>	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <u>(Duty of Quality Statutory Guidance (gov.wales))</u>	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <u>(Duty of Quality Statutory Guidance (gov.wales))</u>	Equitable
	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:

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) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

3. Recommendation

- 3.1 The Board are being requested to **NOTE** the report and **NOTE** that the report has been received and approved at the Executive Leadership Group.



Ref: WOD/MD/XXX

Job Planning Guidance For Consultants and SAS Doctors

INITIATED BY:	Medical Director’s Office
APPROVED BY:	Local Negotiating Committee/Executive Board
DATE APPROVED:	April 2024
VERSION:	Version 2
OPERATIONAL DATE:	May 2024
DATE FOR REVIEW:	April 2027
DISTRIBUTION:	All Staff via internal communication systems
FREEDOM OF INFORMATION STATUS:	OPEN

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1. Introduction

The job planning process aims at ensuring efficient and effective use of NHS resource to improve patient outcome and experience within a sustainable model of care.

A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and required outcomes, and the support and resources provided by the employer for the coming year.

The job planning process provides an opportunity to align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes in order to allow, consultants, clinical academics, SAS/Specialty doctors, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.

Job Planning is an annual process which outlines the duties, responsibilities, time commitments and accountability arrangements for individual medical practitioners. It is a contractual responsibility to fulfill these elements of the job plan.

2. Process

To make job planning a better instrument for doctors and their managers, the process should be:

- led by appropriately trained clinical managers
- adequately resourced (i.e. protected time set aside for it, managerial & I.T. support etc.)
- undertaken in a spirit of collaboration and cooperation
- prepared for and completed in good time
- reflective of the professionalism of being a doctor
- focused on measurable and achievable outcomes that benefit patients
- consistent with the objectives of the NHS, the organisation, teams and individuals
- clear about the supporting resources the Health Board will provide to ensure that outcomes can be met
- transparent, fair and honest
- flexible and responsive to changing service needs during each job plan year
- fully agreed and not imposed
- focused on enhancing outcomes for patients whilst maintaining service efficiency

This guidance must be read in conjunction with the Amendment to the National Consultant Contract in Wales (the 2003 Amendment), the terms of which have precedence unless this guidance is more favourable

The full national guidance documents can be found following the hyperlinks below.

- [Effective Job Planning for Consultant Medical and Dental Staff \(Policy, Procedures and other Written Control Documents Template \(nhsconfed.org\)\)](https://nhsconfed.org/)

- [A UK guide to Job Planning for Specialty Doctors and Associate Specialists \(SAS-job-planning-specialists-2012.pdf \(nhsemployers.org\)\)](#)

All job planning in CTM is undertaken using the e Job Planning software:

[Login Details \(allocatehealthsuite.com\)](#)

The UHB has developed a user guide for e Job Planning:

[E Job Planning - User Guide.docx](#)

3. Principles

- 3.1 Good practice ensures Job plans are reviewed and signed off at least annually; though an interim job plan may be requested by either party. Ideally an appraisal should take place before a job plan review. Scheduling of job plan reviews will be dependent upon a number of factors, including individuals' start dates and the timing of any service developments which may impact upon the workforce.
- 3.2 Job plan reviews should be led by Clinical Directors (CDs) and it is mandatory that both the CD and Directorate Manager (DM), or designated deputies, are present for every review. The input of other senior managers and business partners, who have been trained in the process, is encouraged. However, they may not be expected to attend the meeting unless mutually agreed.
- 3.3 Job plan reviews for CD colleagues will be undertaken by the Care Group MD supported by the Care Group Service Director.
- 3.4 As part of the annual cycle for service, financial and workforce planning, directorates should plan capacity to ensure enhanced payments (e.g. waiting list initiatives, additional duty hours) are avoided wherever possible. This may require cross-directorate working. Using the principles of prudent healthcare, Directorates should aim for sustainable services not reliant on enhanced rate activity. Any enhanced rate activity should reflect a transparent and efficient use of resource, and a clear audit trail that good controls and safeguards are in place to facilitate scrutiny from external bodies (WAO etc). This must not impact on entitlement to SPA time.
- 3.5 Care groups should plan, wherever possible, on a multi-disciplinary basis to determine if it is possible to deliver work through other staff groups to reduce the pressure on the medical workforce.
- 3.6 It is crucial that the local context of job planning is recognised and taken into account by the CD, the DM and the individual undergoing job plan review. The challenge is to ensure that prospective plans fit in with organisational objectives tied into local and national objectives, personal objectives as agreed in appraisal and also the ability to deliver a high quality service. The Directorate management team should also take into account seasonal demand on service,

when considering the use of annualised or team job plans, to ensure best use of service.

- 3.7 Where medical staff are employed on the same rota and their commitments are broadly the same, it would be usual that they would be contracted for the same number of sessions. However, it is recognized that some individuals may need reasonable adjustments which may lead to more admin time etc.
- 3.8 Prior to recruiting new medical staff, Directorates should take the opportunity to review the job plans and on-call commitments across specialty to ensure the appropriate commitment is reflected in the Job Description.
- 3.9 An interim job plan review can be requested by either party when activity has / needs to significantly change during the year or if the agreed outcomes need to be reviewed. This will also be triggered when the time commitment involved for a consultant breaches the contract hours trigger point in Chapter 2, paragraph 2.26 of the consultant contract.
- 3.11 It is important that 30-minute uncontracted lunch breaks are included in each normal working day to ensure colleagues are able to benefit from a genuine break. However, the health board recognises that the nature of the work and working patterns for some Doctors may not permit them to take an in-shift uninterrupted break as there will be a need to maintain continuity of responsibility for patients e.g., anaesthetics and those carrying on-call bleeps etc. In such cases and on days in the Job Plan where this is a likely scenario, the break does not need to be factored into the sessional value for the day as it will constitute working time and therefore is paid and the time added to total sessions.

If a doctor is able to take a clearly identifiable break, where there is no expectation of them being interrupted or required to do anything work related, then this does need to be considered as part of job planning such that the break is unpaid, the exact timing of the break is flexible and would not necessarily be stipulated in the job plan.

Rest breaks should be discussed as part of job planning and agreement reached based on the circumstances of each individual.

4. Preparation

- 4.1 Prior to the job planning meeting, two of the most important activities are collection of information and reflection to:
 - Prioritise work better and reduce excessive workload
 - Agree how individual members of a team can most effectively support the wider objectives of the service and meet the needs of patients
 - Agree how the employer can best support the individual in delivering these responsibilities

- Provide the individual with evidence for appraisal and revalidation, in the form of a completed job plan which can be exported and uploaded into MARS.
 - Ensure compliance with Working Time Regulations and ensure the welfare of medical colleagues.
 - Agree the appropriate number of SPAs for the prospectively agreed commitment.
 - Ensure the clinician has access to the appropriate resources to fulfil the job plan.
- 4.2 At the beginning of each financial year, the CD and DM will meet with the Performance and Planning Department to discuss the Delivery Plan for their respective Units, and to prepare the Demand and Capacity Plan to meet Referral to Treatment Time targets. Any gaps in service will be identified and a plan to address these gaps will be formulated.
- 4.3 Job planning and appraisal interviews should be scheduled with adequate notice to ensure all can attend and are fully prepared. Time for job planning and appraisal is taken into account when allocating SPA, therefore it should be possible to achieve this without cancelling clinical work.
- 4.4 Job planning will include a review of the current job plan, any changes being proposed, performance against previously agreed outcome measures, and the Personal Development Plan (PDP) from the most recent appraisal review (evidence of which should be uploaded into e-Job Planning system).
- 4.5 An exchange of any supporting documentation should take place two weeks before the job plan interview to allow all parties time to consider the issues and information.
- 4.6 Individuals are encouraged to keep a workload diary to ensure all their work is captured (particularly in respect of on-call), for review and discussion at their job plan review. Equally Clinical Managers may request sight of a workload diary. However, a diary is not mandatory.
- 4.7 CDs should review and discuss interventions not normally undertaken (INNUs) - a list is available on the Public Health Observatory; and any clinical activities that the service may no longer require due to service change or service redesign.
- 4.8 Staff undertaking sessions for other organisations (whether funded or SPA), are encouraged to seek performance information evidence from 'other' Health Board to support the job plan discussions.

- 4.9 There is a need to consider close alignment of job planning in inter-related disciplines such as surgical specialties and anaesthetics, and CDs should therefore liaise with their colleagues in other directorates.

5. Job Planning Review

- 5.1 The following will be considered during the job plan review:

- Progress against agreed outcomes_
- What factors (if any) has affected the job plan
- Agree any changes to duties and responsibilities
- Agree a plan for achieving personal objectives
- Review the need for additional sessions
- Review the relationship with other paid work
- Agree any constraints requiring support, equipment or additional resource from the organisation
- Planned annual/study/professional leave
- Confirm Mandatory training is up to date
- Agree time allocation for Supporting Professional Activity (see 5.9 for the link)
- Confirm Educational Commitments
- Confirm External duties and whether additional to contract or included in job plan.
- Confirm diary exercise to support on-call remuneration (if undertaken)
- Confirm fee paying work
- Confirm Private work and arrangements whilst on call
- Set clear, measurable and agreed objective/outcomes for the year ahead.

- 5.2 Notes taken during the job plan review should be agreed and recorded in the e-Job Plan software; hence the summary of the discussion is visible to all parties and will ensure there are no differences in interpretation.

- 5.3 Where there is agreement with Directorate Management team for Clinician to work more than 48 hours per week, the Working Time Directive Opt Out form (Appendix 2) will need to be completed, signed and forwarded to Medical Personnel, where it will be recorded on behalf of the Medical Director and included on the individual's personnel file. This agreement to work in excess of 48 hours per week should be reviewed at least annually.

- 5.4 There is no set sessional allowance for on-call. Time spent undertaking on-call duties should be accounted for in job plans according to the time actually worked, averaged to give an indicative amount of time per week. This should be equitable across the service and each specialty on each hospital site (unless there are justifiable reasons for differences)

- 5.5 For consultants, on-call commitments continue to attract the out-of-hours intensity banding; where there have been changes to on-call rotas doctor should be requested to complete an out of hours' intensity questionnaire (hyperlinks below) so that adjustments can be made to payments if necessary.
- [Out of Hours Consultant Intensity Questionnaire.doc](#)
- 5.6 It is acceptable to offer planned additional to contract sessions paid at the clinicians own rate, but regular review periods should be set and the reasons for the activity recorded in the e-job plan summary. These sessions should only be contracted for periods of 12 months or less. The job plan should be expressed as a base contract with any additional to contract sessions clearly identified and agreed by both parties and that additional sessions can be ended with the giving of 3 months' notice by either party.
- 5.7 At the end of every job planning session, there must be clear and agreed objective/outcome setting. All consultants and SAS doctors should have outcome measures agreed for the year ahead, which consider the UHB performance targets, utilisation of SPA time, as well as the individual's PDP. It may be desirable to agree specialty-wide outcome measures if all parties agree. Directorates need to ensure that the outcome measures are recorded in a format that is sufficiently detailed and can be measured.
- 5.8 If a CD or DM is unsure about the suitability of an activity submitted as a commitment to SPA time, advice should be sought from the Assistant Medical Director (Workforce)
- 5.9 SPA Guidance for consultant staff has been developed and agreed with the LNC: [Supporting Professional Activities \(SPA\) Guidance for CTMUHB Consultants.pdf](#)
- 5.10 Agreed outcomes for SPA activity will be recorded in the 'Personal Outcomes' tab on e-job planning.
- 5.11 UHB SPA outcomes will be subject to a quality assurance process to ensure that the UHB is agreeing to SPA activity that is in line with its Integrated Medium Term Plan.
- 5.12 As part of the quality assurance process, the AMDs for Workforce will verify the SPA activity if required.
- 5.13 Evidence to support the amount of SPA time in the job plan will be required and reviewed at the job plan meeting to ensure that the time allocated is fair and equitable. Evidence to support SPA time can be uploaded into the e-job plan system.

- 5.14 Sessions of SPA mutually agreed at the job planning review, may be scheduled across the working week. The contract states that up to one session of contractual commitment may take place outside the normal working hours leaving a similar period free in which there is no contractual commitment during normal working hours. Such SPA sessions will be exclusively devoted to NHS work. The location of this SPA will be discussed and agreed at the job planning review and captured in e-job plan. The health board accepts that the contract does not act as a ceiling and that more than one SPA session can be worked off-site and/or out of normal working hours, by agreement. This will recognise the normal good practices for flexible working arrangements available to all NHS staff. In exceptional circumstances, staff who have agreed SPA time 'off site' may be required to return to site e.g. in business continuity circumstances.
- 5.15 Mandatory training requirements are to be met and time will be incorporated into the job plan to facilitate this. A full list of core skills training can be obtained from the Learning and Development department.
- 5.16 Time for medical management should be managed flexibly. There is recognition that on occasions it may displace both DCC and SPA time. Individual cases will be discussed in detail at the job plan review.
- 5.17 The job plan interview should capture any fee paying work carried out and this should be managed in line with GMC guidelines (see section 2.10 of the Amended Consultant Contract, Schedules 11 & 12 of the Specialty Doctor/Associate Specialist 2008 contract and Schedule 10 of the Specialty Doctor / Specialist Grade 2021 Contract)
- 5.18 If service demands are such that additional DCC time is required in the working week, it is permissible with the agreement of the clinician to displace an SPA session to another part of the week when an individual would not normally be working. This must be clearly recorded on additional duty hour / waiting list forms. The displaced session could be delivered off site.
- 5.19 For the purposes of Job Planning a working week (full-time) comprises 10 sessions for consultants and SAS doctors. It should be noted, that activity may differ between colleagues in the same specialty. Typically for full-time medical staff, activity will be delivered at or around 41.6 weeks per year. On-call arrangements that impact on daytime clinical activities i.e. Consultant of the week must also be taken into account.
- 5.20 Clinical and Directorate Management teams, should ensure the appropriate utilisation of all sessions, benchmarked across the sub-specialty and against any available external benchmarks.

6. Team Job Planning

In some specialties it may be mutually agreed that part of the job planning process will be undertaken on a team basis. In advance of the meeting, the following points should be considered and shared with all involved in the team review. If the team job planning process is not agreed by all parties, clinicians may request an individual job plan review.

1. Understand the demand, the capacity and the gap
2. Determine what **direct** clinical care (DCC) activities are required to deliver the service.
3. Identify the number of clinical hours required to deliver each activity.
4. Determine the number of weeks in the year when each activity occurs.
5. Determine annualised hours for each activity based on points 3 and 4.
6. Quantify how many clinicians are available week to week to deliver the service (taking account of absences for annual leave/study leave).
7. Divide the annualised hours identified above by average DCC working week per wte clinician.
8. It is important to cross-reference the activity with a departmental timetable to ensure all activity has been identified and capacity issues are understood.
9. Quantify the total Supporting professional activities (SPA) as well as any additional responsibilities (e.g. Clinical Director, Clinical Audit Lead) and external duties
10. Add the totals from 7 & 9 to determine the total weekly session figure.

Development of an individual work programme from a team job plan.

1. Individuals should have personalised schedules based on their average NHS working week and any individual external commitments they have. In the spirit of team job planning, these schedules may be shared with colleagues to enhance transparency.

Ownership and review of the team job plan

1. Good communication between members of the team is essential to ensure shared ownership of the job plan and shared responsibility for its success.
2. Ongoing review is required to assess progress against the team job plan and to ensure the working arrangements remain the most effective and appropriate.

Areas where team job planning may be of value

1. Where clinicians in a specialty act as a team, sharing overall responsibility for the clinical input to a service e.g. ICU/A&E/AMU.
2. Where an individual clinician works in several teams e.g. a surgeon may undertake elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota.
3. Where facilities (.e.g. operating theatres sessions) are used by a team rather than an individual. In the absence of one individual, another team member can still make use of the facility.

4. Where delivery of a “block contract” of work e.g. pathology/radiology, is required.
5. Where the service is delivered by a multi-disciplinary team working together, of which the clinician is a member.

7. Annualised Job Planning

- 7.1 Individuals may wish to consider annualisation of all or part of their job plan. This may include direct clinical care and/or supporting professional activities. This will particularly apply to clinicians who experience significant variation in workload during the year or do not have a working pattern that lends itself to preparing a job plan based on regular weekly activities, e.g. those with significant additional NHS responsibilities or external duties.
- 7.2 Each of these individuals will have a job plan with a weekly timetable and, in addition, the agreed total number of clinical/SPA sessions will be kept and reviewed on a regular basis.
- 7.3 To develop an annualised job plan the following steps should be followed:-

Based on the number of days available for work, the consultant/Clinical Director should agree the total number of sessions for each activity in the year, this may include predictable elective activity e.g. outpatient clinics, theatre sessions, unpredictable clinical activity, e.g. emergency lists and supporting professional activities. The number of sessions should be calculated based on leave entitlements (annual leave, Bank Holidays, study leave), agree external duties, the availability of resources required to perform the sessions and an adjustment made for “hot weeks” when elective activity is replaced by emergency duties. The number of days available for work each year varies according to the distribution of Bank Holidays. A new annualised plan should be agreed each year to reflect these changes.

A record of completed clinical sessions during the year should be kept. If sessions are cancelled for reasons beyond the control of the consultant e.g. lack of ICU/HDU beds, this will count as a session, but consultants will be expected to use the time for the benefit of the Health Board. DCC will also be considered delivered if:

41.6 weeks of work is not achieved for reasons beyond the consultant’s control for example a doctor has made themselves available to work a session but has not been rostered or alternative activity scheduled.

the Doctor has authorised absence over and above annual or professional leave e.g. such as sick or parental leave.

It is important for the consultant and Clinical Director to agree a process whereby activity during the year may be monitored to ensure that the agreed numbers of sessions are completed by the end of the year. This activity should be reviewed at least every 4 months. If the consultant is ahead or behind planned activity during the year, the consultant and CD should agree how this may be corrected. The monitoring process and the frequency of review should be recorded on the job plan.

8. Monitoring the job plan

- 8.1 There should be a brief six month check on progress against outcome measures for all job plans. This should be undertaken by the CD and DM with appropriate feedback to clinicians if required.

9. Clinical Academics

- 9.1 University representatives need to be engaged in the job planning process for clinical academics. There needs to be clarity about SPA and university commitments to ensure there is no duplication in terms of the University and Health Board's requirements.
- 9.2 If a Clinical Academic proposes dedicating a DCC session to research or teaching, it should be clear that this is clinical or applied NHS research and the precise use of the session is understood. (Para 8.6 of Amended Consultant Contract)

10. Visiting Consultants

- 10.1 Where the Health Board is the lead employer for consultants who undertake sessions in other Health Boards, directorates should invite representatives from the other organisation to participate in the process; and obtain the relevant performance data for consideration at the job plan review. The agreed job plan should be shared once agreed.
- 10.2 Where the Health Board has visiting consultants who are employed by other Health Boards, Directorates should contact the other organisation to request that they are included in the process and provide relevant performance data for consideration at the job plan review.
- 10.3 If timescales are not compatible, the two organisations will need to agree what will work best for all parties.

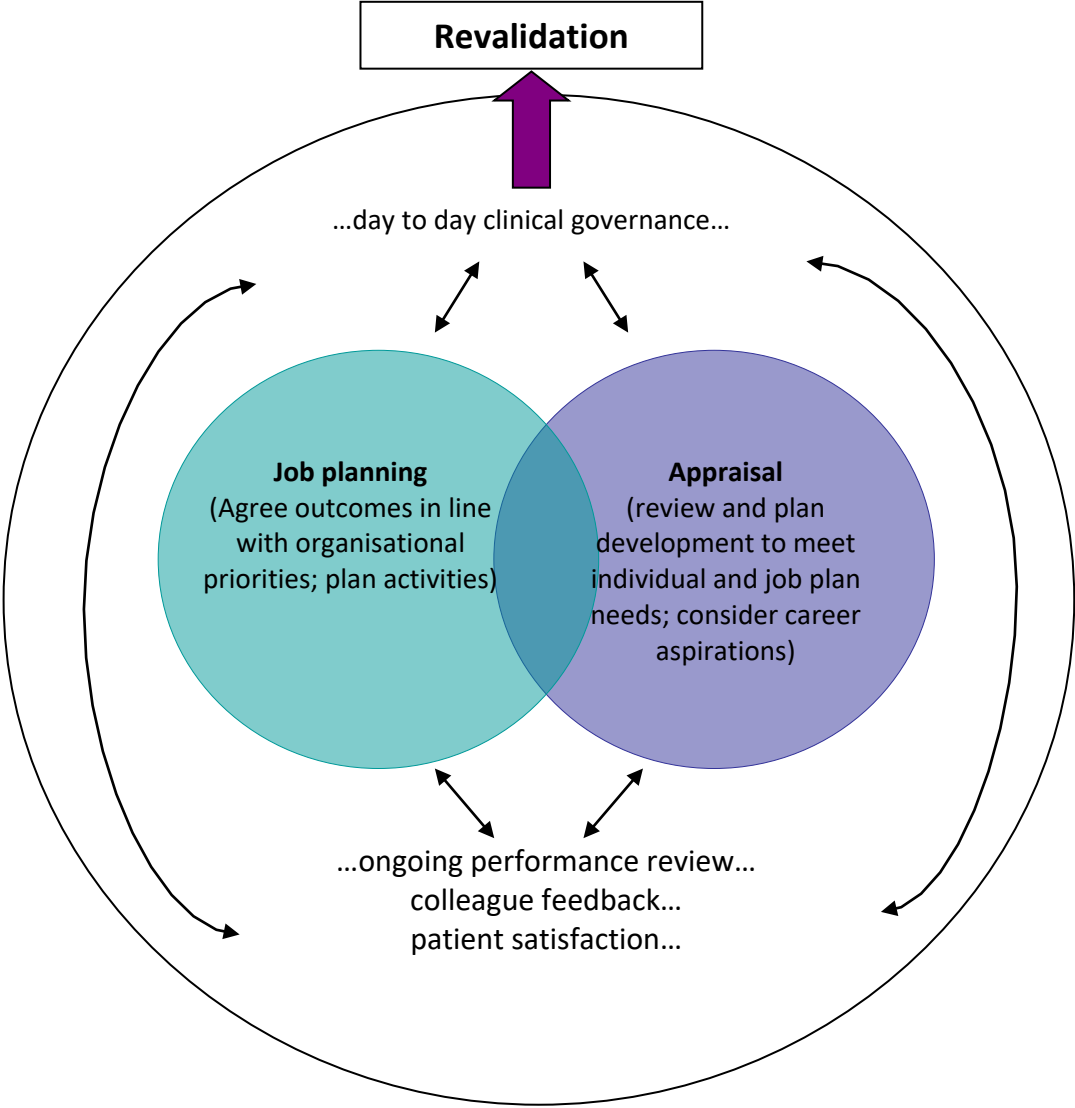
11. Sign Off, Appeals and Resolution

- 11.1 All job plans should be recorded on the e-job plan system and mutually signed off once agreed as soon as possible following the job plan review.

- 11.2 If the job plan remains unsigned, but no concerns have been raised, doctors will be advised in writing that, unless they indicate within an agreed timeframe that they dispute the job plan offer, the UHB will consider that the job plan is agreed (Appendix 4 shows the 'presumed sign-off process', which takes a maximum of 10 weeks). This process has always been applied sensibly and sensitively, e.g. when someone is on sick leave.
- 11.3 If it is not possible to agree a job plan, the matter will be referred to the Medical Director or nominated deputy, and the appropriate appeal process will be followed as contained in the Amendment to the Consultant Contract or Specialty Doctor / Associate Specialist / Specialist Grade contracts.

12. Links with Appraisal

- 12.1 Appraisal and job planning are separate processes with distinct aims and purposes. Annual job planning and appraisal discussions will take place separately but it is important that relevant information flows between them.
- 12.2 An up to date job plan is an important component of the appraisal and revalidation process. E-Job plans can be uploaded into MARS in readiness for individual appraisals, so that the Appraiser can develop an understanding of clinical practice and help identify any learning needs related to the service objectives or planned activities.
- 12.3 Similarly, the PDP from MARS should be uploaded into e-Job plan so that this can be discussed and supported as part of the job plan review process.
- 12.4 Individuals can use the appraisal to identify any opportunities or constraints to feed into their subsequent job plan review



Appendix 1

Working Time Directive Opt Out form



To: Consultants of Cwm Taf University Health Board

Dear Colleague,

At this time when you are formalising your job plan for the current year, it is necessary that you sign an opt-out letter to comply with the European Working Time Directive (EWTd) if you have agreed to a working arrangement that is expected to breach the regulations.

You will be aware that the EWTd is Health and Safety legislation that sets 48 hours on average over a 26 week period as the maximum limit for the working week. Individuals can, however, choose to opt out of this limit. If you are working for the UHB for an average of more than 48 hours or more per week, you will need to sign this opt out letter to comply with the legislation. Please note whilst you may opt out of the 48 hour limit you cannot opt out of rest requirements.

Please note these arrangements could also apply to consultants who, from time to time, undertake sessions or waiting list initiatives at the request of the UHB. If these hours added to your normal sessional commitments averaged over a 26 week period result in working on average over 48 hours per week, you need to sign this opt out letter. Similarly, these arrangements apply to any sessions you undertake in other NHS organisations – these must also be included.

For consultants who receive responsibility allowances in respect of managerial duties, if the time devoted to such duties on top of normal sessional commitment take the individual on average over 48 hours per week based on a 26 week reference period, then they too need to sign this opt out letter to comply with the legislation.

I would be grateful if you will sign the tear-off slip below, if relevant, returning it to your respective Clinical Director / Directorate Manager where it will be retained with your agreed job plan and a copy filed on your personal file by Medical Personnel

Thank you for your co-operation.

Yours sincerely,

Name _____

Specialty _____

Directorate _____

I agree to work more than 48 hours on average over a 26 week period and wish to opt out from the EWTd for the next twelve months,.

Signed: _____

Date: _____

Cc: Medical Workforce

Appendix 2
Job Planning Sign Off Process (As agreed previously with LNC and Health Board – no change)

