

Public Board Meeting

Thu 25 January 2024, 10:00 - 13:00

In Person Meeting, Yr Hwb, Royal Glamorgan Hospital Site,
Llantrisant

Agenda

10:00 - 10:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information

Jonathan Morgan, Health Board Chair

1.2. Apologies for Absence

Information

Jonathan Morgan, Health Board Chair

1.3. Declarations of Interest

Information

Jonathan Morgan, Health Board Chair

10:05 - 10:10
5 min

2. CONSENT AGENDA BUSINESS

Information

Jonathan Morgan, Health Board Chair

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

10:10 - 10:25
15 min

3. SHARED LISTENING & LEARNING - ANTICOAGULATION & BENEFITS OF SLEF TESTING SCHEME

Discussion

Sue Wooller, Principal Pharmacist

10:25 - 10:40
15 min

4. SETTING THE SCENE

4.1. Chairs Report

Discussion

Jonathan Morgan, Health Board Chair

 4.1 Chair's Board Report UHB 25 January 2024.pdf (7 pages)

4.1.1. Action Log from the previous Board Meeting

Discussion

Jonathan Morgan, Health Board Chair

 4.1.1 Action Log Health Board UHB 25 January 2024.pdf (3 pages)

4.2. Chief Executives Report

Discussion

Paul Mears, Chief Executive

 4.2 CEO Board Update Report V1.0 FINAL UHB 25 January 2024.pdf (9 pages)

10:40 - 11:30

50 min

5. DELIVERING OUR PLAN

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

Discussion

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

Operational Performance Delivery Gethin Hughes, Chief Operating Officer

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

People Hywel Daniel, Executive Director for People

 5.1 HB Integrated Performance Dashboard UHB 25 January 2024.pdf (34 pages)

5.2. Financial Performance Update

Discussion

Sally May, Executive Director of Finance

 5.2 M9 Finance Report Final UHB 25 January 2024.pdf (22 pages)

11:30 - 12:15

45 min

6. STRATEGIC PLANNING

6.1. Acute Clinical Services Plan Update and wider CTM 2030 Communications and Engagement Strategy

Discussion

Linda Prosser, Executive Director of Strategy & Transformation & Simon Blackburn, Director of Communications, Engagement and Fundraising

 6.1 CTM Board ACSP update 25 January 2024.pdf (7 pages)

6.2. Integrated Medium Term Plan Update

Discussion

Linda Prosser, Executive Director of Strategy & Transformation

 6.2 IMTP process and update Jan 2024 UHB 25 January 2024.pdf (7 pages)

12:15 - 12:50

35 min

7. GOVERNANCE, RISK AND ASSURANCE

7.1. Escalation Status Update

Discussion

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

7.2. Board Assurance Framework (Principal/Strategic Risks)

Discussion

Gareth Watts, Director of Corporate Governance

 7.2a Board Assurance Framework - Cover Paper - Jan 24.pdf (4 pages)

 7.2b App 1 - Board Assurance Framework Report - Jan 24.pdf (61 pages)

7.3. Board Committee and Advisory Group Highlight Reports

Discussion

Committee Chairs

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

7.3.1. Clinical Advisory Group Highlight Report

Discussion

Sally Bolt, Associate Member

 7.3.1 Clinical Advisory Group Highlight Report UHB 25 January 2024.pdf (4 pages)

7.3.2. Planning, Performance & Finance Committee Highlight Report

Discussion

Patsy Roseblade, Independent Member

 7.3.2 PPFC Highlight Report to Board 11.01.24 v1 UHB 25 January 2024.pdf (7 pages)

7.4. Working in Partnership Reports

Discussion

There are no items to report under this item on this occasion

7.5. Audit Wales Structured Assessment 2023

Discussion


Audit Wales

 7.5 CTMUHB Structured Assessment 2023 Report Final (1) UHB 25 January 2024.pdf (42 pages)

7.6. Charitable Funds Annual Report and Accounts

Decision


Sally May, Executive Director of Finance/Mark Jones, Audit Wales

 7.6a CTM Charity Annual Report and Accounts 22-23 Board Report UHB 25 January 2024.pdf (4 pages)

 7.6b Appendix 1a CTMUHB Charity Annual Report 2022-2023 - Unsigned UHB 25 January 2024.pdf (13 pages)

 7.6c Appendix 1b 3954A2023_ctm_fhot_2022-23_aoa_report_final UHB 25 January 2024.pdf (20 pages)

 7.6d Appendix 1c AW Independent Auditor's report CTMUHB FHOT 2022-23 UHB 25 January 2024.pdf (4 pages)

 7.6e Appendix 2 - CTM Charity Letter of Representation 2022-23 UHB 25 January 2024.pdf (3 pages)

12:50 - 12:55

5 min


8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 30 November 2023

Decision

Jonathan Morgan, Health Board Chair

 8.1.1 Unconfirmed Minutes Public Board Meeting 30 November 2023 UHB 25 January 2024.pdf (14 pages)

8.1.2. Unconfirmed Minutes of the In Committee meeting held on 30 November 2023

Decision

Jonathan Morgan, Health Board Chair

 8.1.2 Unconfirmed Minutes In Committee Board Meeting 30 November 2023 UHB 25 January 2024.pdf (3 pages)

8.1.3. Board Annual Cycle of Business for 2024

Decision

Gareth Watts, Director of Corporate Governance

 8.1.3a Board Annual Cycle of Business UHB 25 January 2024.pdf (3 pages)

 8.1.3b Appendix 1 Board Cycle of Business 2024 UHB 25 January 2024.pdf (4 pages)

8.1.4. Proposed Changes to the Scheme of Delegation

Decision

Sally May, Executive Director of Finance

 8.1.4a SoD Board report January 2024 UHB 25 January 2024.pdf (4 pages)

 8.1.4b Appendix A - Proposed changes to the Scheme of delegation UHB 25 January 2024.pdf (1 pages)

8.1.5. Safeguarding Annual Report

Decision

Greg Dix, Executive Director of Nursing/Deputy Chief Executive

- 8.1.5a Safeguarding Annual Report cover report UHB 25 January 2024.pdf (4 pages)
- 8.1.5b New CTMUHB Safeguarding Annual Report 22-23 UHB 25 January 2024.pdf (32 pages)

8.1.6. Amendments to the Standing Orders: Terms of Reference Schedule 3.9

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

- 8.1.6a Amendments to the Standing Orders TOR UHB 30 November 2023.pdf (4 pages)
- 8.1.6b App 1 GC01 Standing Orders - Schedule 3.9 - Remuneration & Terms of Service Committee.pdf (9 pages)

8.2. FOR NOTING

8.2.1. Board Forward Work Programme

Information Gareth Watts, Director of Corporate Governance

- 8.2.1 Board Forward Work Programme UHB 30 November 2023.pdf (3 pages)

8.2.2. Board Committee and Advisory Group Highlight Reports

Information Presented by Independent Member Committee Chairs

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

- 8.2.2a Board Committee and Advisory Group Highlight Reports UHB 25 January 2024.pdf (4 pages)
- 8.2.2b Appendix 1 Quality & Safety Committee Highlight Report 21 November 2023 UHB 25 January 2024.pdf (5 pages)
- 8.2.2c Appendix 2 RATS Committee Highlight Report 301123 UHB 25 January 2024.pdf (3 pages)
- 8.2.2d Appendix 3 LPF Highlight Report UHB 25 January 2024.pdf (5 pages)
- 8.2.2e Appendix 4 MHAM Committee Highlight Report UHB 25 January 2024.pdf (6 pages)
- 8.2.2f Appendix 5 Chair's Highlight Report 07 12 23 UHB 25 January 2024.pdf (6 pages)
- 8.2.2g Appendix 6 CTMUHB ARC Highlight Report 19.12.23 UHB 25 January 2024.pdf (5 pages)
- 8.2.2h Appendix 7 Hosted Bodies ARC Highlight Report 19.12.23 UHB 25 January 2024 CH.pdf (4 pages)

12:55 - 13:00 9. CLOSE OUT BUSINESS

5 min

9.1. Any Other Business

Information Jonathan Morgan, Health Board Chair

9.2. How Did we do in this Meeting

Information 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?

13:00 - 13:00 10. PRIVATE/IN COMMITTEE SESSION

0 min

No In Committee Items have been identified for discussion on this occasion

13:00 - 13:00
0 min

11. DATE AND TIME OF NEXT MEETING

Information Jonathan Morgan, Health Board Chair

The next meeting of the Health Board is scheduled to take place on Thursday 28 March 2024 at 10:00am

Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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	Choose an item. Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
AAC	Advisory Appointments Committee
AHP/HCS	Allied Health Professions/ Healthcare Scientists
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board

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

1. Situation /Background

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

2. Specific Matters for Consideration

2.1 Chair Update

As this is our first Board meeting of 2024 I wanted to start by wishing everyone a Happy New Year.

This is an opportunity for us to reflect on what we have achieved over the past year and look forward with confidence in the ambition we have to

transform our services and improve outcomes for the people of Cwm Taf Morgannwg, particularly the exciting work around the development of the Maesteg Community Hospital and the Llantrisant Health Park.

The NHS continues to respond to a period of significant challenge, where our staff teams have worked incredibly hard to sustain our services in early January where we implemented our business continuity plans as we saw a substantial increase in the number of people needing urgent care. I would like to thank all our staff for their incredible efforts these past few weeks, and also to our teams across the organisation in planning needed to mitigate the impact of strike action by junior doctors.

This year will also be pivotal as we seek to set out the options for change in delivering our Acute Clinical Services plan, to improve health outcomes for local people and by using our resources more effectively develop our health care offer closer to where people live. In developing a more responsive health and care system fit for the future, we need to reimagine what our NHS looks like as it seeks to respond to patient need, challenges in population health, and emerging health technologies.

Our experience also teaches us that public services despite great efforts are still missing the opportunity to be better at working together. Whilst the statutory roles of the NHS and local government are important we could be doing more to integrate our approach making better use of our resources and staff. This needs to be addressed and quickly.

All these matters can be seen as challenges that naturally fall into the “too difficult to do” box. We don’t have the luxury. I see the opportunities to be better at what we do and setting a bold strategic approach will be a big part of what this year is about.

2.2 **Independent Member Vacancies**

I am pleased to confirm that Helen Lentle, Independent Member (Legal) started with Cwm Taf Morgannwg University Health Board on the 3rd January 2024. I would like to formally welcome Helen to Cwm Taf Morgannwg University Health Board (CTMUHB).

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

2.3 **Board Development Session – 14 December 2023**

The Board received the following presentations;

- **Future Models of Primary Care** – The Deputy Chief Operating Officer, Primary Care, Community & Mental Health and Primary Care Group colleagues, delivered a presentation to the Board on the future models of Primary Care.

- **Workshop: Community Engagement and our ambition to be an “Engaging Organisation”**- The Director of Communications and Engagement and Head of Engagement delivered a workshop for the Board on Community Engagement. The purpose of the workshop was to discuss the strategic principles and values set in 2021, reflect on how the Board is delivering against the principles and what the Board can do to improve community engagement.
- **The Employee Wellbeing and Experience Service – Past, Present and Future Presentation** – The Board welcomed a presentation from the Strategic Lead for Wellbeing and colleagues on the Employee Wellbeing Service Past, Present and Future. The presentation covered the history of the service from the beginning to the current day, showcased the work and the impact it is having on CTMUHB employees and the vision for the future.

2.4 **Diary Commitments**

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- Pontypridd and Rhondda Retirement Fellowship Christmas Event
- Regional Partnership Board Meeting
- Consultant Panel Interviews
- Cwm Taf Third Sector Mental Health Forum
- National Commissioning Oversight Board Meeting
- Cwm Taf Morgannwg Regional Partnership Board
- An Overview of Upholding Professional Standards Meeting
- Primary Care Visits – GP Practice Mountain Ash / Aberdare Health Centre
- Internal Audit Meetings
- NHS Chairs meeting
- Building A Healthy Wales Meeting
- Independent Member Appraisal Meetings
- Meeting with Pharmacy “Your Medicines, Your Health”
- Chair / Independent Members Monthly Meeting
- Meeting with LLIAS, NHS Chairs, Chief Executives and Vice Chairs
- Celebration Event for CTM Staff for 40 Year Service
- Staff Q&A
- Meet with Chair, Aneurin Bevan UHB
- Management Committee Meeting

Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. **Key Risks / Matters for Escalation**

3.1 **COMMON SEAL**

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

- **Contract between Cwm Taf Morgannwg University Health Board and PJ Saunders Limited Unit 9, The Beeches Industrial Estate, Coedcae Lane, Talbot Green, CF72 9DY** - Refurbishment of Room 3 Fluroscopy, Room 2 X-Ray and two Ultrasound Suites at the Princess of Wales Hospital, Bridgend, CF31 1RQ

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

3.2 **Chairs Urgent Action – Covid 19 Inquiry Module 6 – Application for Core Participant Status**

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

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

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

4. **Assessment**

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A Healthier Wales



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

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

Agenda Item 4.1.1

ACTION LOG HEALTH BOARD MEETING					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at date papers where circulated)
Agenda Item 6.1.2	24 November 2022	Integrated Performance Dashboard – Operational Delivery Performance Discussion to be held at a future Board Development Session in relation to Cancer Performance.	Chief Operating Officer	April 2023 To be scheduled into programme for 2024	In progress Topic was scheduled for the Board Development session being held in April 2023. Will need to be rescheduled as discussion not held at the April session.
Agenda Item 5.4	25 May 2023	Integrated Performance Dashboard Report Update to be provided at a future Board Development session in relation to the work being undertaken on workforce planning	Director for People	To be scheduled into programme for 2024	In progress This item has been added to the schedule of suggested topics for future Board Development sessions.
Agenda Item 6.4	28 September 2023	Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review into Quality Governance Response to be provided to Audit Wales/Healthcare Inspectorate Wales in six months providing an update on progress against the outstanding areas for action contained within the report.	Executive Director of Nursing/Deputy Chief Executive	March 2024	In progress Written response to be drafted on progress in March 2024
6.4.1	30 November 2023	Regional Partnership Board & Public Services Board 6 Monthly Report	Director of Strategy & Transformation	To be agreed	In progress

Agenda Item 4.1.1

		Consideration to be given to holding a focussed Board Development session on this matter to provide Board Members with a greater understanding of the work being undertaken.			
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	In progress Forward work programme updated.
9.1	30 November 2023	Any Other Business Focussed Board Development session to be held in relation to the Research & Development agenda	Executive Director of Nursing	13 March 2024	In progress Session taking place on 13 March 2024

Agenda Item 4.1.1

Completed Actions					
Agenda Item 5.3	27 July 2023	Annual Plan Update 2023-2026 – Quarter 1 Update Update to be included in the next iteration of the report as to why achievements of targets for the Attend Anywhere Hub at Maesteg Hospital had been listed as constraint given that there was a fully functioning busy Outpatient Department in place at the Hospital.	Director for Strategy & Transformation	30 November 2023	Completed Further update was included in the report presented to the 30 November 2023 Board meeting.
Agenda Item 7.1	27 July 2023	CTM 2030 Our Health, Our Future Six Monthly progress report to be presented to the Board in relation to the work being undertaken with partners, including the Regional Partnerships Board.	Director for Strategy & Transformation	30 November 2023	Completed Verbal update on the work being undertaken with partners was provided at the Board meeting being held on 30 November 2023.
Agenda Item 5.1	28 September 2023	Integrated Performance Dashboard Update to be provided to N Milligan outside the meeting in relation to the timescales associated with the re-introduction of the length of service recognition process	Director of Engagement, Communications and Fundraising	30 November 2023	Completed Staff Recognition event for staff with 40 years service held on 17 January 2024.
Agenda Item 3.1	30 November 2023	Listening & Learning Story The Chair's thanks to be extended to the patient for sharing their story with the Board	UHB Chair	December 2023	Completed Letter was sent to the patient in December 2023

Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
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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
AfC	Agenda for Change
BCI	Business Continuity Incident
LHP	Llantrisant Health Park
OCP	Organisational Change Process
SAS	Specialty and Specialist
USW	University of South Wales
WG	Welsh Government

WHC	Welsh Health Circular
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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

At the last Board meeting, I updated colleagues on the current escalation status of the health board and informed members that the next Tripartite meeting would be held in December, prior to the Christmas break. We are awaiting formal notification of any change to our escalation status following the meeting, I am expecting this will be towards the end of January or early in February.

As part of the evidence process to support the Tripartite meeting, CTM hosted a number of Welsh Government officials as part of an assurance visit at the Royal Glamorgan and Prince Charles hospital sites. During this visit, colleagues were given a tour of our facilities including maternity and neonatal wards, emergency departments, theatres, the Snowdrop breast unit and the site of the future Llantrisant Health Park. I was delighted to be able to offer the opportunity for many clinical and operational staff to talk with our Welsh Government colleagues about their experiences of working at CTM. I would like to thank all staff that supported this important visit.

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

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

I will update the Board once confirmation of our updated escalation status is received in due course.

2.2 Annual Plan 2023/24

The 2024-25 Health Board Allocations were issued on 21 December 2023 under Welsh Health Circular (WHC (2003) 048). This was accompanied by letters from the Minister for Health and Social Services to Health Board Chairs, and from the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group to Health Board Chief Executives. The allocations circular specifies the initial funding for our Health Board for 2024-25 and will form the basis of our plans to deliver against the priorities for 2024-25 as set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in A Healthier Wales.

These allocations reflect the outcome of what has been a very challenging financial year in 2023/24 that resulted in mid-year allocations and the issuing of target control totals. They also reflect the outcome of a challenging budget process for Welsh Government for 2024-25, given both the wider financial outlook for public finances and reduction in the Welsh Government budget in real terms. The overall Welsh Government budget for 2024-25 has prioritised the pressures facing the NHS, which is reflected in the allocations. It has been emphasised that it is crucial that NHS organisations ensure financial sustainability and operate within agreed allocations.

There is a clear expectation that, as accountable officer, I ensure that Cwm Taf Morgannwg UHB operates within the funding set out in the allocation letter, and any further notification of in-year funding, to reflect my statutory requirements and responsibilities.

In addition, the Minister for Health and Social Services has set out some specific actions and expectations for clarity:

- The new funding provided supports unavoidable demand and inflationary pressures. This, in addition to savings in this financial year and actions being taken to deliver target control totals on a recurrent basis, and new savings required in 2024/25, should enable organisations to deliver a sustainable financial position.
- As set out in the planning framework and correspondence, there is an expectation of a significant step-up in the delivery of priorities from the Value & Sustainability Board, and that these are strengthened to ensure a continued reduction in agency costs; the strengthening of once for Wales arrangements; and increasing administrative efficiency. There is an expectation of savings in non-core areas and overheads to prioritise front-line services. These actions on a national basis should support our local plans and actions to deliver financial sustainability.
- A small amount of investment will be held back centrally to support national recruitment approaches for hard to fill posts which will support our

delivery of core services and reducing agency expenditure. A further small investment sum will be retained centrally a small investment to support digital investment which delivers increased virtual capacity and improvements in administrative processes.

- The Health Board will need to ensure that actions to deliver financial improvement in 2023/24 are maintained, and that our financial plan requires, as a minimum, savings delivery in 2024/25 of at least 2% of total baseline expenditure, and consistent with what has been achieved in the current financial year.
- On planned care, the £50m Regional Planned Care Recovery funding allocated in 2023/24 has now been allocated recurrently, and that £170m is protected to support ongoing recovery plans. Funding is conditional on continued progress in reducing the longest-waits for treatment, and delivery of regional solutions with improvements in productivity and effectiveness.
- Other elements of 2023/24 allocations are being baselined recurrently such as Further Faster, and Covid programme funding to give certainty and clarity on the basis for which we must plan and deliver the baseline services required to maximum efficiency and effectiveness. We will be required to demonstrate the impact that this investment has made.
- On financial management, we continue to have strong and effective financial management arrangements that support strong cost control, in support of financial delivery in 2024/25.

2.3 Winter Pressures

The Health Board has experienced an extremely challenging operational period in December and into the Christmas/New Year period. High levels of Covid and respiratory illnesses coupled with exceptional unscheduled care demand has made the operational environment very challenging for our staff and patients. Unavoidably, this situation has resulted in the Health Board declaring a Business Continuity Incident (BCI) stretching a 48 hour period earlier in January. I would like to extend my sincere thanks to all staff for their continued efforts to maintain patient safety throughout BCI and entirety of the winter season.

The key focus following the Christmas period and BCI remains on de-escalation of our sites and working as closely as possible with Local Authority colleagues to discharge as many patients as possible that are still in hospital waiting for care packages in the community or placement in a nursing or residential home.

2.4 Industrial Action

Junior doctors took part in strike action lasting 72 hours from 0700 on 15 January to 0700 on 18 January 2024. Detailed planning has been ongoing since the first announcement to ensure the health board responds in line with national and legal requirements.

In anticipation of almost universal walk out by junior doctors, our planning has focussed on arrangements for cover to ensure patient safety. This cover is provided by Consultants and Specialty and Specialist (SAS) doctors at enhanced rates of pay. Pay rates have been discussed across health boards, with a common approach payments across the NHS organisations in Wales where possible. The confirmation of these rates of pay for strike cover have been subject to a Chair's Action.

The Health Board has established the Gold, Silver and Bronze command structure to ensure effective coordination of planning in the run up to the strikes and during days of industrial action. I would like to thank all the operational, clinical and planning teams who have worked hard to ensure we are able to continue to provide essential services during this period.

2.5 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.

We have been progressing the development of the ACSP through undertaking a baselining exercise with all of our care groups, supported by the strategy and planning teams. A first draft of this work has been produced and further iterations will be worked on moving forward, with the aim of getting a clear understanding of all our services, including workforce, quality, national standards and transformation considerations. The health board also recognises that the development of our ACSP needs to shape and be shaped by our regional planning conversations. A SE Wales Regional Planning Workshop took place at the start of December where representatives from the health board came together with Cardiff and Vale UHB and Aneurin Bevan UHB to learn from our regional work to date and set out our commitment to work together in the future. Further work is

planned with colleagues in our neighbouring Health Boards to ensure an alignment between our strategies, particularly with regard to specialist and tertiary services provided by Cardiff and Vale Health Board.

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, i.e. identifying and engaging with stakeholders living in our communities, who have influence over the population's perception of the NHS, health services and CTMUHB. This will help to ensure an insight-led approach to engagement, with messaging and methodologies that reflect the preferences, barriers and lived-experience of local people. This engagement work will provide additional support to the existing engagement work with our CTM Community Leaders Group. It is our intention to use this activity to help the health board identify community engagement ambassadors who are able to engage their own communities and peer-groups on the ACSP in meaningful and accessible ways. The Institute will also lead a risk-review to identify potential risks to the successful deployment of our public engagement and consultation activities, to enable us to focus resources and attention appropriately.

2.6 CTM Operating Model Update

We continue to implement phase two of the care group operating model and I am pleased to report good progress with the recruitment phase of the programme. Since my last update, internal assessment centres for all general management (band 8d to 8a) and nursing management (band 8c to 8a) roles have been completed, successfully filling the majority of posts. Following assessment centres, there are only a very small number of vacancies for which external recruitment has attracted a positive response.

The focus now turns to facilitating assessment centres for external general management and nursing candidates. In addition, the clinical director and clinical lead roles are also being recruited to over the course of February.

A lessons learned process begun prior to the Christmas break, aimed at gathering vital feedback on the consultation and recruitment processes. A report will be presented at a future People and Culture Committee session.

2.7 Long Service Recognition

On 17 January 2024, as part of our programme to reward and recognise health board staff, more than 100 colleagues attended an event to celebrate those who have reached the milestones of 40 or more years of NHS service.

The event was held at the University of South Wales (USW) conference centre where we were delighted to be joined by the Lord Lieutenant for Mid Glamorgan to thank staff for their dedication to the health service and our patients.

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

3. Key Risks / Matters for Escalation

- 3.1 Delivering the performance trajectories to ensure de-escalation with Welsh Government.

4. Assessment

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

Impact Assessment		
Ansawdd	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

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

5. Recommendation

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

Agenda Item

5.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
Linda Prosser	17/01/2024	Endorsed for Approval

Acronyms / Glossary of Terms

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



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMB	Post Menopausal Bleeding
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
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
SB	Swansea Bay
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIs	Serious Incidents
SOS	See on Symptom
TAVI	Transcatheter Aortic Valve Implantation
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

- 1.1** During June 2023, Welsh Government released the NHS Performance Framework for 2023/24. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL:

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

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

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

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

2.1 Executive Performance Indicators

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

Quality		Population Health	
<p>59 NRI's remain open >90 days↓</p> <p>Compared to the previous period there were 70</p>	<p>86.98 is the rate of E.coli per 100,000 population↑</p> <p>Compared to the equivalent period last year the rate was 84.98</p>	<p>64.7% of adults aged 65 and over received the influenza vaccine during the last week of November 2023↑</p> <p>Compared to the previous period the rate was 54.3%</p>	<p>67.8% of frontline healthcare workers received the influenza vaccine during 2020/22↑</p> <p>Compared to the previous year the uptake was 63.2%</p>
<p>33.3% of the eligible patients were thrombolysed↑</p> <p>Compared to last month the rate was 6.3%</p>	<p>85.0% of complaints received a response within 30 days↑</p> <p>Compared to last month the rate was 36.6%</p>	<p>1.36% of adults who smoke made a quit attempt during Quarter 1 of 2023/24↑</p> <p>Compared to the previous year 0.92% attempted during Quarter 1</p>	<p>89.1% of children aged 5 were up to date with their vaccinations↑</p> <p>Compared to the previous quarter the rate was 88.5%</p>
Operational Performance		People	
<p>61.2% of patients were seen within 4 hours from arrival at an Emergency Department↓</p> <p>Compared to last month compliance was 66.0%</p>	<p>100% of GP Practices have achieved in-hours access standards during 2022/23↑</p> <p>Compared to the previous year the rate was 98%</p>	<p>6.85% of staff have been absent due to sickness during the 12 mth period (Dec 22 to Nov 23)↓</p> <p>Compared to the previous year the rate was 7.26%</p>	<p>Provisionally the CTMUHB Nursing & Midwifery turnover rate is provisionally 10.72%↓</p> <p>Compared to the previous month the rate was 11.01%</p>
<p>Provisionally there are 3,030 patients waiting longer than 2 years for referral to treatment↑</p> <p>Compared to the previous period 2,938 patients had waited this length of time</p>	<p>55.6% of patients started their cancer treatment within 62 days↑</p> <p>Compared to the previous month the rate was 50.6%</p>	<p>63.1% of staff (excluding M&D) have received their PADR↑</p> <p>Compared to the previous month the rate was 62.6%</p>	<p>78.1% of staff have completed Level 1 mandatory training↑</p> <p>Compared to the previous month the rate was 77.7%</p>
Finance			
<p>The Month 8 financial position is £3.2m Deficit↓</p> <p>Compared to last month it has fallen by 1.4m</p>			

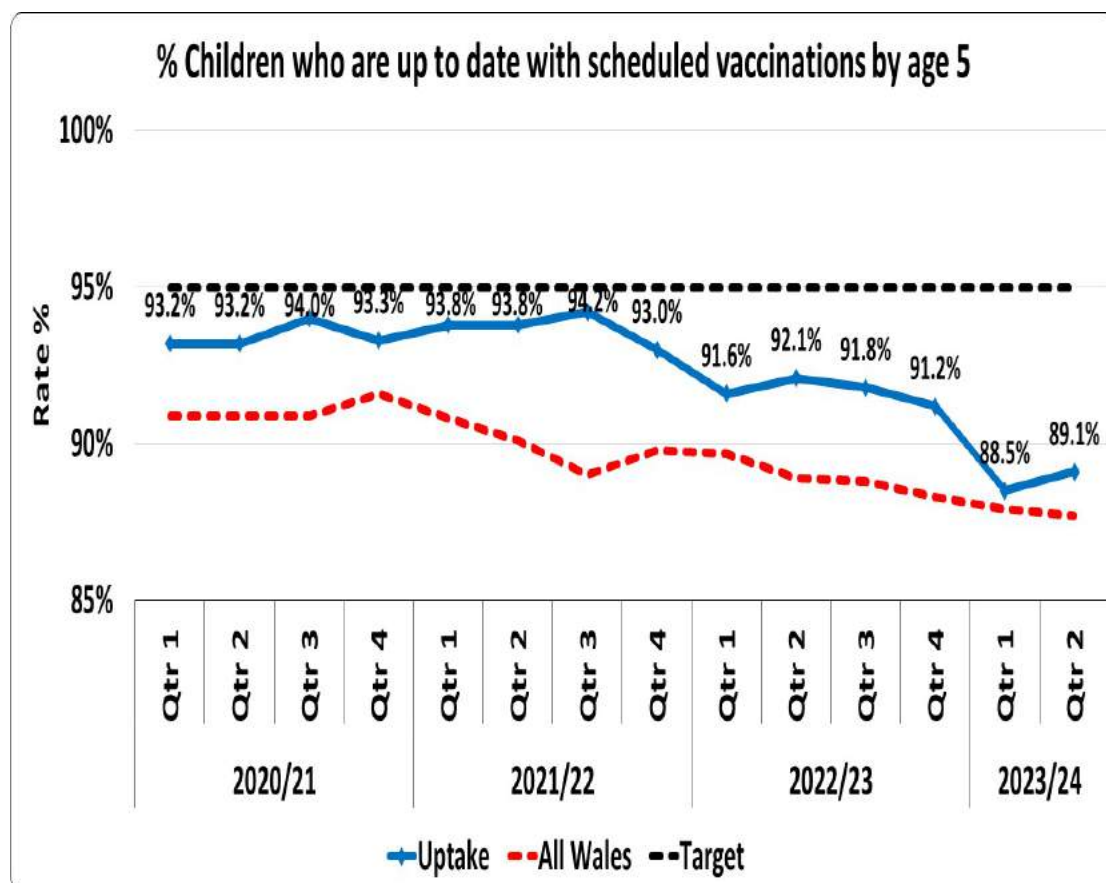
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

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	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Q1-Q4 2020/21</td><td>~4.2%</td></tr><tr><td>Q1-Q4 2021/22</td><td>~4.5%</td></tr><tr><td>Q1-Q4 2022/23</td><td>~4.8%</td></tr><tr><td>Q1 2023/24</td><td>~1.5%</td></tr></table>	Period	Value	Q1-Q4 2020/21	~4.2%	Q1-Q4 2021/22	~4.5%	Q1-Q4 2022/23	~4.8%	Q1 2023/24	~1.5%	1.36% on the basis of this extrapolation compliance should hit 5.6% at year end	Q1 2023/24																															
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	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	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Q4 2021/22</td><td>~75%</td></tr><tr><td>Q1 2022/23</td><td>~78%</td></tr><tr><td>Q2 2022/23</td><td>~75%</td></tr><tr><td>Q3 2022/23</td><td>~78%</td></tr><tr><td>Q4 2022/23</td><td>~80%</td></tr><tr><td>Q1 2023/24</td><td>~78%</td></tr><tr><td>Q2 2023/24</td><td>~80%</td></tr></table>	Period	Value	Q4 2021/22	~75%	Q1 2022/23	~78%	Q2 2022/23	~75%	Q3 2022/23	~78%	Q4 2022/23	~80%	Q1 2023/24	~78%	Q2 2023/24	~80%	81.8%																										
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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%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Q1 2020/21</td><td>~90%</td></tr><tr><td>Q2 2020/21</td><td>~92%</td></tr><tr><td>Q3 2020/21</td><td>~93%</td></tr><tr><td>Q4 2020/21</td><td>~94%</td></tr><tr><td>Q1 2021/22</td><td>~95%</td></tr><tr><td>Q2 2021/22</td><td>~96%</td></tr><tr><td>Q3 2021/22</td><td>~94%</td></tr><tr><td>Q4 2021/22</td><td>~95%</td></tr><tr><td>Q1 2022/23</td><td>~93%</td></tr><tr><td>Q2 2022/23</td><td>~94%</td></tr><tr><td>Q3 2022/23</td><td>~93%</td></tr><tr><td>Q4 2022/23</td><td>~92%</td></tr><tr><td>Q1 2023/24</td><td>~91%</td></tr><tr><td>Q2 2023/24</td><td>~90%</td></tr></table>	Period	Value	Q1 2020/21	~90%	Q2 2020/21	~92%	Q3 2020/21	~93%	Q4 2020/21	~94%	Q1 2021/22	~95%	Q2 2021/22	~96%	Q3 2021/22	~94%	Q4 2021/22	~95%	Q1 2022/23	~93%	Q2 2022/23	~94%	Q3 2022/23	~93%	Q4 2022/23	~92%	Q1 2023/24	~91%	Q2 2023/24	~90%	89.1%	Q2 2023/24												
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Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Q1 2023/24</td><td>~90%</td></tr><tr><td>Q2 2023/24</td><td>~90%</td></tr><tr><td>Q3 2023/24</td><td>~90%</td></tr><tr><td>Q4 2023/24</td><td>~90%</td></tr></table>	Period	Value	Q1 2023/24	~90%	Q2 2023/24	~90%	Q3 2023/24	~90%	Q4 2023/24	~90%	90.5%																																	
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Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>2019/20</td><td>~65%</td></tr><tr><td>2020/21</td><td>~70%</td></tr><tr><td>2022/23</td><td>~70%</td></tr><tr><td>Oct-23</td><td>~55%</td></tr><tr><td>Nov-23</td><td>~65%</td></tr></table>	Period	Value	2019/20	~65%	2020/21	~70%	2022/23	~70%	Oct-23	~55%	Nov-23	~65%	Please note data reflects just the last week of November 64.7%	Nov-23																														
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Percentage uptake of the COVID-19 vaccination for those eligible - Spring booster 2023: aged 75 yrs and over; residents in care home for older adults and immunosuppressed aged 5 yrs & over.	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Apr-23</td><td>~40%</td></tr><tr><td>May-23</td><td>~60%</td></tr><tr><td>Jun-23</td><td>~65%</td></tr><tr><td>Jul-23</td><td>~68%</td></tr><tr><td>Aug-23</td><td>~65%</td></tr><tr><td>Sep-23</td><td>~10%</td></tr><tr><td>Oct-23</td><td>~25%</td></tr><tr><td>Nov-23</td><td>~45%</td></tr></table>	Period	Value	Apr-23	~40%	May-23	~60%	Jun-23	~65%	Jul-23	~68%	Aug-23	~65%	Sep-23	~10%	Oct-23	~25%	Nov-23	~45%	Please note data reflects just the last week of November 42.1%	Nov-23																									
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Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Apr-22</td><td>~10%</td></tr><tr><td>May-22</td><td>~10%</td></tr><tr><td>Jun-22</td><td>~10%</td></tr><tr><td>Jul-22</td><td>~10%</td></tr><tr><td>Aug-22</td><td>~10%</td></tr><tr><td>Sep-22</td><td>~10%</td></tr><tr><td>Oct-22</td><td>~10%</td></tr><tr><td>Nov-22</td><td>~10%</td></tr><tr><td>Dec-22</td><td>~20%</td></tr><tr><td>Jan-23</td><td>~10%</td></tr><tr><td>Feb-23</td><td>~10%</td></tr><tr><td>Mar-23</td><td>~10%</td></tr><tr><td>Apr-23</td><td>~10%</td></tr><tr><td>May-23</td><td>~10%</td></tr><tr><td>Jun-23</td><td>~10%</td></tr><tr><td>Jul-23</td><td>~10%</td></tr><tr><td>Aug-23</td><td>~10%</td></tr><tr><td>Sep-23</td><td>~10%</td></tr><tr><td>Oct-23</td><td>~10%</td></tr></table>	Period	Value	Apr-22	~10%	May-22	~10%	Jun-22	~10%	Jul-22	~10%	Aug-22	~10%	Sep-22	~10%	Oct-22	~10%	Nov-22	~10%	Dec-22	~20%	Jan-23	~10%	Feb-23	~10%	Mar-23	~10%	Apr-23	~10%	May-23	~10%	Jun-23	~10%	Jul-23	~10%	Aug-23	~10%	Sep-23	~10%	Oct-23	~10%	6.8%	Oct-23		
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Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Apr-22</td><td>~95%</td></tr><tr><td>May-22</td><td>~95%</td></tr><tr><td>Jun-22</td><td>~95%</td></tr><tr><td>Jul-22</td><td>~95%</td></tr><tr><td>Aug-22</td><td>~95%</td></tr><tr><td>Sep-22</td><td>~95%</td></tr><tr><td>Oct-22</td><td>~95%</td></tr><tr><td>Nov-22</td><td>~95%</td></tr><tr><td>Dec-22</td><td>~95%</td></tr><tr><td>Jan-23</td><td>~95%</td></tr><tr><td>Feb-23</td><td>~95%</td></tr><tr><td>Mar-23</td><td>~95%</td></tr><tr><td>Apr-23</td><td>~95%</td></tr><tr><td>May-23</td><td>~95%</td></tr><tr><td>Jun-23</td><td>~95%</td></tr><tr><td>Jul-23</td><td>~95%</td></tr><tr><td>Aug-23</td><td>~95%</td></tr><tr><td>Sep-23</td><td>~95%</td></tr></table>	Period	Value	Apr-22	~95%	May-22	~95%	Jun-22	~95%	Jul-22	~95%	Aug-22	~95%	Sep-22	~95%	Oct-22	~95%	Nov-22	~95%	Dec-22	~95%	Jan-23	~95%	Feb-23	~95%	Mar-23	~95%	Apr-23	~95%	May-23	~95%	Jun-23	~95%	Jul-23	~95%	Aug-23	~95%	Sep-23	~95%	98.1%	Sep-23				
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Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	<table><tr><th>Period</th><th>Value</th></tr><tr><td>Apr-22</td><td>~95%</td></tr><tr><td>May-22</td><td>~95%</td></tr><tr><td>Jun-22</td><td>~95%</td></tr><tr><td>Jul-22</td><td>~95%</td></tr><tr><td>Aug-22</td><td>~95%</td></tr><tr><td>Sep-22</td><td>~95%</td></tr><tr><td>Oct-22</td><td>~95%</td></tr><tr><td>Nov-22</td><td>~95%</td></tr><tr><td>Dec-22</td><td>~95%</td></tr><tr><td>Jan-23</td><td>~95%</td></tr><tr><td>Feb-23</td><td>~95%</td></tr><tr><td>Mar-23</td><td>~95%</td></tr><tr><td>Apr-23</td><td>~95%</td></tr><tr><td>May-23</td><td>~95%</td></tr><tr><td>Jun-23</td><td>~95%</td></tr><tr><td>Jul-23</td><td>~95%</td></tr><tr><td>Aug-23</td><td>~95%</td></tr><tr><td>Sep-23</td><td>~95%</td></tr><tr><td>Oct-23</td><td>~95%</td></tr><tr><td>Nov-23</td><td>~95%</td></tr></table>	Period	Value	Apr-22	~95%	May-22	~95%	Jun-22	~95%	Jul-22	~95%	Aug-22	~95%	Sep-22	~95%	Oct-22	~95%	Nov-22	~95%	Dec-22	~95%	Jan-23	~95%	Feb-23	~95%	Mar-23	~95%	Apr-23	~95%	May-23	~95%	Jun-23	~95%	Jul-23	~95%	Aug-23	~95%	Sep-23	~95%	Oct-23	~95%	Nov-23	~95%	94.6%	Nov-23
Period	Value																																													
Apr-22	~95%																																													
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Nov-23	~95%																																													
Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	Evidence of Improvement	On Track		N/A	Sep 22 - Mar 23																																									
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway		Majority on track, but scope to improve																																												

CTMUHB Improving Population Health & Wellbeing

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

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



Quarter 2 2023/24 Local Authority Uptake

Merthyr Tydfil LA	85.9%
RCT LA	90.1%
Bridgend LA	88.7%
CTMUHB	89.1%

Quarter 2 2023/24 Welsh HB's Uptake

ABUHB	87.4%
BCUHB	90.7%
C&VUHB	83.5%
CTMUHB	89.1%
HDUHB	87.7%
PTHB	89.8%
SBUHB	87.0%
All Wales	87.7%

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

Challenges:

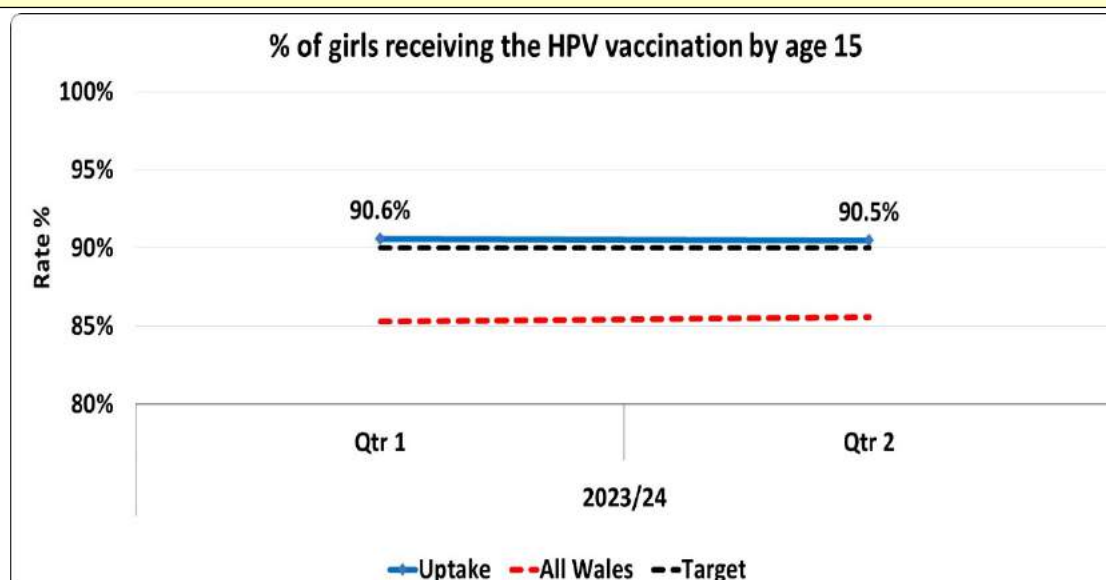
- Staffing levels in Primary Care.
- Patient information data is not up to date e.g. telephone numbers for parents/carers.
- Appointment times for working parents.
- Knowledge and information e.g.
 - Concerns over content of vaccine such as porcine gelatine
 - Concerns over vaccine links to illness such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

Actions:

- MMR vaccination catch up being offered as part of appointed Fluenz catch up clinics (January 2024).
- Targeted MMR vaccination catch up in Primary Schools – January 2024.
- Childhood vaccination task and finish group established – first meeting January 2024.
- MMR FAQs developed and disseminated to HCPs and shared on UHB's website for the public.
- CTM representation at All Wales Vaccine Equity Network.
- Vaccine Equity Strategic Plan signed off by Exec – December 2023; Implementation Plan in development.
- Where staffing is an issue-support practices with resource available within Primary Care Imms. team.
- Link practices with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available.
- Information on training and updates to be provided via Practice Nurse Forum.
- Link with Primary Care & Community Training Academy.
- Health Visitors to link with schools and GP practice to ensure patient information held is correct and up to date where patients do not engage.
- Multi-professional approach to be taken in respect of optimising access to vaccines.
- Public Health information on benefits of vaccine to be given to parents at earliest opportunity by Midwives, Health Visitors and practice team.
- Consistent messaging by all professionals.
- Messages to be re-enforced at every opportunity (MECC - Making Every Contact Count).

% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15
Target 90%

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



Quarter 2 2023/24 Local Authority Uptake

Merthyr Tydfil LA	89.2%
RCT LA	89.8%
Bridgend LA	92.4%
CTMUHB	90.5%

Quarter 2 2023/24 Welsh HB's Uptake

ABUHB	82.5%
BCUHB	85.1%
C&VUHB	81.3%
CTMUHB	90.5%
HDUHB	86.9%
PTHB	84.7%
SBUHB	90.6%
All Wales	85.6%

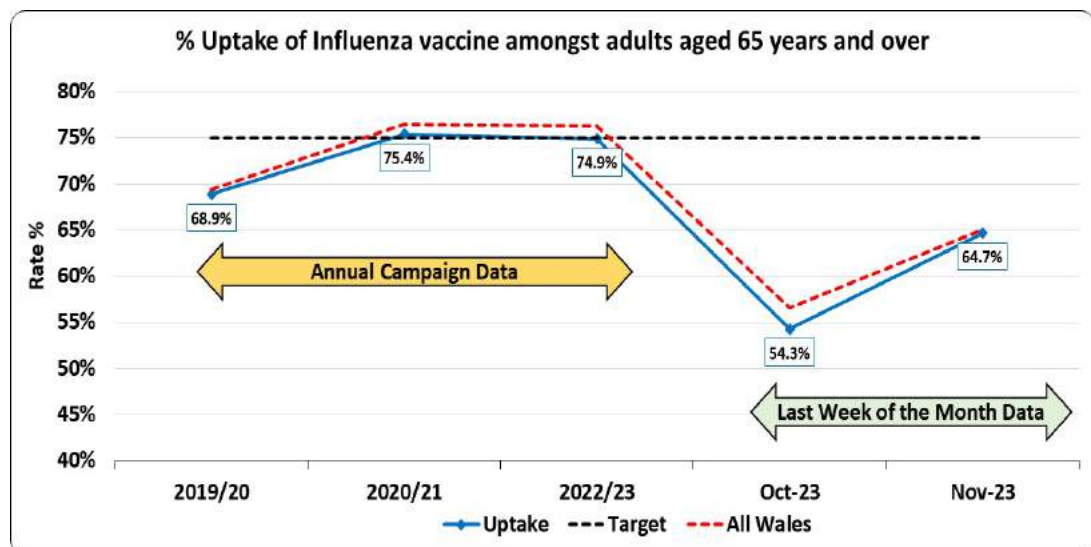
What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

- Staffing resource within School Nursing.
- Consent forms not being returned to schools and insufficient capacity within the school nursing service to telephone for consent.
- Consistent, planned approach for comms. engagement to support school aged immunisation programmes.

Actions:

- CTM representation at All Wales Vaccine Equity Network.
- Vaccine Equity Strategic Plan signed off by Exec – December 2023; Implementation Plan under development.
- Recruitment into substantive posts to increase capacity into service.
- Pilot and rollout of e-consent in 2024.
- Engage with comms. in LAs and HB to raise the profile of the school immunisation programme to parents/carers and eligible pupils, signposting to PHW information.
- Work with education colleagues to optimise immunisation uptake.
- Childhood vaccination task and finish group established – first meeting January 2024.
- Engage with CYP colleagues to raise the profile of immunisations by acute Paediatric wards, Paediatrician, Community Children's team and Paediatric CNS's.
- School Nursing service to target low uptake areas to increase immunisation rates with an aim to reduce inequalities.



Uptake Welsh HB's - November 2023	
ABUHB	68.8%
BCUHB	65.1%
C&VUHB	65.7%
CTMUHB	64.7%
HDUHB	62.6%
PTHB	64.0%
SBUHB	63.1%
All Wales	65.1%

Challenges:

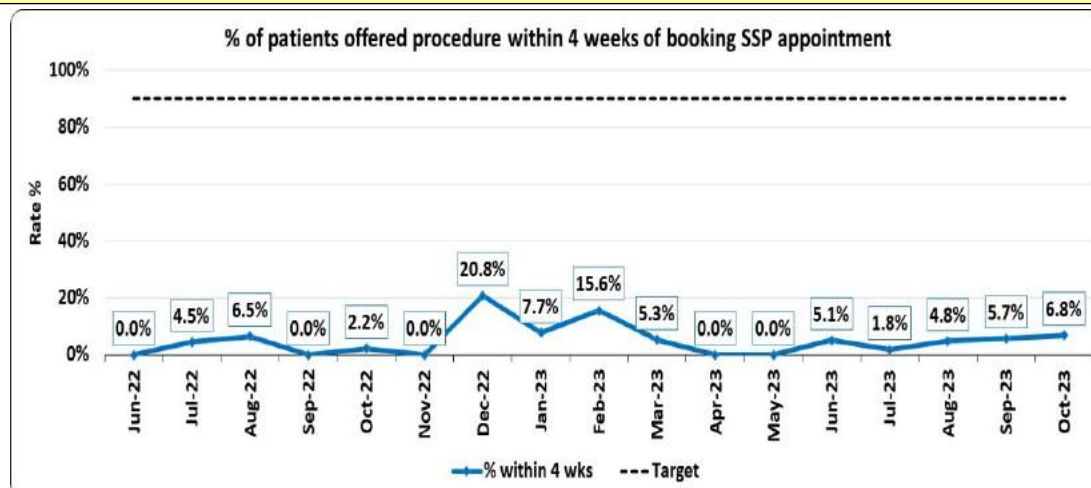
- Embedding NIF into the health protection system and lack of clarity regarding recurring funding, subsequently impacting on the development of delivery models and recruitment of staff.
- Ensuring supporting information e.g. PGD (Patient Group Direction) Training etc. is provided in a timely manner to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

Actions:

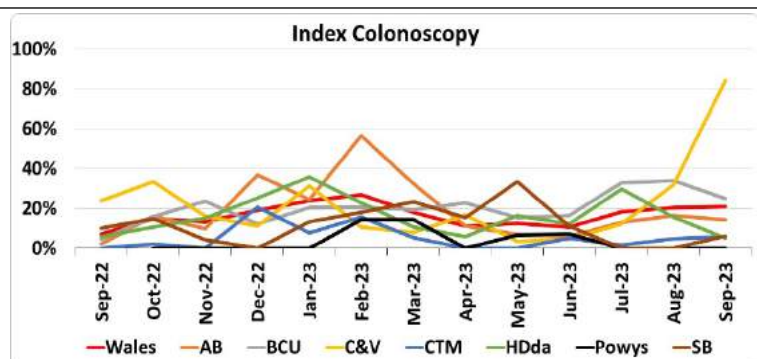
- CTM representation in national NIF fora / development of a regional governance structure to align with national structure.
- CTM representation at All Wales Vaccine Equity Network.
- GMS team to start planning early to ensure information is disseminated and support the practices in the development of their flu plans, including information on how practices intend to invite and recall patients.
- Winter respiratory debrief to be undertaken February 2024; insight gathered will be used as part of planning for the 2024/25 campaign.
- Have a robust flu vaccination information campaign ready to roll out in early autumn.
- Multi-Disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - ❖ maintain current position regarding pharmacy opening hours on the weekend
 - ❖ support pharmacy inclusion in national discussions about centralised procurement of vaccines
 - ❖ utilise primary care clusters to support a collaborative approach to vaccination
 - ❖ routinely monitor community pharmacy vaccination provision and engage with low level providers to support greater provision.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment

Target 90% - October 2023 – 6.8%



At the start of January there are 189 patients awaiting an index colonoscopy. To date capacity has been sourced for 101 of these patients throughout January & February.



Status as at September 2023		
Health Board	Compliance	Rank
C&V	84.1%	1st
BCU	25.0%	2nd
AB	14.4%	3rd
SB	6.1%	4th
CTM	5.7%	5th
HDda	5.1%	6th
Powys	0.0%	7th

How are we doing & what actions are we taking?

1st Assessment Stage waits remain <1 week with the continued good work from the dedicated SSP and Admin team. The service has recruited to the 0.8 WTE admin post that will support current activity and the Optimisation Programme due to the increased demand. The additional ad hoc lists continue, including weekend, supporting throughput during January. Internal progress continues to improve waits with 104 and 62 day participants waiting for colonoscopy cleared with the team now booking patients waiting less than 42 days (this was at 182 day wait in March 2023). Two additional fixed term lists are being progressed at POW to support our sustainability plan for this year's optimisation demand increase. The service has now completed a workforce model for the 2 x unfunded sessions and case for approval (awaiting consumables costings), supported by PHW funding. The 2023/24 sustainability will maintain CTM's weekly core planned screening lists from 5.5 to 7.5. This is running alongside our short term plan for insourcing to clear the current backlog which is now implemented and clinical pathways developed and agreed. Go live date 13/01/2024 and to run for 12 weeks at RGH site.

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

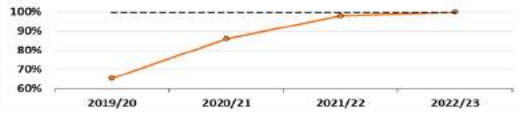
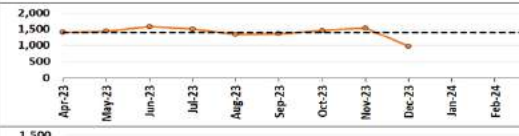
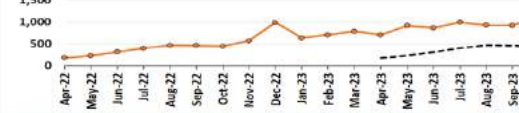
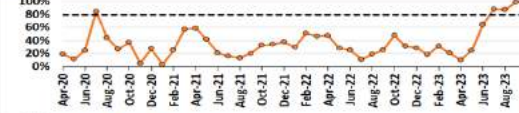
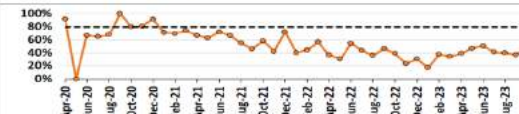
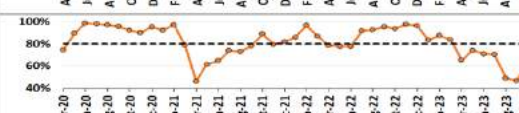
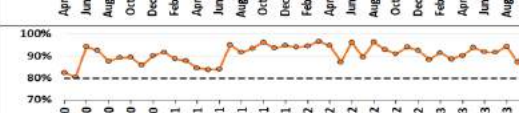
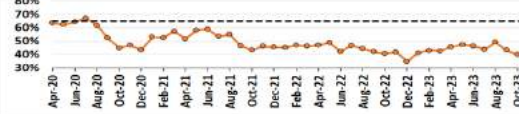
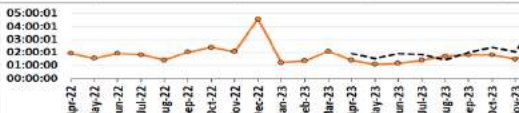
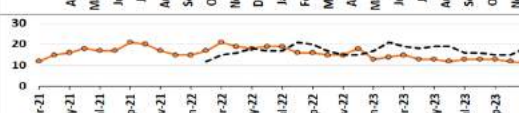
The operational challenges that have an impact on activity are:

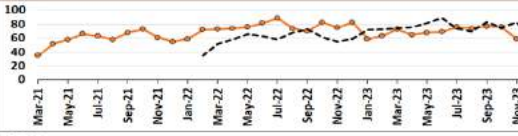
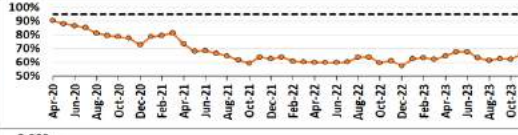
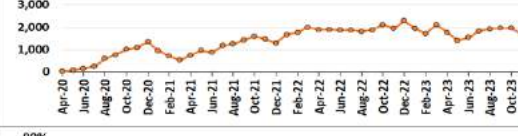
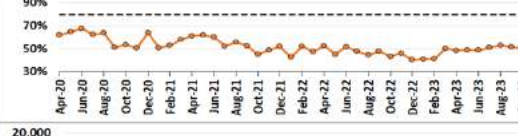
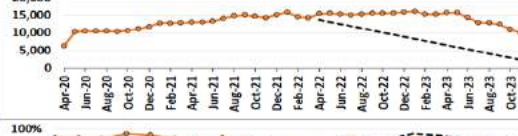
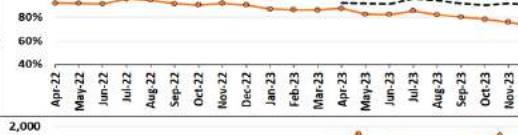
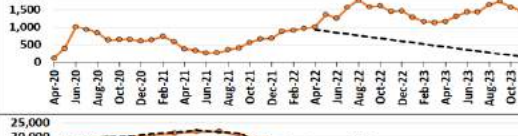
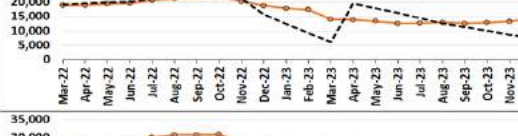

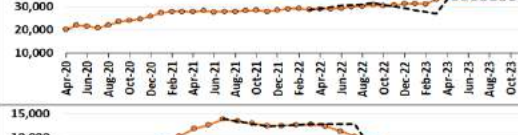
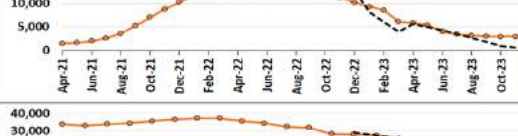
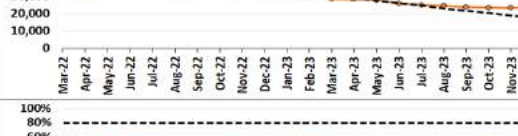
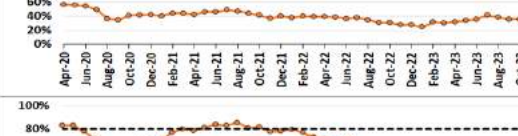

- Compliance of 4 week target has improved but will continue to remain low as the service continues to clear long waiting backlog.
- Providing cover for period of leave and on call commitments – this continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional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

Actions being taken:

- Insourcing to support the backlog clearance. Once cleared this will improve 4 week compliance significantly. Trajectory estimate that backlog will be clear by the end of February (estimated date 26/02/24 with deliverable risks).
- Once backlog cleared, next step will be to improve 4 week compliance.
- Sustainability plan – ongoing to increase core lists to meet optimisation steps. 2 additional core lists at POW. Will require recruitment process and training before go live date confirmed – awaiting finance costings.
- Future plans to meet next steps for optimisation Programme 2024/25 to include new endoscopy unit at PCH with 3rd room. Workforce model and Business Case completed and approved, awaiting finance allocation & funding.

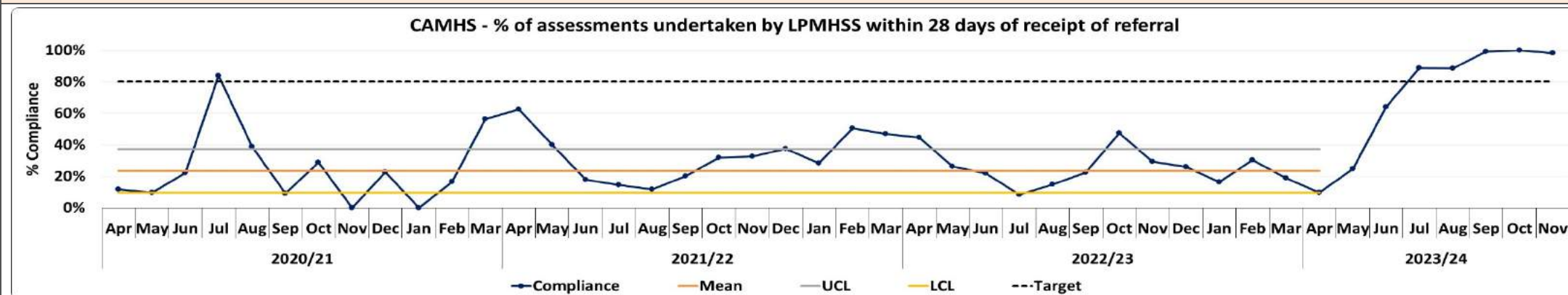
2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure		Target	Key: — Trend --- Target/Trajectory	Key: Target Achieved Target Failed	
				Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2022/23
	Qualitative report providing assurance on GP access improvement	Evidence of Improvement	Data not available as yet		
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	April 2023 to October 2023		
	Allied Health Professionals accessible by Health Board and Regional Partnership Board footprint	Annual increase compared to baseline assessment	Data not available as yet		
	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway	Evidence of Improvement	Data not available as yet		
	Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by 31 March 2024		973	Dec-23
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	An increase on the number in the equivalent month in the previous year		1,128	Oct-23
	Qualitative report detailing progress to develop a whole schools approach to CAMHS in reach services	Evidence of Improvement	On Track		
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		98.2%	Nov-23
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			33.7%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			82.2%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			95.3%	
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		43.0%	Dec-23
	Median emergency response time to amber calls	12 Month Improvement Trend		02:16:00	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		13	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure		Target	Key: — Trend --- Target/Trajectory	Key: Target Achieved Target Failed	
				Latest Position	
Access Hospital Services Quickly	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend		65	Dec-23
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in 2022-23, towards the national target of 95%		61.2%	
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by 31 March 2024		1,824	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 31 March 2026		55.6%	Nov-23
	Number of patients waiting more than 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by 31 March 2024		10,107	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		72.8%	Dec-23
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Improvement trajectory towards a national target of zero by 31 March 2024		1,397	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero		14,013	
	Number of patients waiting over 36 weeks for a new outpatient appointment			24,386	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Improvement trajectory towards the national target of zero		38,530	Nov-23
	Number of patients waiting more than 104 weeks for referral to treatment			3,030	
	Number of patients waiting more than 52 weeks for treatment			24,028	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		32.4%	Nov-23
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			65.0%	

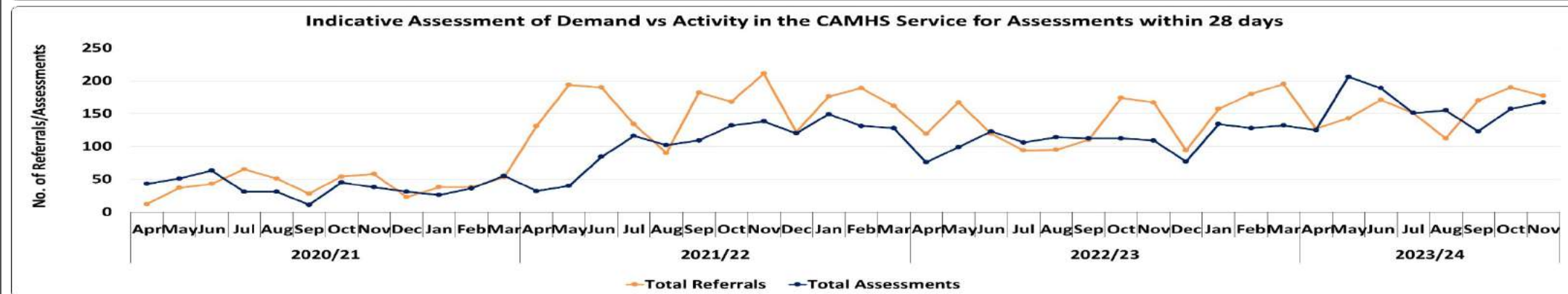
CTM Child & Adolescent Mental Health Services (CAMHS) – November 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (98.2%) - Target 80%



Since May 23 performance has improved markedly in the number of assessments undertaken within 28 days of referral (Part 1a). November saw compliance dip slightly to 98.2% but continuing to surpass the WG target of 80%.

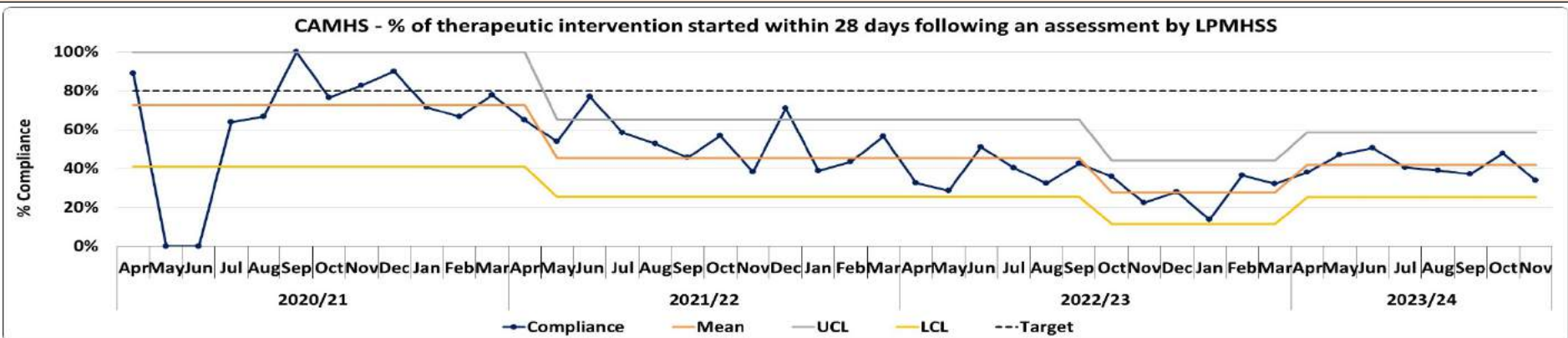
The number of assessments each month is fairly stationary, given the variability in the number of working days in the month.



% of therapeutic intervention started within 28 days following an assessment by LPMHSS (33.7%) - Target 80%

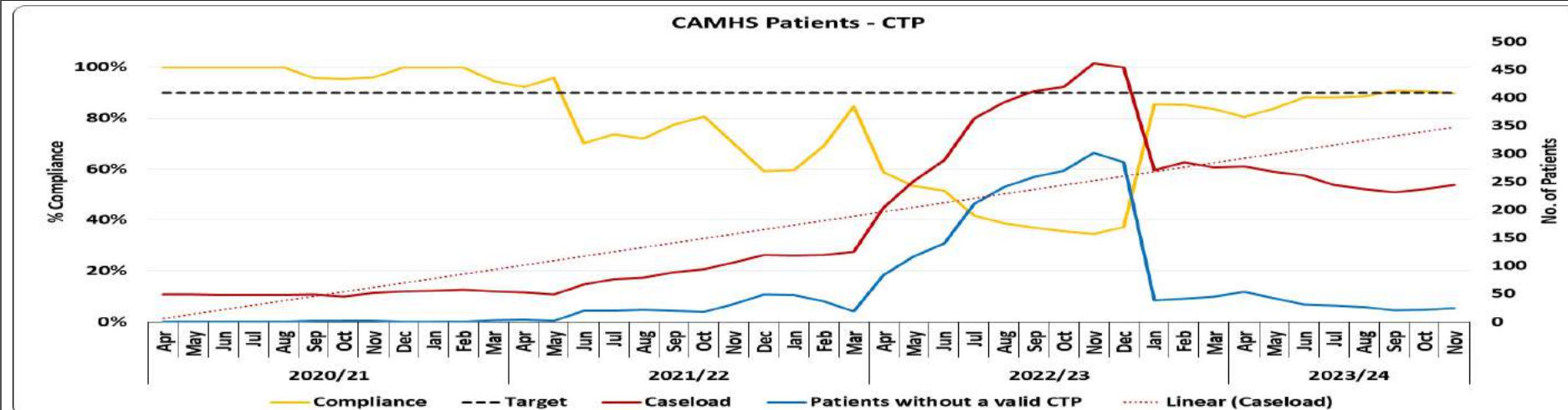
The proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS fell to 33.7% with just 30 of the 89 interventions commencing within 28 days.

Compliance continues to lie below the 80% threshold, with December 2020 being the last time the target was achieved (90%).



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

% of HB residents who are in receipt of secondary MH services who have a valid CTP (89.8%) - 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 dipped to 89.8% during November and just falling short of the WG standard of 90%.

As shown in the chart to the left; from January 2023, we observe that caseloads have continued to reduce by around 50% from the peak seen in November 2022 (462). The number of patients without a valid CTP at the end of the month stands at 25.

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

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1a, b and 2 of the Mental Health Measure. This has delivered improvement in all 3 areas with further work required on Part 1b.
- Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. The NHS Executive has helpfully provided some demand and capacity training to help our focus in this area. They have also shared a primary care audit tool which will be applied when the part 2 audit is completed in the new year.
- Part 1b:** We are working with the 3rd Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. This programme commenced at the start of August 2023. Each course has 6 participants comprising 4 sessions and are being delivered in each of the 3 Local Authority areas.
- 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.

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

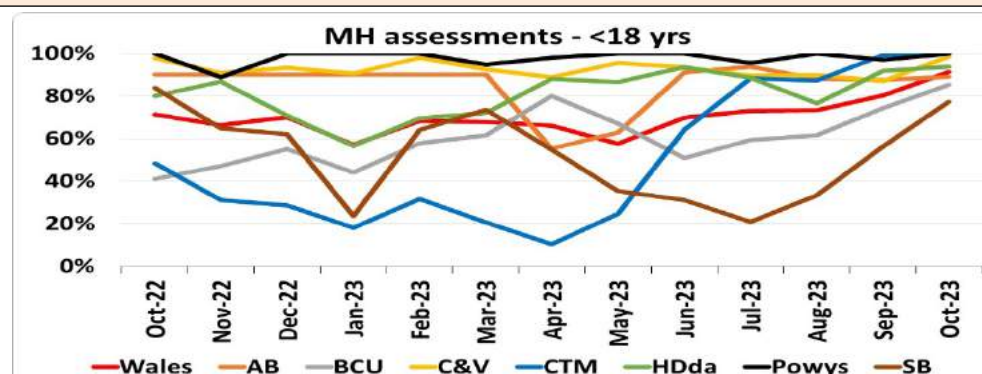
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at 31st December we had 103 patients on the waiting list, reducing from 126 in the previous month with just a single patient was waiting beyond 4 weeks (30 days). The average waiting time has decreased to 1.2 weeks at the end of December from 1.3 weeks at the end of the previous month.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions reduced to 39 in December with a higher number of DNAs recorded over the Christmas period. This compares with 87 delivered in November. Average waiting times also increased to 10 weeks from 6.3 in the previous month. Both the MIND and Mental Health Matters schemes are delivering additional third sector capacity in each of the 3 Local Authority areas. The volume of interventions will increase in January. There remains three Band 5 registrant vacancies in the Intervention Team.
- Part 2:** The NHS Executive at the supportive meeting in November have provided some very helpful audit tools which we will be using to evaluate the quality of our CTPs. A sample of CTPs from each of our community teams has been reviewed between the Christmas and New Year period. We aim to produce the audit findings before our next meeting with the NHS executive in late January.

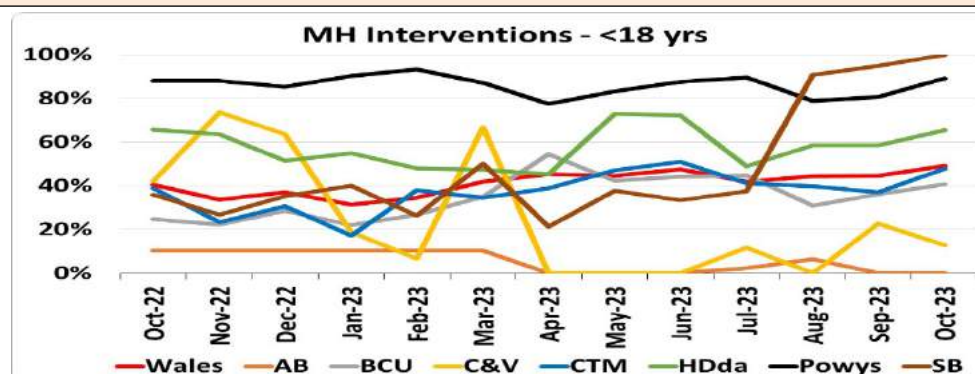
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. In November 2023, 174 referrals were accepted into the Part 1a service in comparison to 116 in December. Going forward, further work is required to better predict the impact of this fluctuating demand on the service and increasing capacity in response to temporary rises.
- The service is prioritising recruitment to vacant positions. There remains three registrant vacancies in the Part 1b Interventions Team. Colleagues are in discussion with universities to identify possible students nearing qualification. We have had some very positive recent feedback from one of our students on placement.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward.

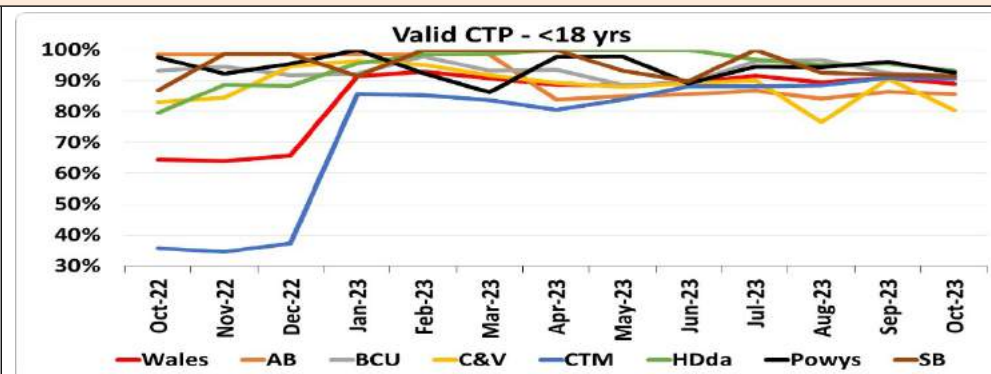
How do we compare with our peers?



Status as at October 2023		
Health Board	Compliance	Rank
CTM	100.0%	1st
Powys	100.0%	2nd
C&V	98.5%	3rd
HDda	93.8%	4th
AB	89.1%	5th
BCU	85.3%	6th
SB	77.3%	7th



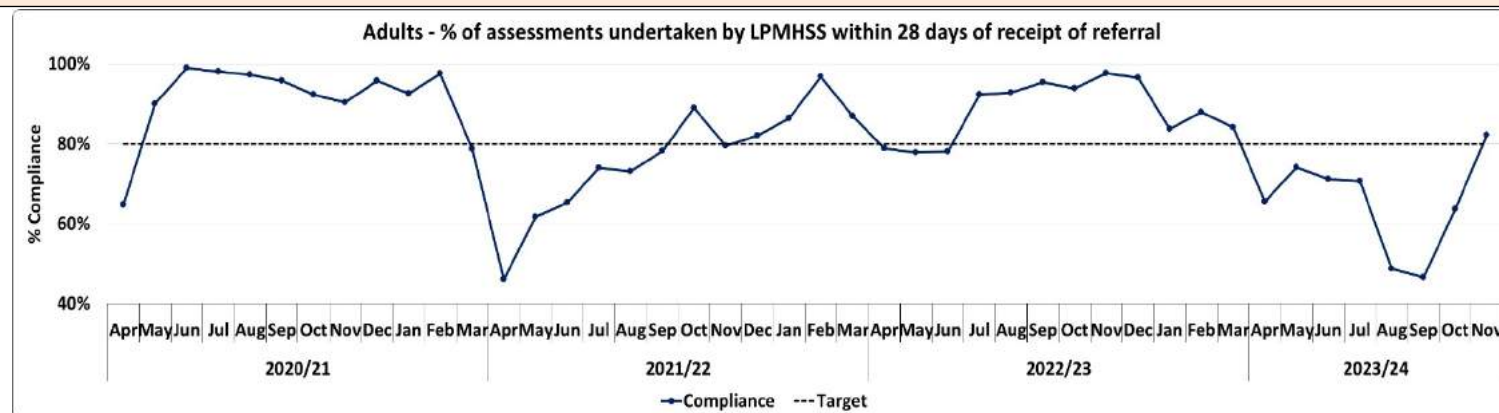
Status as at October 2023		
Health Board	Compliance	Rank
SB	100.0%	1st
Powys	89.2%	2nd
HDda	65.5%	3rd
CTM	47.8%	4th
BCU	40.7%	5th
C&V	12.8%	6th
AB	0.0%	7th



Status as at October 2023		
Health Board	Compliance	Rank
HDda	93.2%	1st
Powys	92.6%	2nd
BCU	91.7%	3rd
SB	91.5%	4th
CTM	90.7%	5th
AB	85.6%	6th
C&V	80.5%	7th

CTM Mental Health Services (excluding CAMHS) – November 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (82.2%) - Target 80%



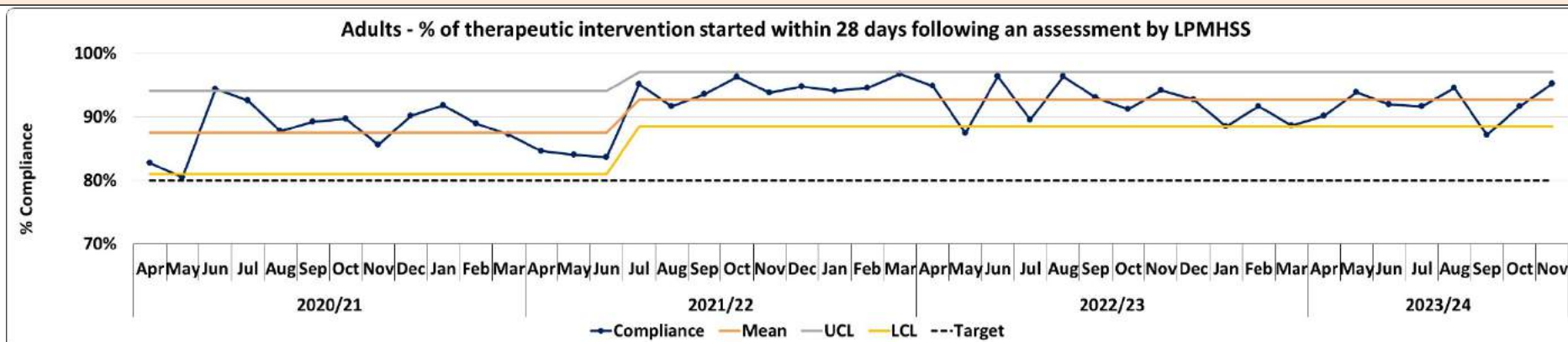
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during November continued to improve with compliance at 82.2%; surpassing the WG target for the first time since March 2023. This is in part due to improved sickness and absence with teams allowing a greater number of appointments to be undertaken. In certain areas there has also been a move to balance demand across multiple teams, thus allowing more opportunity for areas with specific issues to draw upon resources from another.

Referrals during November continued to increase to 802, with the 12 month average being 705 referrals, although volumes continue to remain lower than pre-Covid levels where referrals were in the region of 1,000 to 1,100.

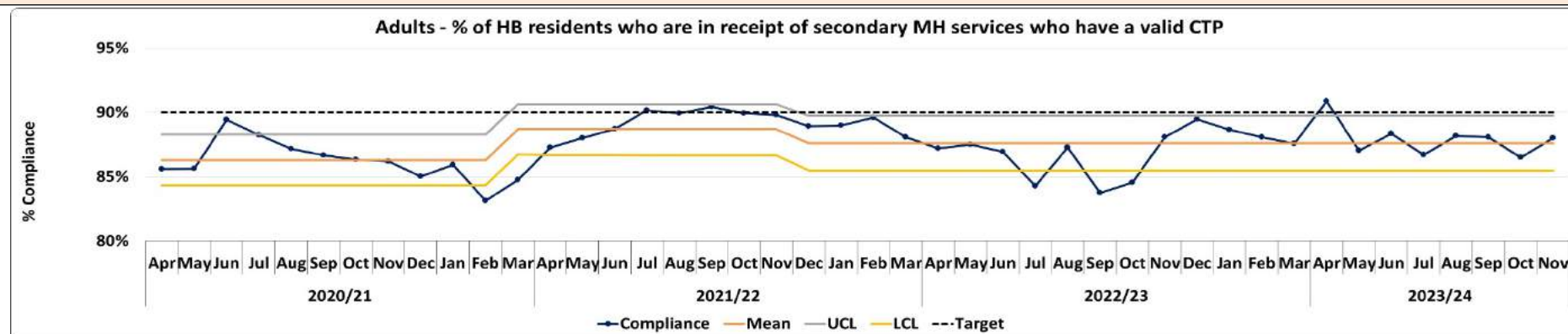
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (95.3%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during November was 95.3%, continuing to stand above the WG target of 80%.

During the month 383 of the 402 interventions commenced within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.0%) - 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 observed 88.0% compliance during November and remaining just below the 90% WG standard.

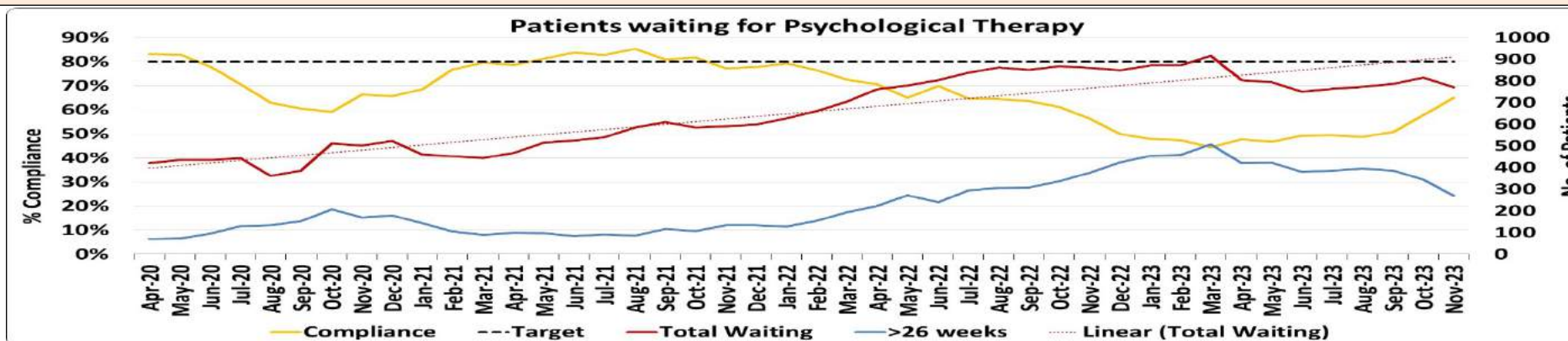
Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during November.

% of patients waiting less than 26 weeks to start a Psychological Therapy (65.0%) - Target 80%

During November, Psychological Therapies compliance observed a further improvement to 65%, the highest level seen since June 2022, but remaining below the 80% compliance threshold set by WG.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow).

At the end of November the waiting list stood at 771 patients which represents a 16% reduction from the peak of 916 during March 2023.



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

How are we doing?

Part 1a: Adult mental health services compliance improved significantly from 63.6% in October to 82.2% in November and is above the WG target of 80%.

Merthyr Cynon area has improved in their performance compared to the previous month from 50% to 74%. Similarly, Rhondda Taff Ely area saw an improvement compared to the previous month from 65.2% to 89.7% and Bridgend area improving from 64% to 76%.

Part 1b: Performance continues to be above target at 95.3%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services has improved from 86.5% to 88%, but remains below the WG target of 90%:

- Adult Services improved from 85.4% to 87.3%
- Older Adult Services improved from 87.9% to 89.5%
- Learning Disability Services has declined from 98.9% to 93.3%

Psychological Therapies: The overall position for Psychological Therapies waiting list for November 2023 stands at 771, which is a decrease of 45 compared to October 2023. Those patients waiting over 26 weeks is 35%, this equates to 270 service users.

The current performance of 65% of people waiting less than 26 weeks is higher than the trajectory target of 56% at November 2023. There has been an improvement against the trajectory target which can be contributed to a combination of further validation of the waiting list and temporary increase in capacity with the employment of locums within Primary Care.

Total of 139 new referrals into the system in November 23, which is a decrease on 176 received in October 2023.

Ongoing validation work continues around ensuring that all waiting lists are accurate and up to date. A further 0.1 WTE locum commenced providing intervention in December within Primary Care and 1 WTE inducted in December and provide intervention from January 2024. In secondary care, 2 WTE substantive posts started in November and locum started in December.

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

Actions to improve performance are:

Part 1a:

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

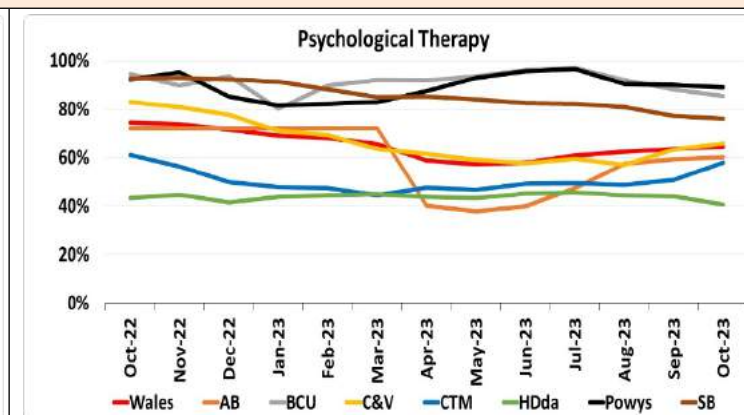
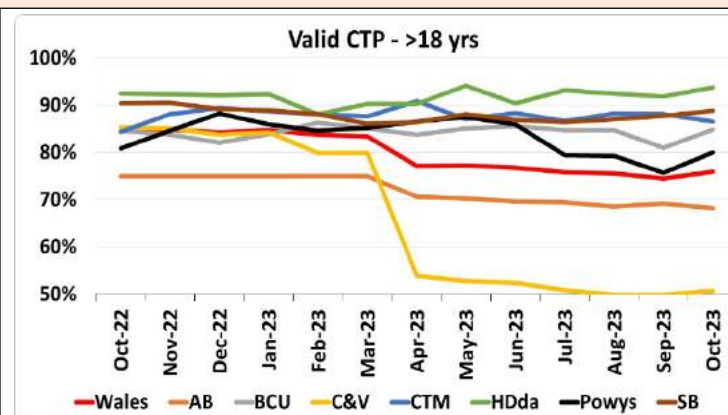
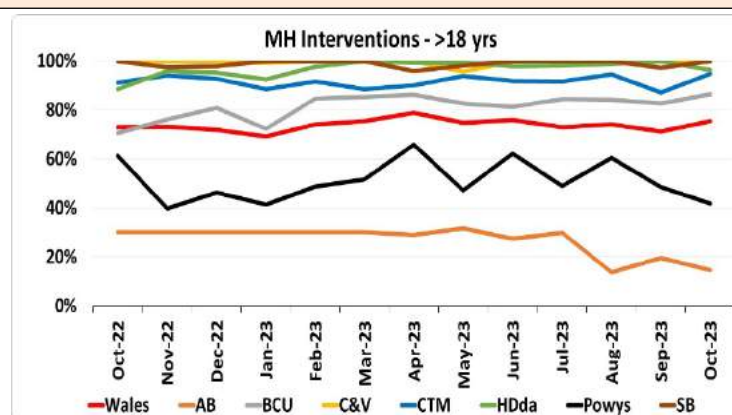
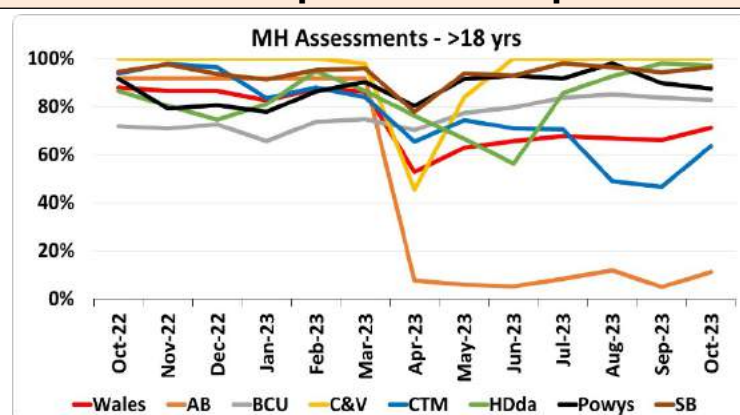
As anticipated, we have seen an improvement in compliance from September to November and predict further improvements through December as we see the effects of the interventions described above take effect. Continued and sustained performance is reliant on continued improvement in sickness and absence rates and ability to balance demand across our areas where capacity allows.

Part 1b: Compliance continues to remain above target.

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

Psychological Therapies: Patients are currently being identified for the second batch of outsourcing in CMHT via problem Shared. Due to the timescales of on-boarding, assessment and first treatment, it is not anticipated that patients will start coming off the waiting list until January 2024 at the earliest. A deep dive is ongoing for Band 6 patients waiting for LPMHSS, RTE will be prioritised; the initial task will be of details of the 10 longest waiters to be sent and validated then followed by further batches of 10.

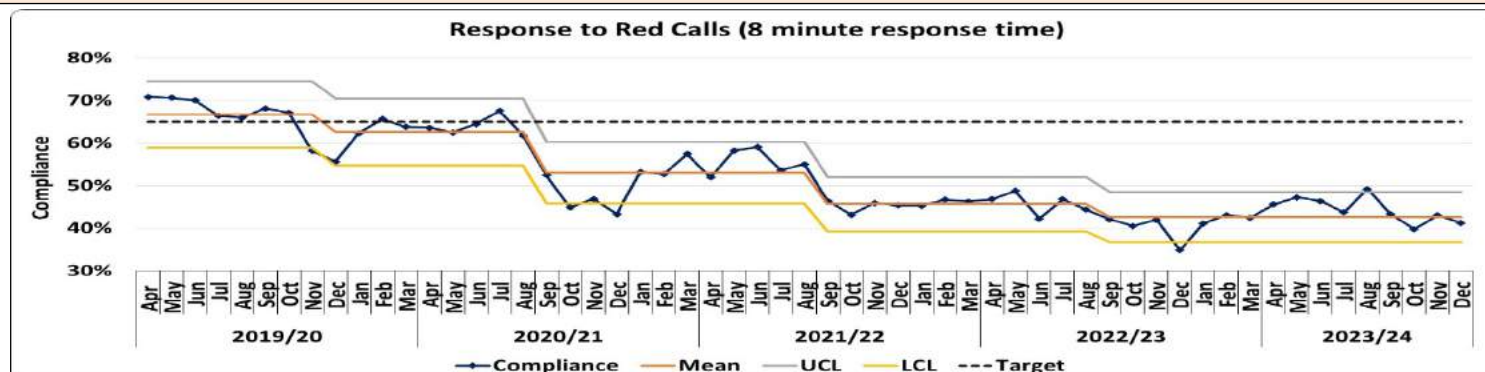
How do we compare with our peers?





Emergency Ambulance Services – December 2023

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
December 2023 – 41.2%



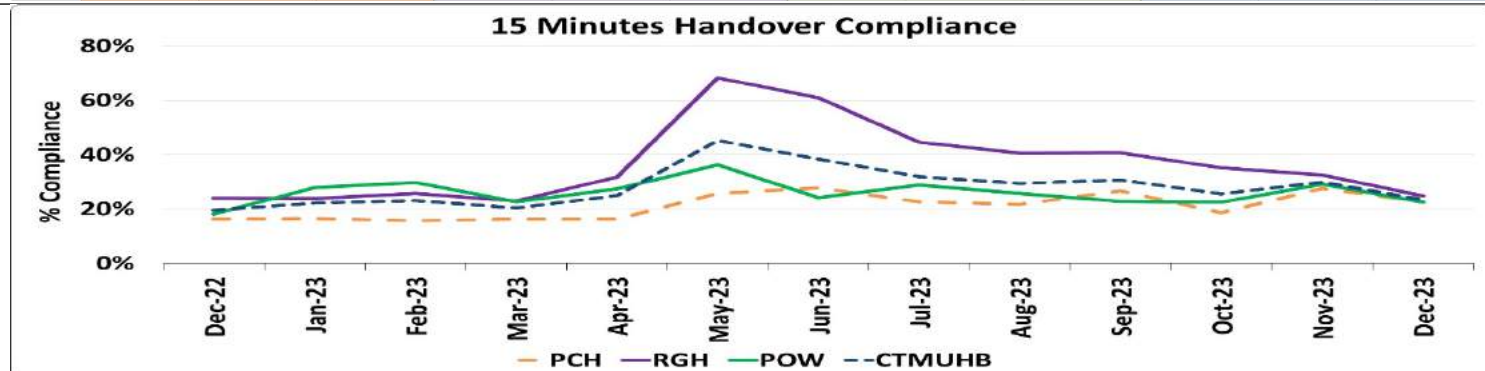
Median emergency response time to Amber Calls – Target is 12 month improvement trend
December 2023 – 2 hours 16 minutes



Number of ambulance handovers within 15 minutes – Target Improvement

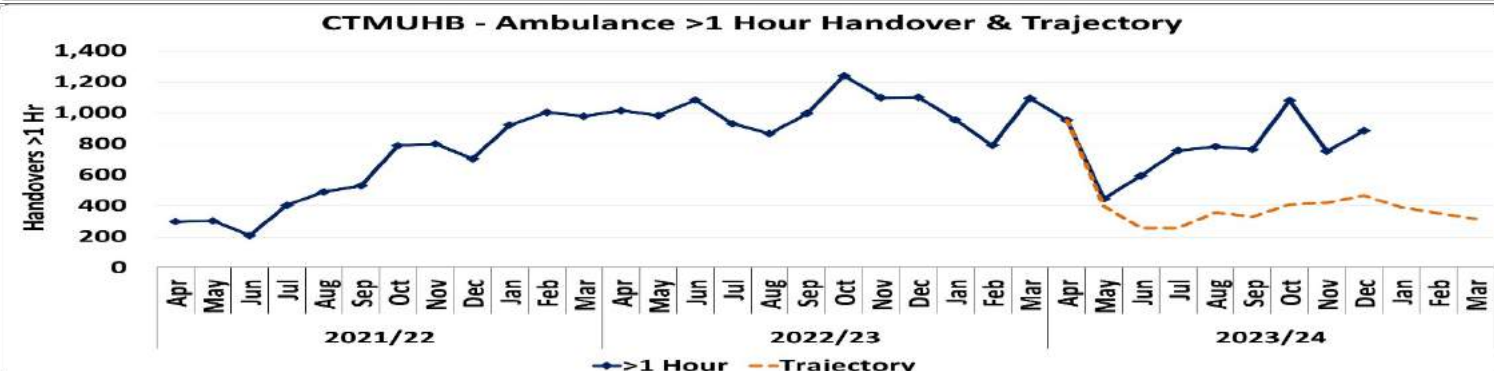
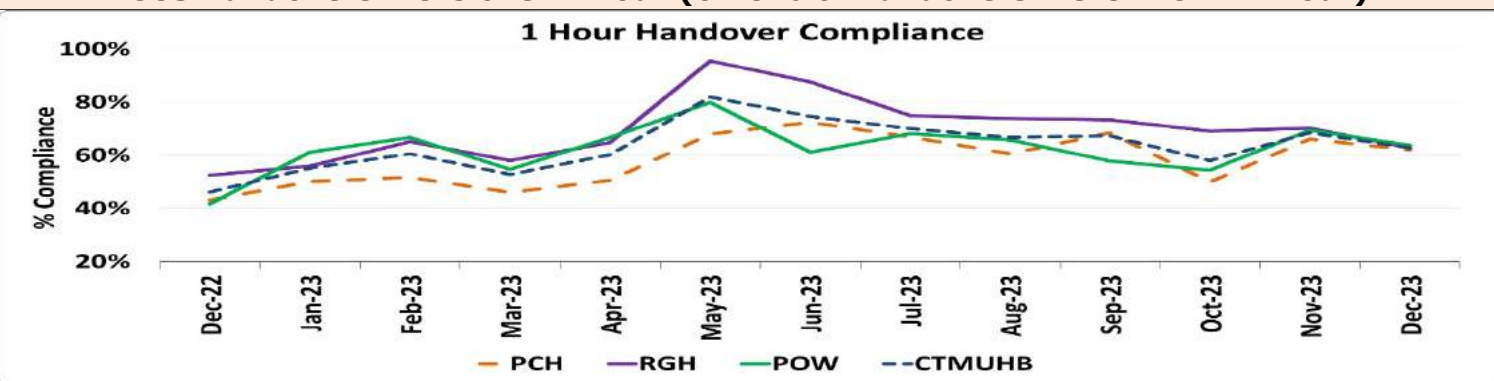
Total handovers 2,372 of which 555 handovers were within 15 minutes (23.4%)

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



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

883 handovers were over 1 hour (62.8% of handovers were within 1 hour)



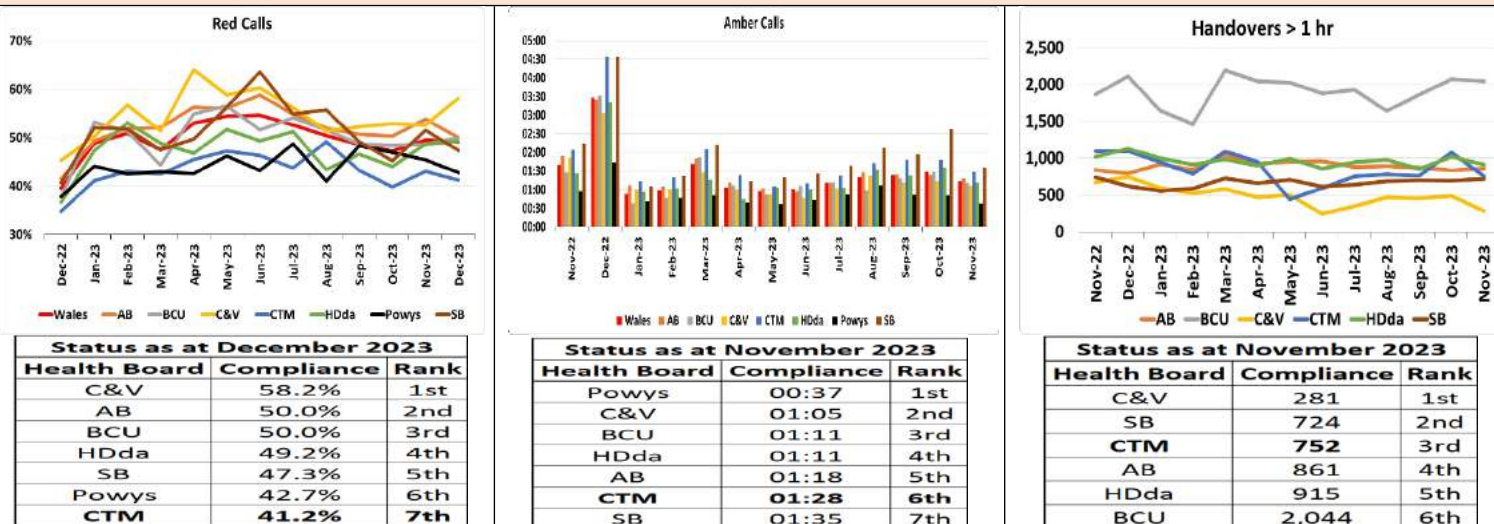
Red Release Requests – November 2023 100%

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Nov-22	25	24	96.0%	20	13	65.0%	15	9	60.0%	60	46	76.7%
Dec-22	30	25	83.3%	31	26	83.9%	25	1	4.0%	86	52	60.5%
Jan-23	18	17	94.4%	19	13	68.4%	6	2	33.3%	43	32	74.4%
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%	21	20	95.2%
Mar-23	14	14	100.0%	12	10	83.3%	11	11	100.0%	37	35	94.6%
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
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%

Please note that due to recent 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 November 2023.

Emergency Ambulance Services continued overleaf:

How do we compare with our peers?



How are we doing?

Response to Red Calls per WAST Operational Area				
Dec-23	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	137	75	54.7%	57.5%
RCT	446	167	37.4%	38.1%
Bridgend	225	91	40.4%	44.8%
CTM	808	333	41.2%	43.6%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 41.2% with the 12 month average equating to 43.6%. This month saw the National compliance remaining below 50% for the fourth consecutive period after seeing compliance ranging from 50% to 55% between April and August. The minimum expected standard is for 65% of Red Calls to be responded to within 8 minutes. As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough continuing to experience the poorest response times during December, as has been the case for the past 12 months.

The volume of Red Calls during December for CTM totalled 808, up by 7% on the previous month and is 4.5% higher than the same period of 2022. The current volume stands above the 12 month average of 638.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 136 minutes during December. The chart (page 13, top right) demonstrates fluctuations in the median response times and we observe that the current month shows a rise in the median response times, but is 50% lower than the equivalent period of last year.

Ambulance Handover Compliance: Ambulance conveyances to ED were 15.9% higher in December 2023 than they were during December of the previous year.

Performance against the 15 minute handover was under 25%, with the number of patients and ambulance crews detained longer than an hour totalling 883 and remaining outside the desired trajectory.

During 2022/23, the number of patients waiting more than 1 hour for their transfer of care averaged 1,012 patients per month. Thus far, the average 2023/24 equates to 778 patients and as it currently stands represents a 23% reduction in the number of patient breaches.

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 35 during November. The ED services were able to support affirmatively all of those requests, as is expected.

What actions are we taking & when is improvement anticipated?

- Zero tolerance >4 hours wait – improvement plan in place across CTM
- Out of hours Senior Manager and Executive on call rota under review
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement
- Executive Launch of Red to Green – commenced December 2023
- Winter resilience meetings in place with frequency increased to weekly
- Development of joint SOP with WAST to look at possible solutions to reduce ambulance handover delays and improve time for diagnostics for patients held on ambulances – initial collaborative project undertaken at RGH ED with plans to roll out across CTM
- MADE event (Multi Agency Discharge Event) planned for February 2024

** What is Red to Green?*

Every day a person is in a hospital bed should add value to their care.

The Red to Green approach aims to reduce a patient's length of stay by highlighting non-value adding days and reducing avoidable delays where a patient is kept waiting for things to happen to progress their care.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- Increase in respiratory illness.
- 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.
- Planned industrial action by junior doctors.



Emergency Unit Waits – December 2023 (Provisional Position) - Total Attendances 14,223

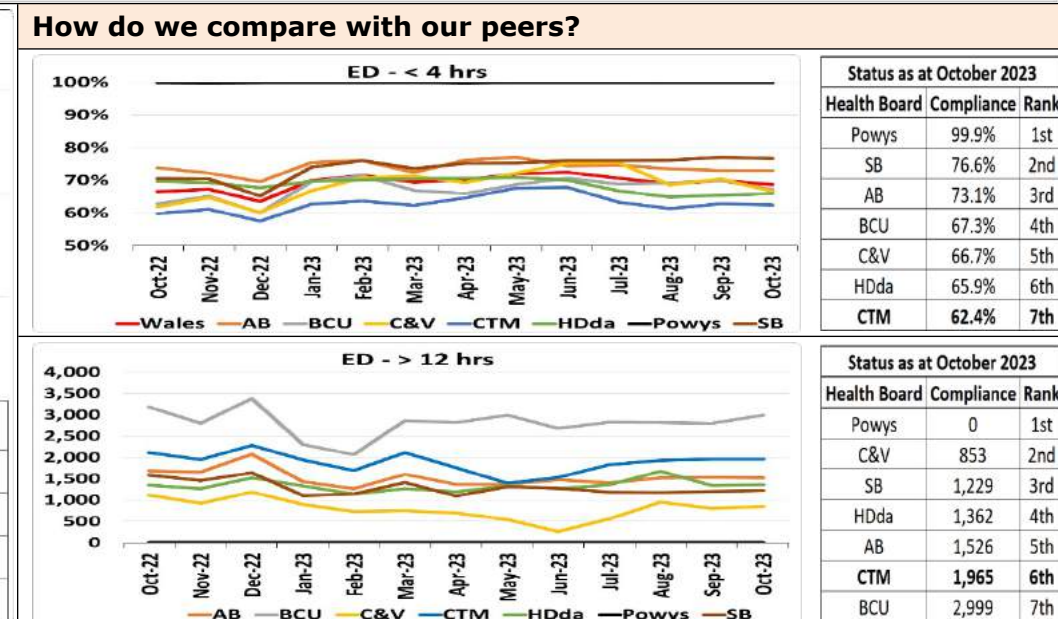
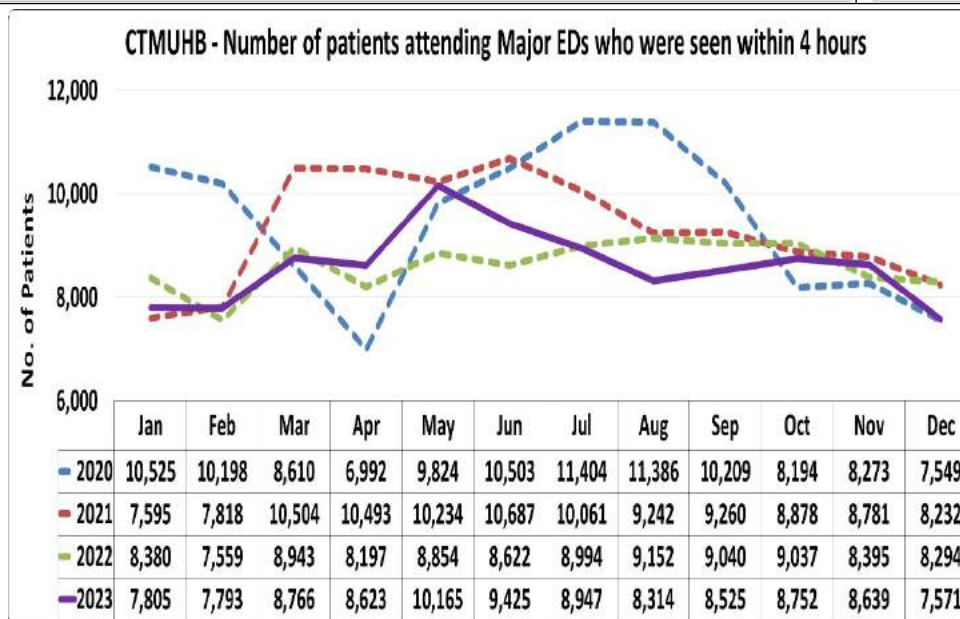
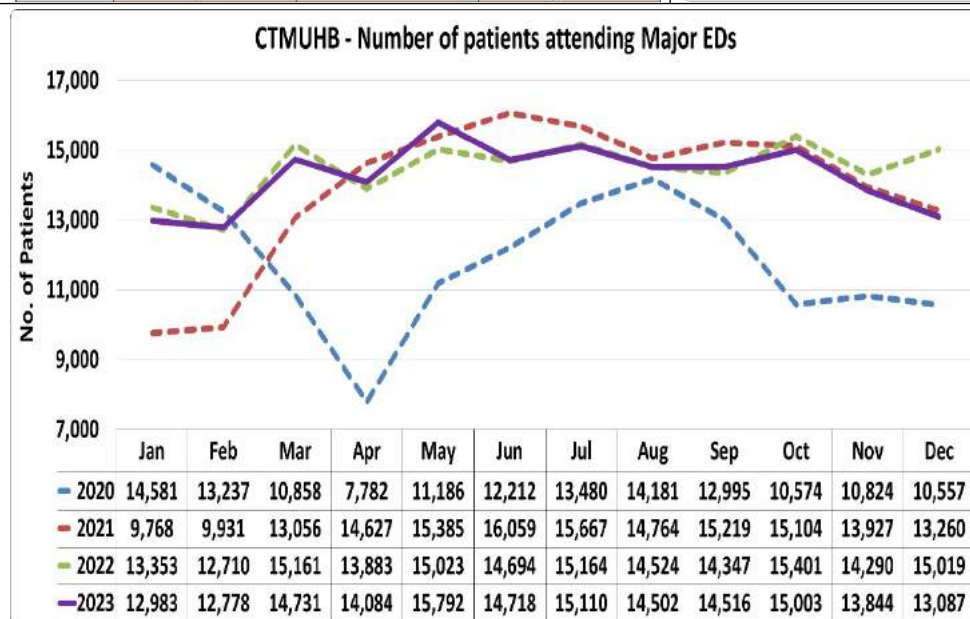
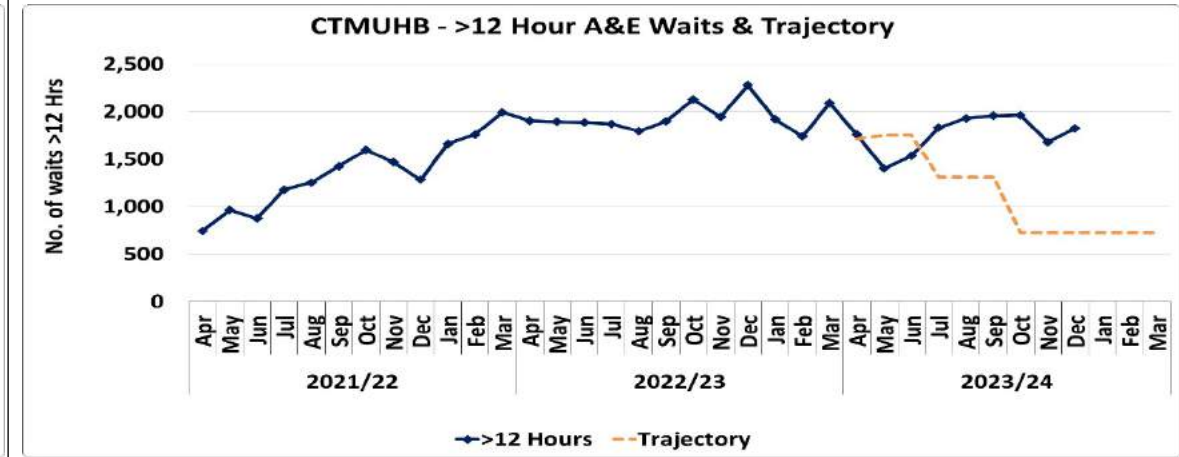
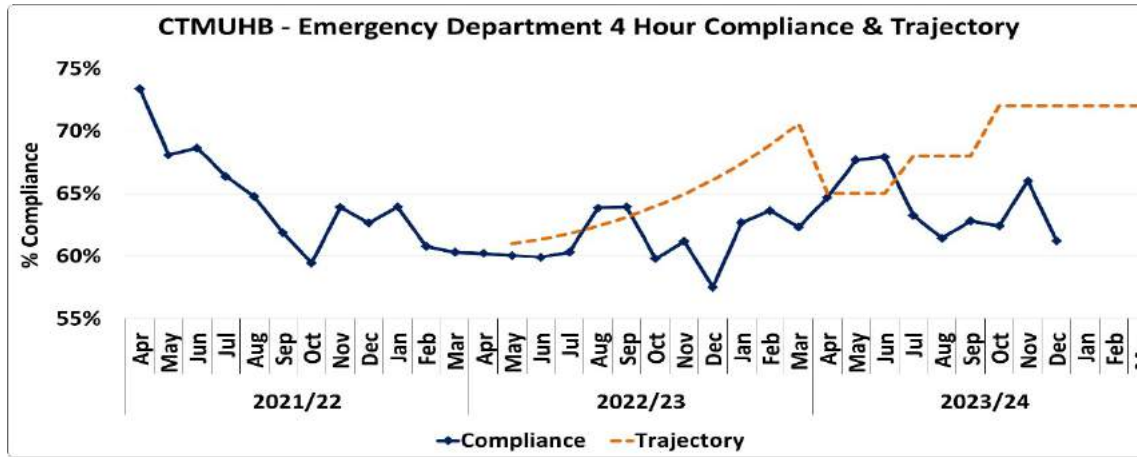
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

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

61.2% were seen within 4 hours (Patients Waiting >4 hours 5,516)

12.8% of patients were waiting over 12 hours (1,824)

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Dec-22	15,829	57.5%	2,280
Jan-23	13,883	62.7%	1,920
Feb-23	13,723	63.6%	1,740
Mar-23	15,844	62.3%	2,092
Apr-23	15,508	64.7%	1,760
May-23	17,529	67.7%	1,402
Jun-23	16,682	67.9%	1,536
Jul-23	16,790	63.3%	1,832
Aug-23	16,054	61.4%	1,930
Sep-23	16,129	62.8%	1,957
Oct-23	16,643	62.4%	1,965
Nov-23	15,320	66.0%	1,680
Dec-23	14,223	61.2%	1,824



How are we doing?

The total number of ED attendances at our 3 acute hospital sites was 13% (1,932) lower than December 2022 (graph above) and overall, numbers of Minor Injuries and ED attendances 10% lower (1,606) than the equivalent period of 2022.

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during December is provisionally 61.2%, a fall in compliance on the previous month and remaining well below the WG compliance target of 95%.

The twelve hours performance saw 1,824 patients waiting in excess of 12 hours, but is 20% lower than in December 2022.

The average number of twelve hour patient breaches during the past 12 months is 1,803 and is slightly lower than the previous 12 month time span where the averages were 1,919.

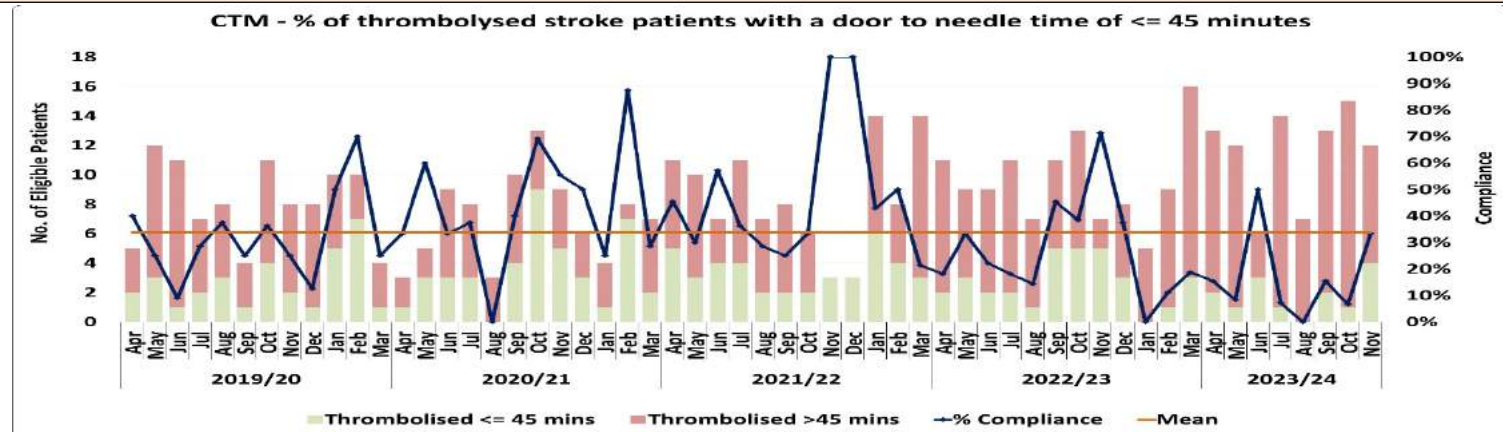
What actions are we taking & when is improvement anticipated?

- Executive launch of Red to Green
- Winter resilience meetings in place with frequency increased to weekly
- Development of joint SOP with WAST looking at possible solutions to reduce ambulance handover delays and improve time for diagnostics for patients held on ambulances – initial collaborative project at RGH ED with plans to roll out across CTM if successful.
- MADE event planned for February 2024

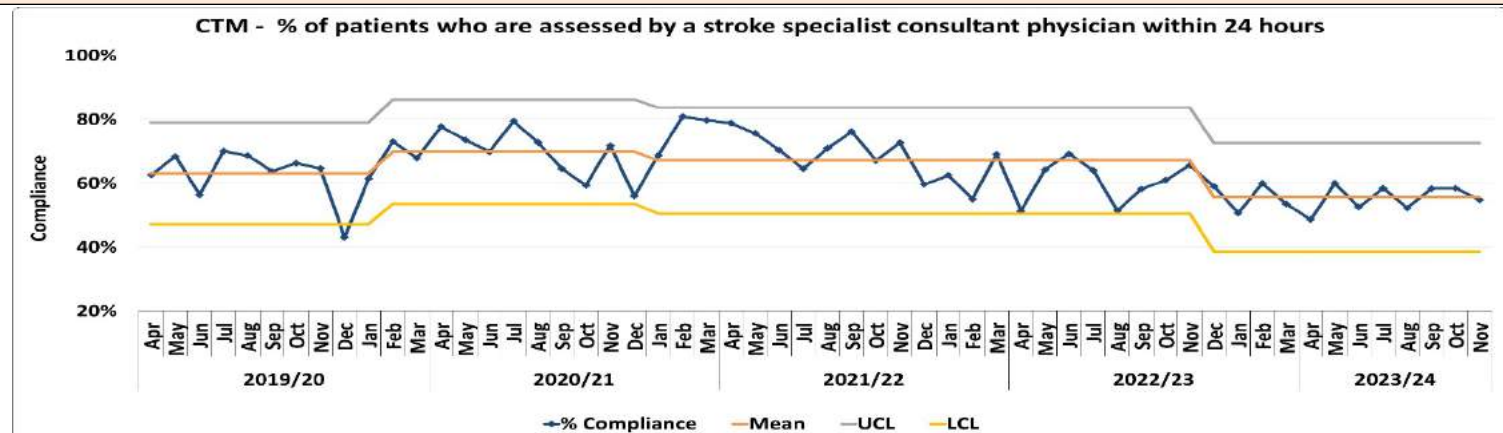
What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- Increase in respiratory illness.
- 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.
- Planned industrial action by junior doctors.

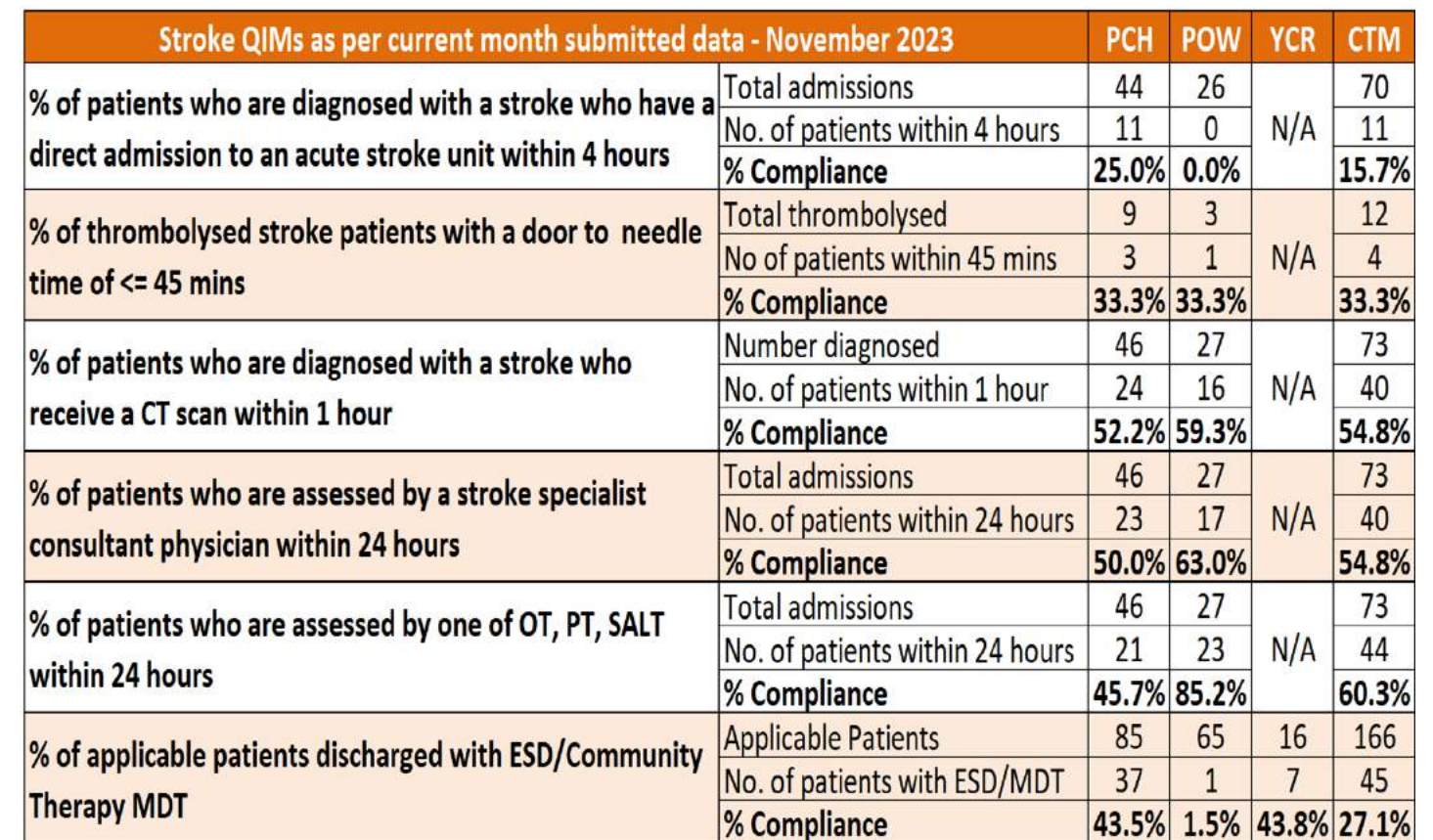
% of eligible patients thrombolysed door to needle time within 45 minutes – 33.3%



% of patients assessed by a stroke consultant within 24 hours – 54.8%



Current month stats



Integrated Performance Dashboard

How are we doing?

During November just 15.7% (11 out of 70) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Four of the 12 eligible patients were thrombolysed within 45 minutes (33.3%).

Just over half (54.8%) of patients (40 out of 73 diagnosed patients) had a CT scan within an hour and likewise, 54.8% (40 out of 73) of stroke patients treated in November were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

60.3% (44 out of 73) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech & Language Therapist within 24 hours of arrival and the rolling 3 months discharge standard saw 45 out of 166 (27.1%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT.

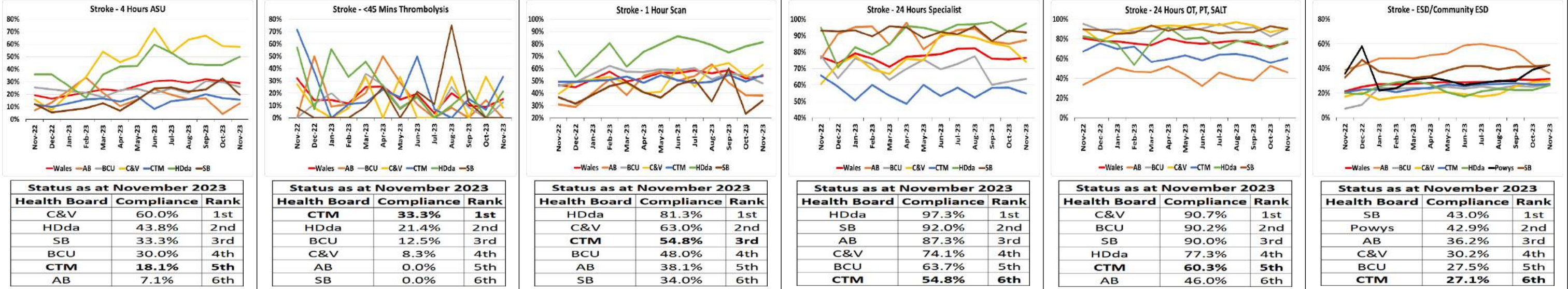
What actions are we taking & when is improvement expected?

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

What are the main areas of risk?

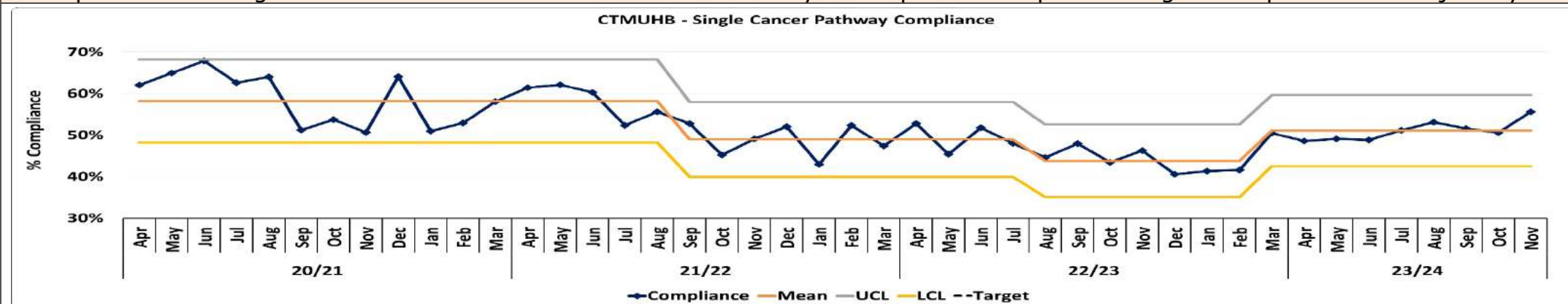
- Resilience in the CNS workforce at PCH and POW – Business Case under development to address this.
- Inpatient therapies resource.
- Recruitment of Stroke Consultant – rolling advert out for more than 6 months. Enquires made through agencies as well.
- Data quality – business case under development for resource to support POW.

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



Single Cancer Pathway (SCP) November 2023 – 55.6%

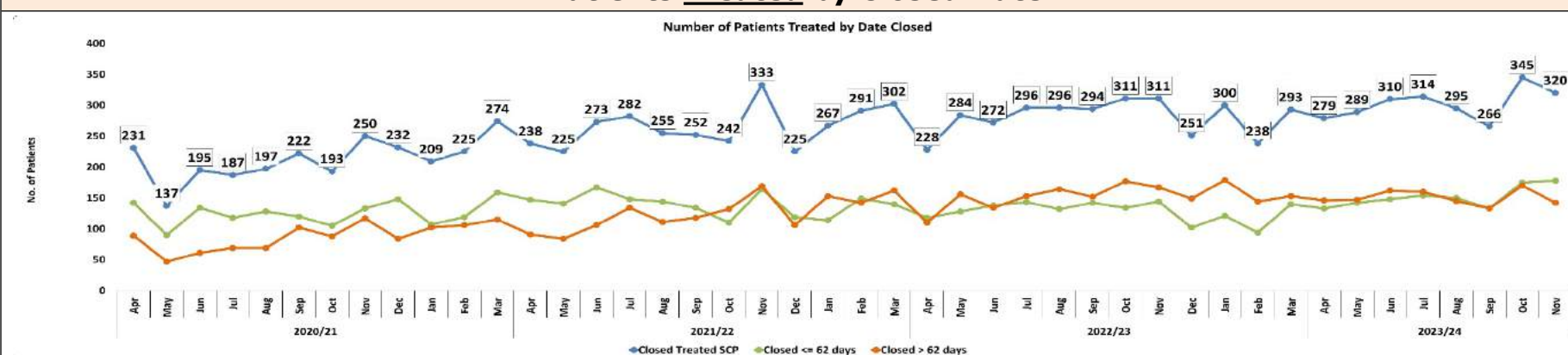
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



CTMUBH - SCP % Treated Without Suspensions - November 2023				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	7	5	12	58.3%
Upper GI	14	14	28	50.0%
Lower GI	13	23	36	36.1%
Lung	29	22	51	56.9%
Skin (exc BCC)	63	8	71	88.7%
Brain/CNS	1	0	1	100.0%
Breast	21	18	39	53.8%
Gynaecological	1	9	10	10.0%
Urological	17	39	56	30.4%
Haematological	7	4	11	63.6%
Children's	1	0	1	100.0%
Other	4	0	4	100.0%
Total	178	142	320	55.6%

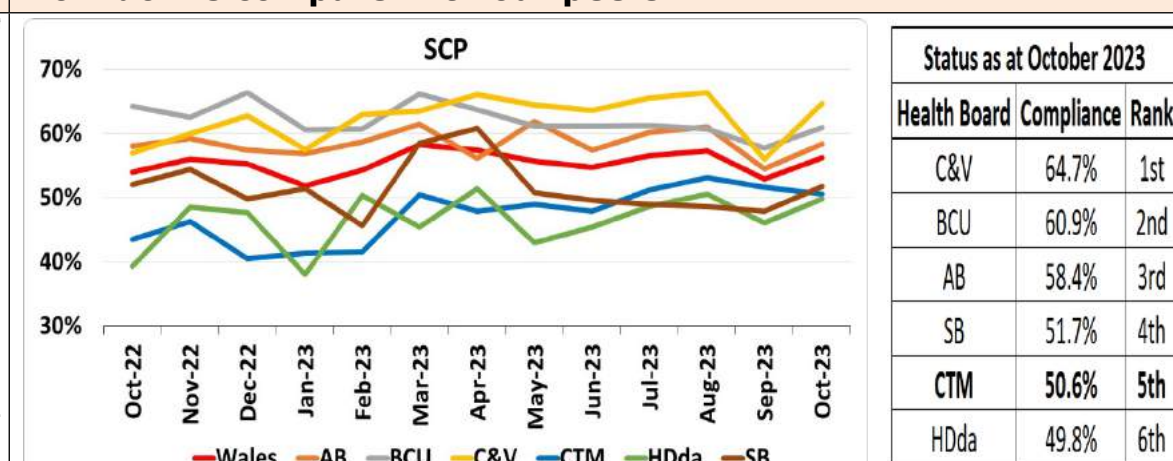
Performance during November improved to 55.6% and is the highest level seen since August 2021, with four of the tumour sites reaching the desired target threshold, as seen in the table above. Predicted compliance for December currently stands at 51.6%. Delays at first outpatient (27%) and diagnostic stage (53%) continue to be the greatest concern and the significant factors in not achieving the target. Diagnostic delays remain in endoscopy and pathology. Tertiary delays for diagnostics & treatments also continue. High volume of patients treated in November.

Patients Treated by Closed Date

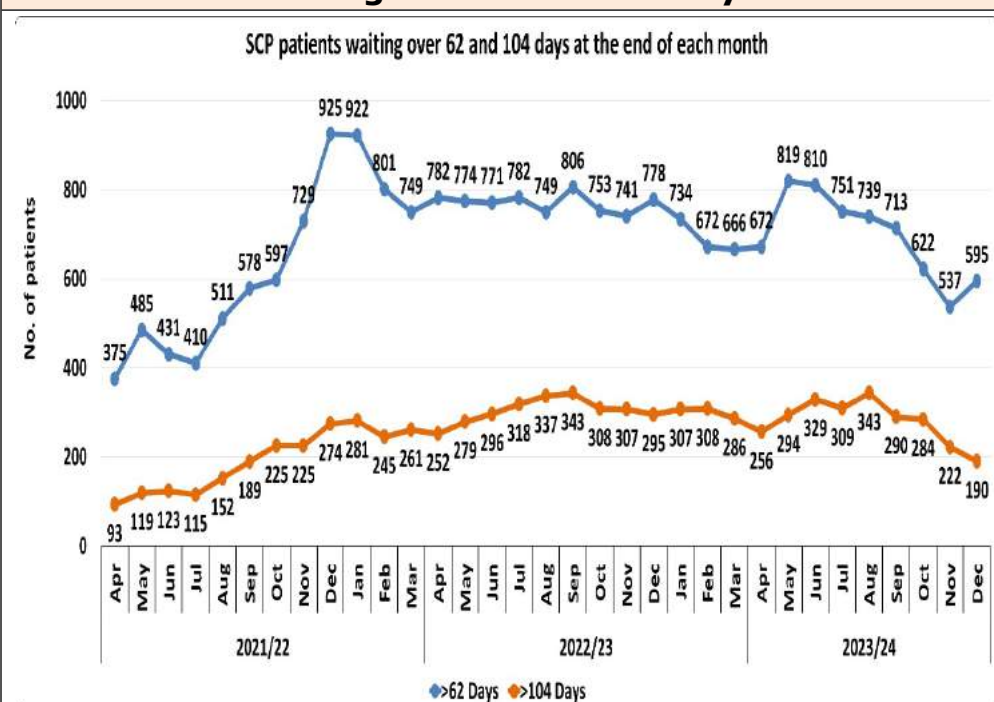


Overall cancer treatment volumes have increased marginally during the past 12 months to an average of 292 per month, compared to 281 in the previous 12 month period representing an average monthly increase of 3.6%.

How do we compare with our peers?



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



What actions are we taking & when is improvement anticipated?

- Streamlined haematuria pathway across CTM commenced 1st December 2023.
- Ongoing weekly meetings with DU to support endoscopy transformation and urology sustainability
- Centralisation of Breast service – March 2024
- Increasing Straight to Test (STT) where possible
- Merging of Lower GI departments, along with centralisation of operating on one site for major cases.
- Centralisation of Gynaecology services
- Roll out of digital referrals – Breast went live November 2023
- Waiting List Initiatives (WLI's)
- Continuing outsourcing of pathology
- Additional Local Anaesthetic Transperineal Prostate Biopsy machine (LATPB) via diagnostic board awaited – will provide increased flexibility and sustainability of service

What are the main areas of risk?

- 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.
- Lack of data provision following rollout of new cancer solution. Patient data missing from reports pulled, causing validation issues and assurance surrounding data quality
- Urology diagnostics – specifically prostate pathway consequent to all patients now being offered LATPB over TRUS biopsy. Demand outstripping available capacity



Diagnostics & Therapies – December 2023 (Provisional Position)

Number of patients waiting >8 weeks for a specified diagnostic – Target improvement trajectory towards national target of Zero by March 2024

Number of patients waiting >14 weeks for a specified therapy – Target improvement trajectory towards national target of Zero by March 2024

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

Number of Patients waiting >8 Weeks for a Diagnostic Test		
Cardiology Cardiology Services	Echo Cardiogram	1,374
	Cardiac CT	11
	Cardiac MRI	11
	Diagnostic Angiography	126
	Stress Test	11
	DSE	23
	TOE	7
	Heart Rhythm Recording	87
Bronchoscopy Colonoscopy Gastroscopy Cystoscopy Flexi Sig Radiology	B.P. Monitoring	1
		0
		281
		320
		678
		222
		824
		1,056
Imaging Physiological Measurement Neurophysiology	Non-Cardiac CT	4,116
	Non-Cardiac MRI	64
	NOUS	119
	Non-Cardiac Nuclear Medicine	101
	Fluoroscopy	300
	Urodynamics	375
	EMG	10,107
	NCS	
Total		10,107

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,107			

Number of Patients waiting >14 Weeks for a Therapy	
Arts Therapy	0
Audiology	36
Dietetics	1,281
Occupational Therapy	11
Physiotherapy	1
Podiatry	5
Speech & Language	63
Total	1,397

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,173	1,323	1,442	1,438	1,654	1,758	1,583	1,449	1,397			

CTMUHB - % of children waiting less than 14 Weeks for AHP	
Dietetics	55.1%
Occupational Therapy	84.6%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	97.4%
Total	72.8%

AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	92.4%	92.2%	91.9%	96.1%	94.9%	92.0%	91.0%	92.3%	90.9%	87.6%	86.8%	86.5%
2023/24	87.8%	82.9%	82.8%	86.0%	82.6%	80.5%	82.1%	76.0%	72.8%			

How are we doing?

Diagnostics: At the end of December 10,107 patients had been waiting in excess of 8 weeks for a diagnostic procedure, a 2% (198) increase on the November position.

During December, Endoscopy continued to see improvements of around 14% (237) in the number of patients waiting in excess of eight weeks, although the number of patients currently breaching the target stands at 1,501.

The NOUS service continues to have the highest volume of breaching patients with 4,116 currently waiting over 8 weeks for a scan, however a small reduction of 5% (230) is observed from the November reported position.

Therapies: There are provisionally 1,397 patients breaching the 14 week target for therapies in December, a decrease of 3.6% (52 patients) on the reported position for November. The dietetic position has continued to see a small improvement of around 5% and SALT improving by 16% and reducing to 63 patients now breaching the 14 week target.

The Dietetic service continues to account for the vast majority of the total patients waiting beyond the 14 week target for therapies (92%).

What actions are we taking & when is improvement anticipated?

Radiology: The Non Obstetric Ultra Sound (NOUS) improvement plan continues to deliver significant capacity over core and is demonstrably continuing to reduce the over 8 week breaches demonstrated in the performance month on month.

Additional Plans are now in place to tackle MRI delays following Exec approval and are starting to deliver a reduction in the backlog of reporting capacity. There has been a reduction in capacity through December which will start to be recovered from January onwards.

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

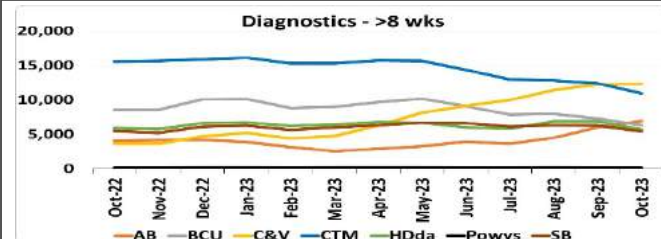
Endoscopy: Awaiting approval on business paper for Endoscopy workforce. Detailed staff numbers identified in business paper, currently inadequate workforce numbers and unable to work without overtime or agency staff.

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

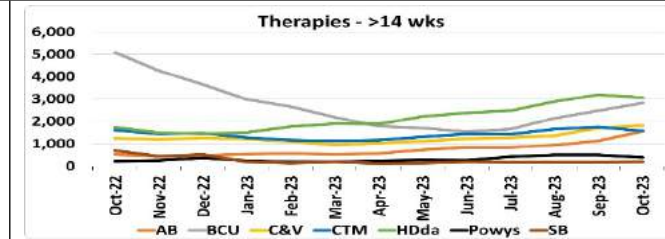
What are the main areas of risk?

- Demand and Capacity imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further in January 2024 with new BSW criteria and reduction in age limit for testing/screening for younger patients and linked to Endoscopy additional capacity being commissioned.
- Sustained increase in CT Out of Hours emergency demand. Additional Outsourcing agreed to help with timely reporting, which has reduced reporting backlog and waiting times.
- Radiology service continues to hold 6.0 WTE Consultant vacancies. Interviews are taking place early Jan & Feb 2024 to tie in with new consultants coming off training rotation.
- Endoscopy – continues to face challenges with competing priorities with the service trying to deliver and maintain the cancer pathway, accommodate longest waiters for delivery of the RTT targets – all >156 and 104 wks waits in gastro and surgery are now partially booked; hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients. BSW waits has seen a significant improvement but still remains a challenge due to backlog and next steps of the Optimisation Programme, which continues to impact on CTM's overall LGI diagnostic waits – short and long term plan developed. It has now been agreed that CTM are correctly reporting screening and tracking of participants, this will now need to be adopted by all HB's across Wales.
- BSW - An urgent budget review is underway to support the sustainability plan and next steps in the optimisation programme. The need to increase lists to 8 this year and then 11 per week by October. Currently delivering an average of 7 lists per week.
- Neurophysiology Services – following a recent reduction in the availability of Neurology services in CTM, capacity for Nerve Conduction Studies has been significantly reduced. This will have a direct impact on delivery for the Orthopaedic targets going forward.
- Cardio Pulmonary Service – Backlogs in CPU will continue to directly impact on the delivery of Cardiology targets.

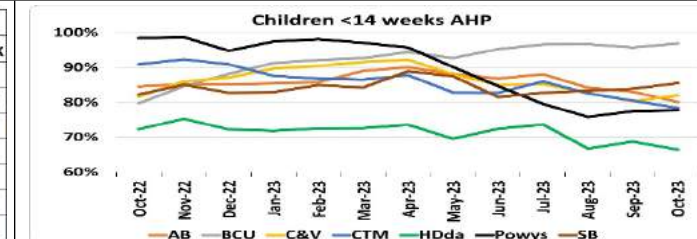
How do we compare with our peers?



Status as at October 2023		
Health Board	Compliance	Rank
Powys	132	1st
SB	5,448	2nd
HDda	5,695	3rd
BCU	6,308	4th
AB	6,948	5th
CTM	10,962	6th
C&V	12,320	7th



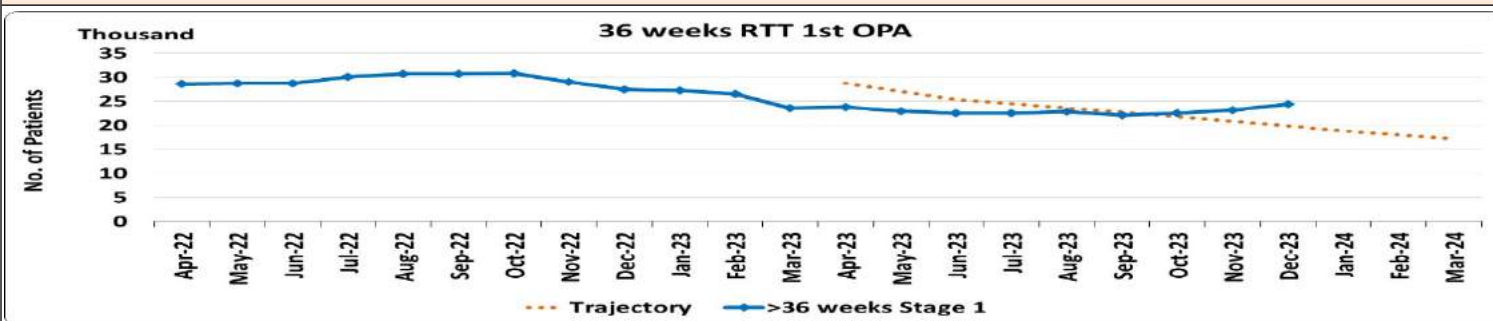
Status as at October 2023		
Health Board	Compliance	Rank
SB	195	1st
Powys	390	2nd
AB	1,561	3rd
CTM	1,583	4th
C&V	1,823	5th
BCU	2,830	6th
HDda	3,070	7th



Status as at October 2023		
Health Board	Compliance	Rank
BCU	96.9%	1st
SB	85.5%	2nd
C&V	82.0%	3rd
AB	80.1%	4th
CTM	78.4%	5th
Powys	77.8%	6th
HDda	66.5%	7th

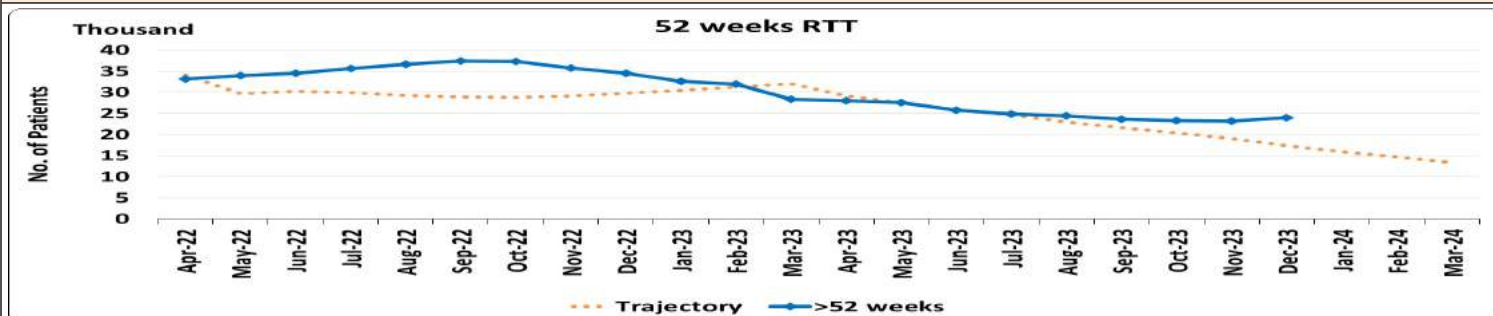
Referral to Treatment Times (RTT) – December 2023 (Provisional Position)

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (24,386)**
- Target is Improvement Trajectory towards a national target of Zero



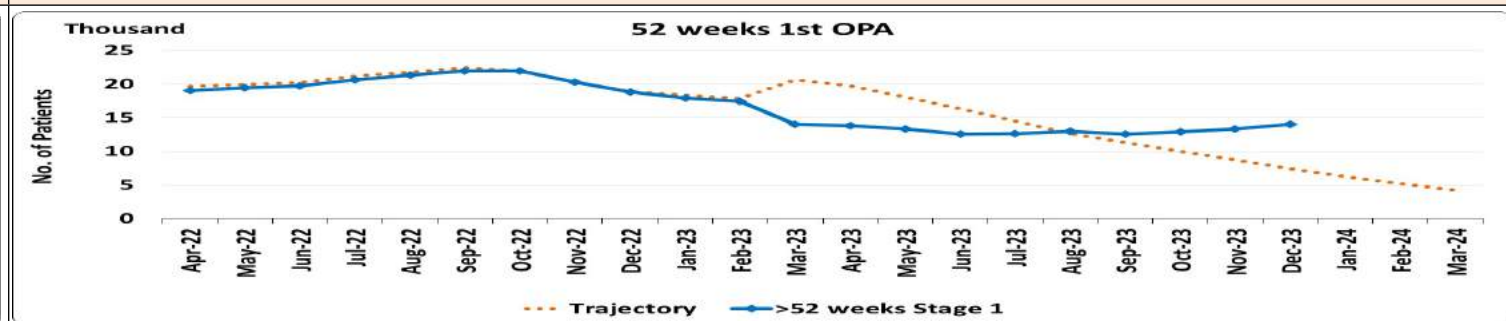
The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of December is 24,386. This is an increase of 5% (1,183) from the November reported position and is off trajectory by 23% (4,507) as shown above.

Number of patients waiting **>52 weeks RTT (24,028)** – Target is Improvement Trajectory towards a national target of Zero



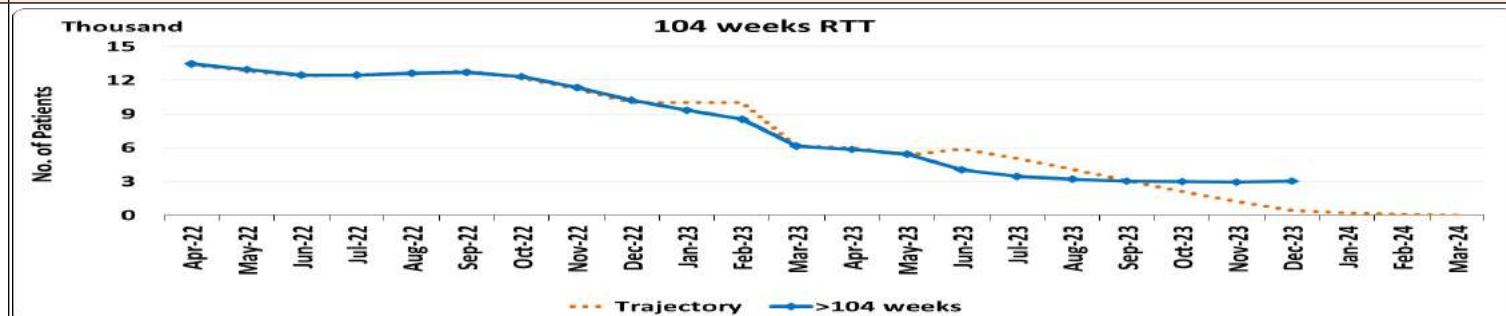
The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of December is 24,028, a decline in performance of 3.5% (815) from the November reported position and is 38% more than the forecasted level, as shown above.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (14,013)**
- Target is Improvement Trajectory towards a national target of Zero



The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of December is 14,013; a decline in performance of 5.3% (increase of 704) from the November reported position and is a worsening position against trajectory by 89% (6,589) as shown above.

Number of patients waiting **>104 weeks (3,030)** – Target is Improvement Trajectory towards a national target of Zero

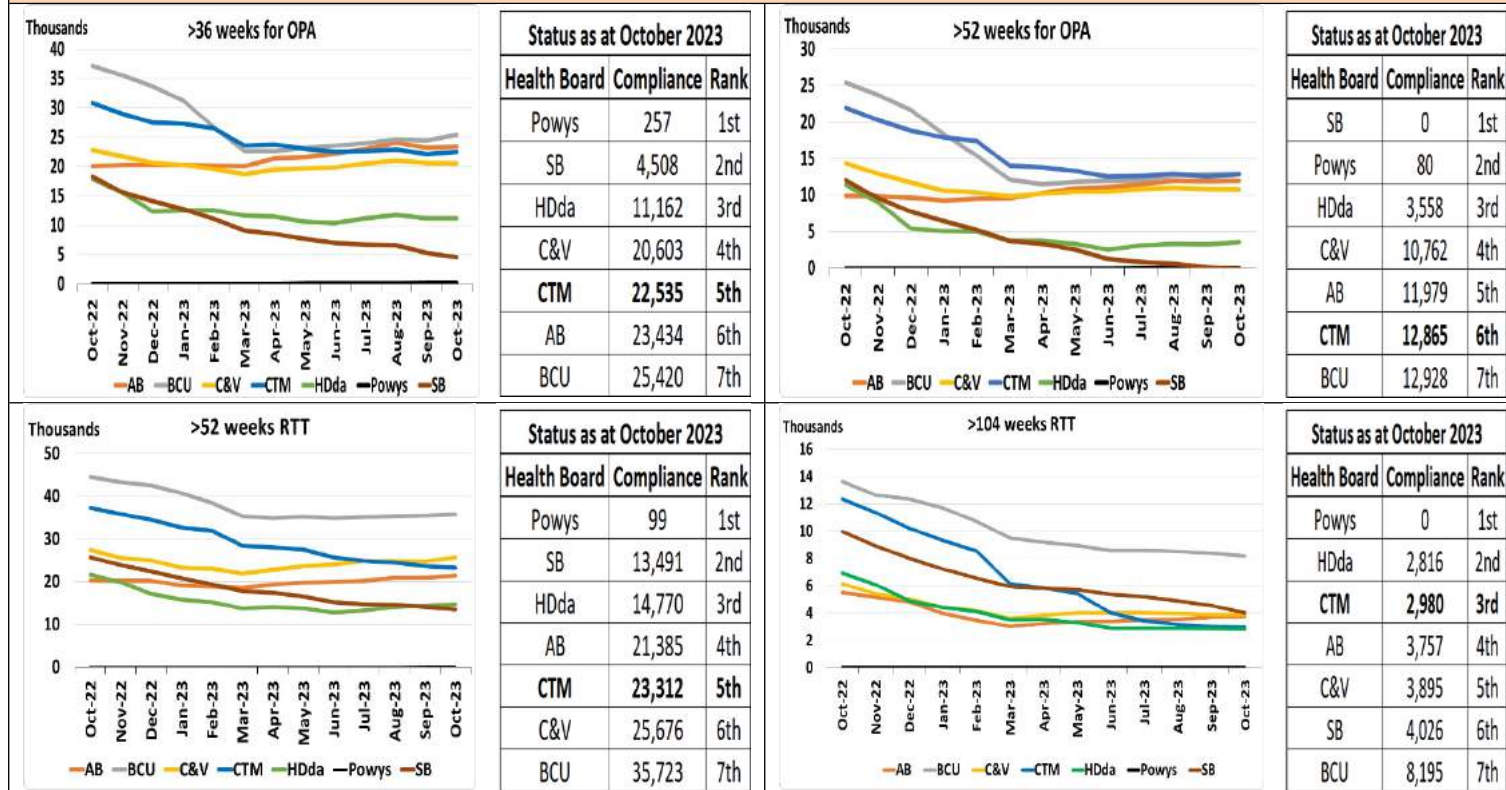


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of December is 3,030. As it currently stands this is a slight increase of 3% (92) from the reported November position and higher than forecasted as shown above.

Total number of open pathways per specialty - December 2023 (provisional)					
Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	103	203	245	7	1064
Breast Surgery	250	197	244	19	1248
Cardiology	1107	954	626	4	5773
Care of the Elderly	3	2	3	0	22
Colorectal	764	436	879	56	3293
Dermatology	1546	1187	1608	37	7573
Diagnostics	0	746	83	4	5884
Ear, Nose & Throat Service	885	1818	3576	613	12388
Endocrinology	2	31	1	0	307
Gastroenterology	1264	632	624	19	4000
General Medicine	699	407	358	0	2725
General Surgery	671	778	1245	134	6825
Geriatric Medicine	6	1	0	0	80
Gynaecology	1193	1216	1083	235	8517
Haematology (Clinical)	31	49	0	0	317
Nephrology	19	23	0	0	167
Ophthalmology	547	2419	4154	813	15345
Oral Surgery	628	526	337	18	3215
Orthodontics	95	66	3	0	350
Orthopaedics	2034	1986	3442	663	12694
Paediatrics	115	328	102	1	3075
Rapid Diagnostic Centre	0	0	0	0	152
Respiratory Medicine	141	261	234	0	2069
Restorative Dentistry	38	31	60	15	180
Rheumatology	401	225	82	10	1642
Sport and Exercise Medicine	0	0	0	0	18
Therapies	0	239	84	0	2755
Thoracic Medicine	11	48	0	0	590
Urology	1203	1057	1697	335	7411
Vascular Surgery	43	199	228	47	1078
Total	13799	16065	20998	3030	110757

N.B. The numbers reported above include patients waiting for an INNU procedure. Following guidance by the NHS Executive, the formally reported position for the end of December will exclude 229 patients whose pathway of care underwent clinical review. The provision to exclude these patients ceased on 1st January 2024.

How do we compare with our peers?



RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT) - December 2023

How are we doing, what actions are we taking & when is improvement

Backfilling sessions across the specialties to increase Stage 1 access (Outpatients) and where there is middle tier support we are also running clinics to increase capacity. Additional clinics across most challenged Specialities are being established where possible. 720 Glaucoma patients are being outsourced alongside the cataract regional work to increase capacity. ENT are running Super Saturday sessions to reduce the backlog.

Validation is ongoing and there is close working with Diagnostic teams to support areas requiring expedites.

Focus has been on patients waiting >104 weeks. For areas where improvement has not improved due to conflicts with cancer demand, outsourcing options are being looked into via Planned Care Recovery.

Orthopaedics are seeking to increase Treat in Turn rates across CTM and focus additional activity on the longest waiting cohorts.

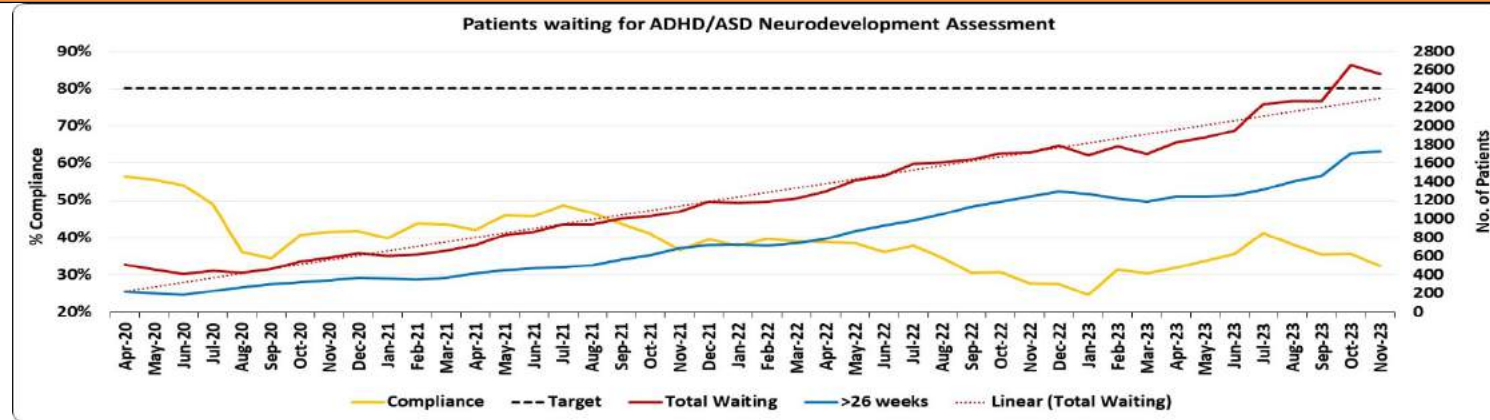
General Surgery & Colorectal continue to reduce >104 and >52 week waits and remain on target to reduce the waiting time to 104 weeks by the end of March. Any patients that had waited over 156 week waits had been offered treatment and exercised choice. These patients all have booked dates in January (all at Stage 2 - diagnostic). Continue to work closely with interdependencies to clear Stage 2 and 3's. All patients waiting at Stage 2 for endoscopy diagnostics >104 weeks are now booked or partially booked, the service will continue to monitor for conversions. The endoscopy service is now targeting 52 to 103 weeks. Collaborative working across CTM continues, ensuring that patients waiting at Stage 4 are being booked into next available clinic, theatre and endoscopy slot.

Working daily with radiology and pathology to ensure long waiters are booked and reported. To progress any required Follow-up or to initiate PIFU/SOS pathways and continue to monitor conversions. Across site collaboration to support booking Stage 4's (treatments) in turn. Medical Records have pooled first appointment lists and patients will now be offered next available slot across RGH and PCH (POW will require WPAS to interface).

What are the main areas of risk?

- ENT remains greatest risk at Stage 1. Transformation Group established to look at new ways of working and close links with the Clinical Implementation Network (CIN) nationally.
- Availability of clinics, theatres and clinician time to meet the demands.
- Winter site pressures and potential impact on elective capacity. HB in high escalation throughout December and January. Currently no dedicated inpatient capacity at PCH site, all inpatients are still managed through DSU and allocated inpatient beds post op if required. DSU breached a number of times over the last few weeks.
- Across site working – poor uptake of patients willing to travel – increased comms. to improve this.
- Insufficient number of theatre stacks and radiology provision clashes – the services continue to micro-manage and prevent on the day cancellations through job planning and 6/4/2-1 process.
- Planning and monitoring impact from junior doctor industrial action.
- Currently a lack of 1st appointment capacity as clinics are consultant only, making it difficult to manage new and follow-up demands. High volume of USC workload reducing new capacity further.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (Target 80%) November 2023 - 32.4%



What actions are we taking & when is improvement anticipated?

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

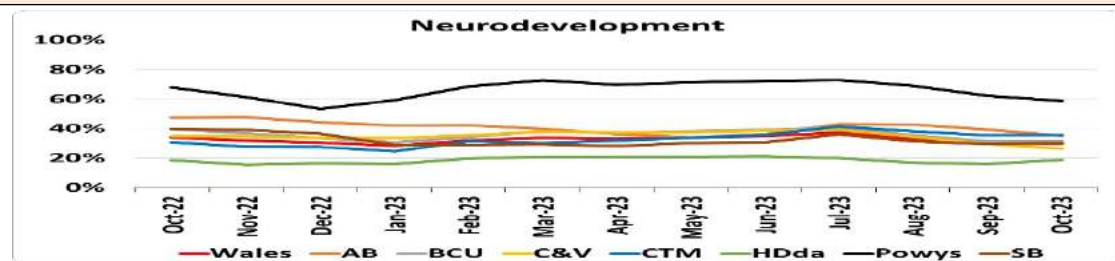
Improvements in waiting times were anticipated from January 2024 following commencement in post of substantive appointments. However, this is now on hold – please see risks below*.

Ongoing validation of waiting list, with transition and signposting to relevant services/agencies as appropriate

How are we doing?

The yellow line on the chart above shows that compliance with the 26 week access target for neurodevelopmental is fluctuating around 35-40%. Performance during the month remained low at 32.4%, which compares to 24.7% in January 2023 (lowest level observed) 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?




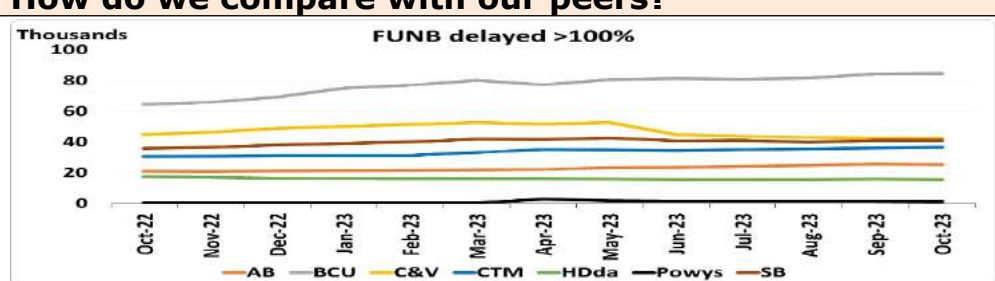
Status as at October 2023		
Health Board	Compliance	Rank
Powys	58.8%	1st
CTM	35.6%	2nd
AB	35.2%	3rd
BCU	31.4%	4th
SB	30.4%	5th
C&V	26.5%	6th
HDda	18.9%	7th

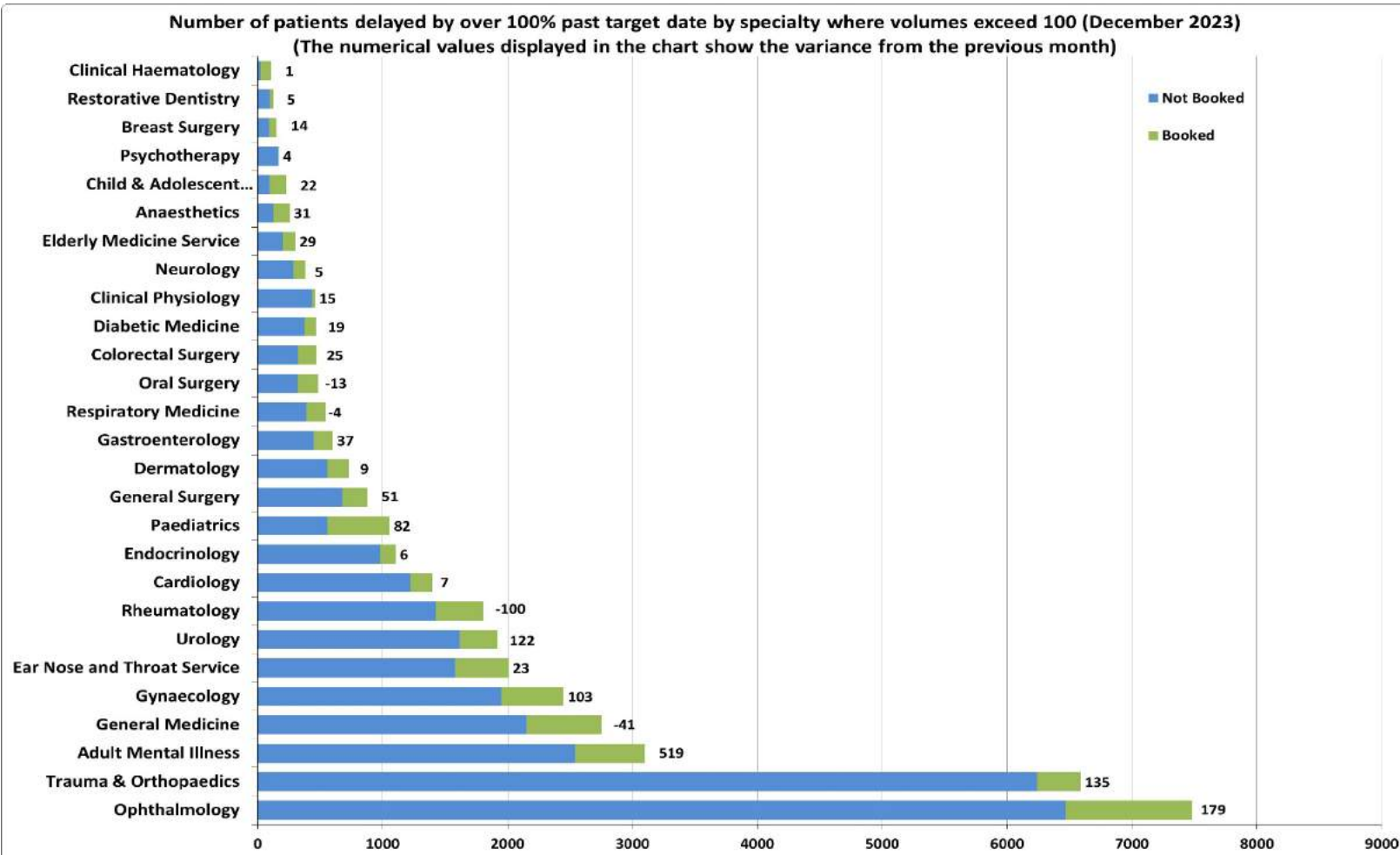
What are the main areas of risk?

- Demand continues to outstrip core funded capacity. A demand and capacity review has been undertaken (January 2024) and templates are being fixed on WPAS to ensure forecast remains arcuate. The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand – to be highlighted in care group operational board for discussion.
- A better understanding is needed of what is currently offered by the third sector and wider community services and what gaps exist. Projects are currently underway using funding provided via RBP. Hackathon events have also provided a scoping exercise of what is required. Community connectors are meeting with the service 09/01/2024 to provide updates of progress to date. An outcome measurement review will be done following completion of the projects on 31/03/2024.
- Resource constraints on multidisciplinary provision that lead to assessment outcomes.
- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners. *The funding requested for 2024/2025 included funding for various multidisciplinary posts which are currently on hold as the funding is pending agreement. This will have a significant impact on ensuring no patient is waiting over 52 weeks at the end of March 2025.



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

Number of patients waiting for a Follow-up with documented target date				Number of patients waiting for a Follow-up delayed over 100% - Target: Improvement trajectory towards a national target of Zero																														
No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date																														
No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%																											
0	88,206	53,938	142,144	31,720	6,810	38,530	27.1%																											
<div><div>Follow-up appointments delayed over 100% past target date</div></div>																																		
How do we compare with our peers?																																		
<div><div>FUNB delayed >100%</div></div>				<table><tr><th colspan="3">Status as at October 2023</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr><tr><td>Powys</td><td>1,575</td><td>1st</td></tr><tr><td>HDda</td><td>15,571</td><td>2nd</td></tr><tr><td>AB</td><td>25,399</td><td>3rd</td></tr><tr><td>CTM</td><td>36,717</td><td>4th</td></tr><tr><td>SB</td><td>41,188</td><td>5th</td></tr><tr><td>C&V</td><td>42,289</td><td>6th</td></tr><tr><td>BCU</td><td>84,537</td><td>7th</td></tr></table>				Status as at October 2023			Health Board	Compliance	Rank	Powys	1,575	1st	HDda	15,571	2nd	AB	25,399	3rd	CTM	36,717	4th	SB	41,188	5th	C&V	42,289	6th	BCU	84,537	7th
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BCU	84,537	7th																																
How are we doing?				What actions are we taking & when is improvement anticipated?		What are the main areas of risk?																												
<p>The number of patients waiting for a follow-up appointment in CTM, at the end of December 2023, provisionally stands at 142,144 which is an increase of around 18% on the patients waiting during the equivalent period of 2022. There are currently no patients without a documented target date.</p> <p>Of the patients waiting, 38,530 (27.1%) have waited more than 100% longer than their clinician advised, representing an increase of over 23% on the same period last year.</p> <p>As it currently stands, combined outpatient activity levels during December continued to be below pre-Covid levels; around a third less. However it should be noted that activity levels do fall during the Christmas period, with the provisional December figures below for new and follow-up patients compared to prior the pandemic:</p> <ul style="list-style-type: none">Total New Patients seen: 12,084 which is a reduction of 31% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,493. <p>As it currently stands activity levels for new outpatient appointments during December were down by 21% on the equivalent period of 2022.</p> <ul style="list-style-type: none">Total Follow-up Patients seen: 26,129 which is a reduction of 34% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 39,506. <p>As it currently stands activity levels for follow-up outpatient appointments during December were down by 12% on the equivalent period of 2022.</p>				<p>Work is ongoing in areas to push on FUNB validation. SOS/PIFU processes are being shared again.</p> <p>Ongoing clerical validation on FUNB's; push for partial booking, SOS & PIFU across all sub-specialties. Increased admin support for pathway management required.</p> <p>Increasing registrar numbers to increase capacity.</p>		<ul style="list-style-type: none">Greater focus on new and SCP patients. Increased USC demands, impact on routine activityAdmin ResourceLost activity due to site pressuresOPA room availabilityIT infrastructure for digital solutions																												



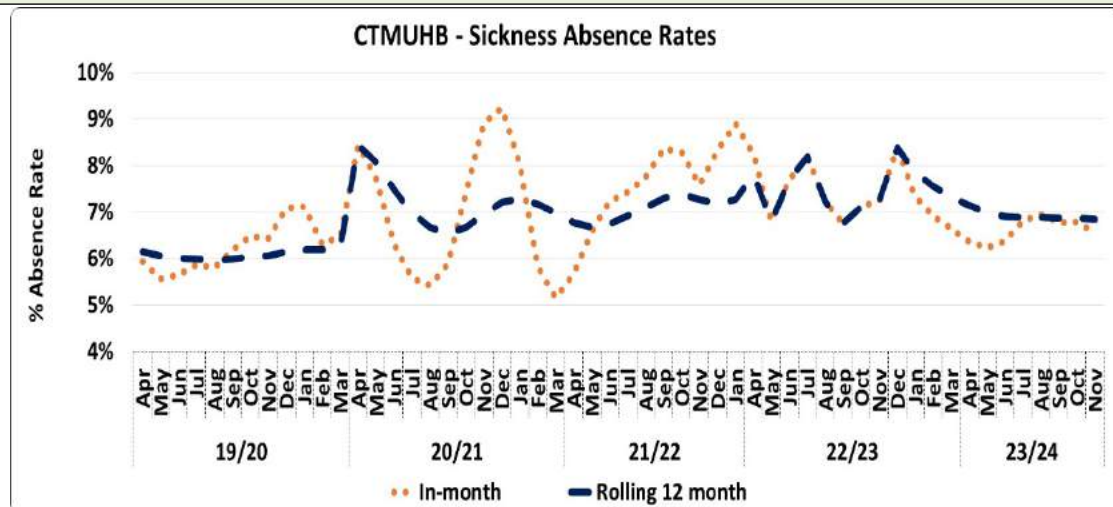
2.4 Welsh Government Performance Indicators: Quadruple Aim 3- A Motivated & Sustainable Workforce

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key: ● Trend --- Target/Trajectory	Key: Target Achieved	Target Failed
				Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.9%	Nov-23
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		10.7%	Dec-23
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		6.5%	Nov-23
	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators	Evidence of activity undertaken to prepare to embed reporting against the Workforce Race Equality Standard (WRES) (as described in the reporting template to be released September 2023)	Data not available as yet		
	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives	Evidence of progress and improvement, along with key risks to delivery, of the identified equality objectives	Data not available as yet		
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%		63.1%	Dec-23
	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work - Dementia Learning & Development Framework) and increasing access to timely diagnosis	Evidence of Improvement	Majority on track, but scope to improve	N/A	Sep 22 - Mar 23



CTMUHB Workforce Metrics

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



The overall rolling twelve-month sickness rate to November 2023 is 6.9% and is marginally lower than the equivalent rolling period of the previous year (7.3%).

The in-month sickness rate is 6.6% and is also lower than the equivalent period of 2022 (7.3%).

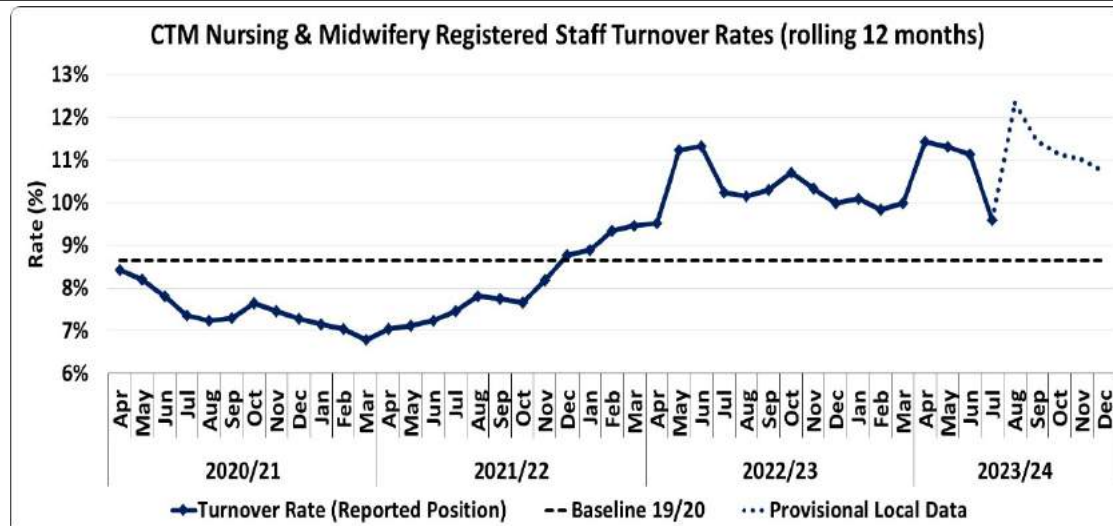
What actions are we taking & when is improvement anticipated? What are the risks?

There has been a slight decrease in both the rolling 12 month rate & in-month sickness levels.

Options for the creation of reports for managers that are more accessible via the ESR supervisor self-service portal are being explored alongside the development of a 'How to Guide' for Managers to be disseminated week commencing 22nd January 2024. This will allow managers to understand who is absent within their hierarchy and how this is impacting on their current workforce, supporting them to action targeted interventions where required. The creation of these reports will provide better access to key sickness absence information for managers to advise the employee and coach them back into work.

The People Services team continue to review sickness absence cases and provide advice and coaching to managers as required and have recruited two new People Services Coaches, which will support managers moving forward with sickness management cases.

Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20 (8.65%) December 2023 – 10.7% (Provisional)



The provisional rolling 12 month turnover rate for registered N&M Staff at December 2023 remains higher than the desired level at 10.7%, with the equivalent period of 2022/23, also high, at 10.0%

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

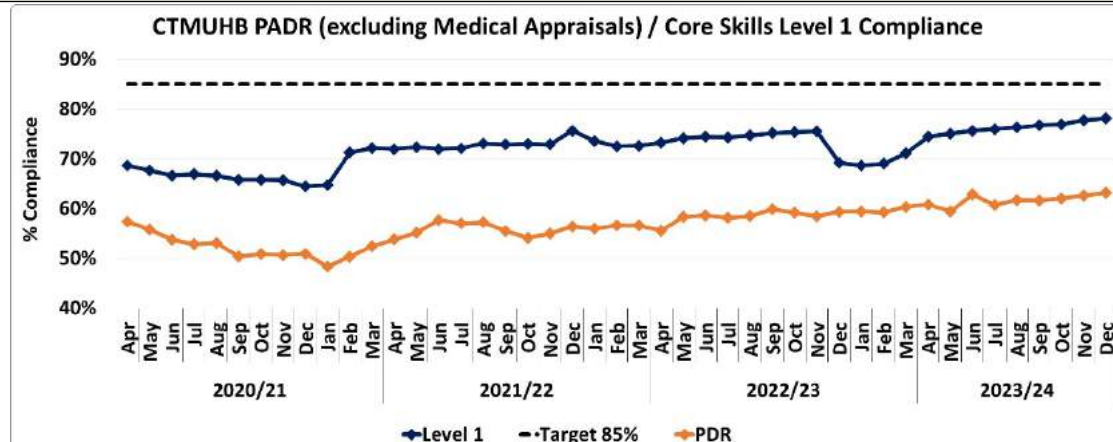
Nurse retention is an area of focus for both the 'People' & Corporate Nursing teams. The risks and challenges are reflective of complex local, national and international issue in regard to the shortage of registered nursing and midwifery professionals.

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

Our Retention Action Plan covers delivery against both our internal plans and the actions within the HEIW plan. Work-life balance and promotion remain the top two reasons for leaving (based on ESR data) – we are focusing on retention initiatives that will seek to improve these. Our Retention Group gives oversight, direction and engagement on this work. Specific identified areas of short term focus are: improving flexible working, introducing a lateral moves scheme, relaunching our Moving On Questionnaire and identifying areas of good practice / case studies within the health board.

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.

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% - December 2023 (63.1%)



Overall compliance is improving incrementally; currently standing at 63.1%. Compliance for the past year has ranged between 59.2% to 63.1%, recognising that this remains below the WG target of 85%.

Currently, combined core mandatory training compliance is 69.4% with **Level 1** disciplines at 78.1% and likewise is improving in small increments, but remaining below the required standard of 85%.

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

PADR – Your Conversation:

- CTM-specific PADR and Pay Progression FAQs developed.
- "How to have a PADR" eLearning module being added to ESR to track completion more effectively and target areas of management population where compliance is lowest.
- "Making the most of PDR – Your Conversation" workshop in development, to be piloted February 2024. This strengthens roles and responsibilities and supports Line Managers/Supervisors to give constructive and meaningful feedback. It is hoped that this additional educational offer will bring improvements in both the quality and frequency of PDRs.
- Targeted communications being sent to managers with PADR compliance below 85%.
- Assessment being done to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work.




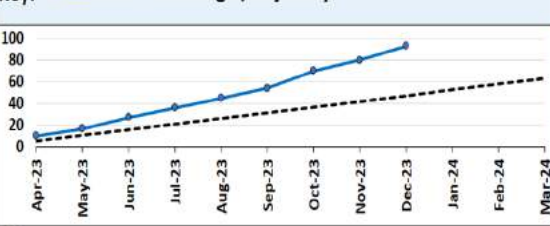
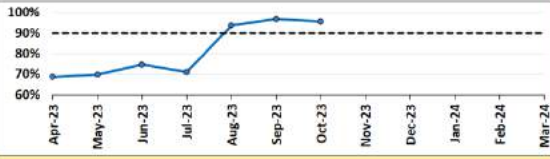
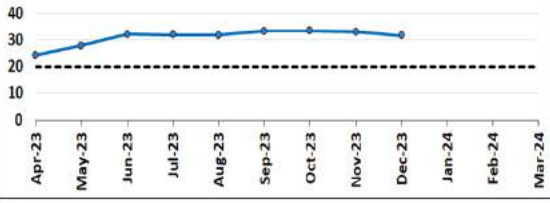
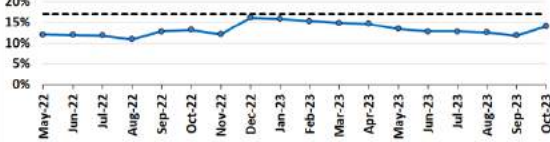
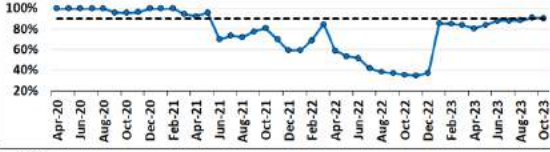
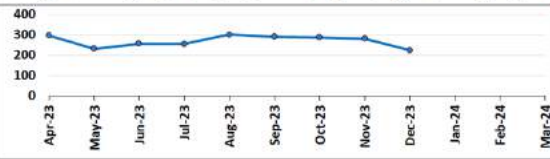
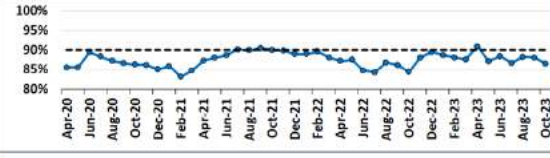
Core Learning:

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

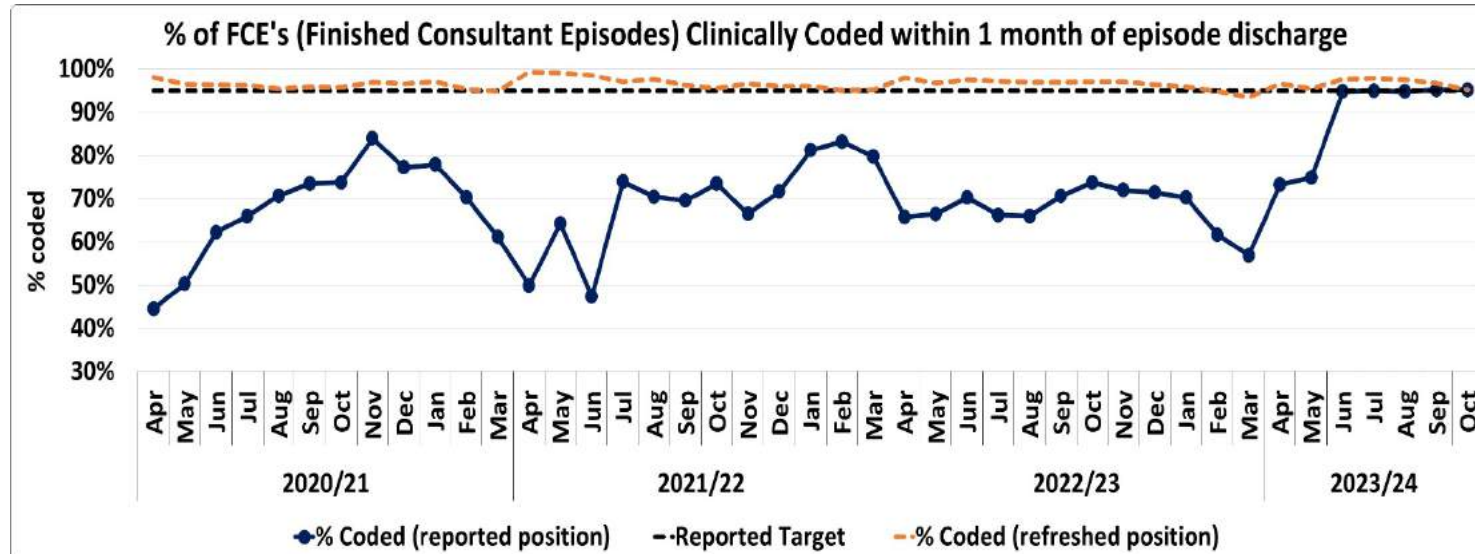
Through all of the listed activities, the aim is to continue with the recent incremental gains until we reach PDR and Core Learning compliance of 85% across the Health Board. Adopting a targeted approach within the staffing groups with lowest compliance will expedite any gains made.

CTM Level 1 Core Mandatory Training Compliance December 2023	
Equality, Diversity & Human Rights	84.3%
Safeguarding Children	83.6%
Safeguarding Adults	83.5%
Moving & Handling	83.4%
Health, Safety and Welfare	83.1%
Violence & Aggression	77.2%
Information Governance	76.3%
Fire Training	75.8%
Infection Prevention and Control	75.5%
Resuscitation	58.5%
HB Overall Compliance	78.1%

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					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	Latest Position	Performance Measure		Target	Key:  Trend  Target/Trajectory	Latest Position
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months		95.2%	Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2023/24		93
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		95.6%		Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2023/24		14
	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Majority on track, but scope to improve	N/A		Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		86.98
	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	On Track	N/A		Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		31.66
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.1%	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%		90.7%
	Number of Pathways of Care delayed discharges	12 month reduction trend		225		% 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	90%		86.5%
	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays	Evidence of Improvement	Data not available as yet			Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	Data not available as yet	
	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan		Majority on track, but scope to improve	N/A		Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of Improvement	Majority on track, but scope to improve	N/A

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate an improvement trend over 12 months – October 2023 – 95.2%



How are we doing?

The reported position for October 2023 held steady at at 95.2% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and remained above the set target of 95%. As of 2nd January 2024, the backlog which developed during Quarters 1 & 2 of 2023/24 has been addressed and coding rates for that period are 98% coded.

Compliance for the correction of errors for October, once more surpassed the WG target of 90% with 95.6% (196 of 205) of identified errors corrected within the specified timescale of 35 days.

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

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

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

Coding team are also supporting the GIRFT meetings in various specialties.

The DHCW Clinical Coding National Audit has been arranged for January.

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

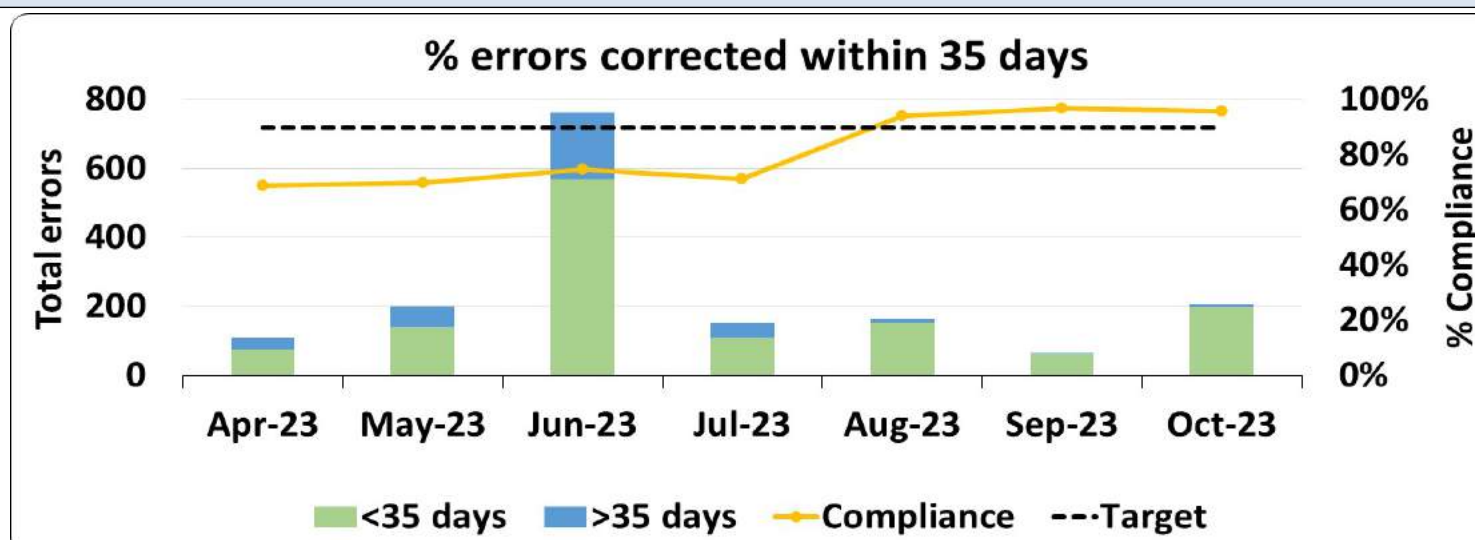
The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process.

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

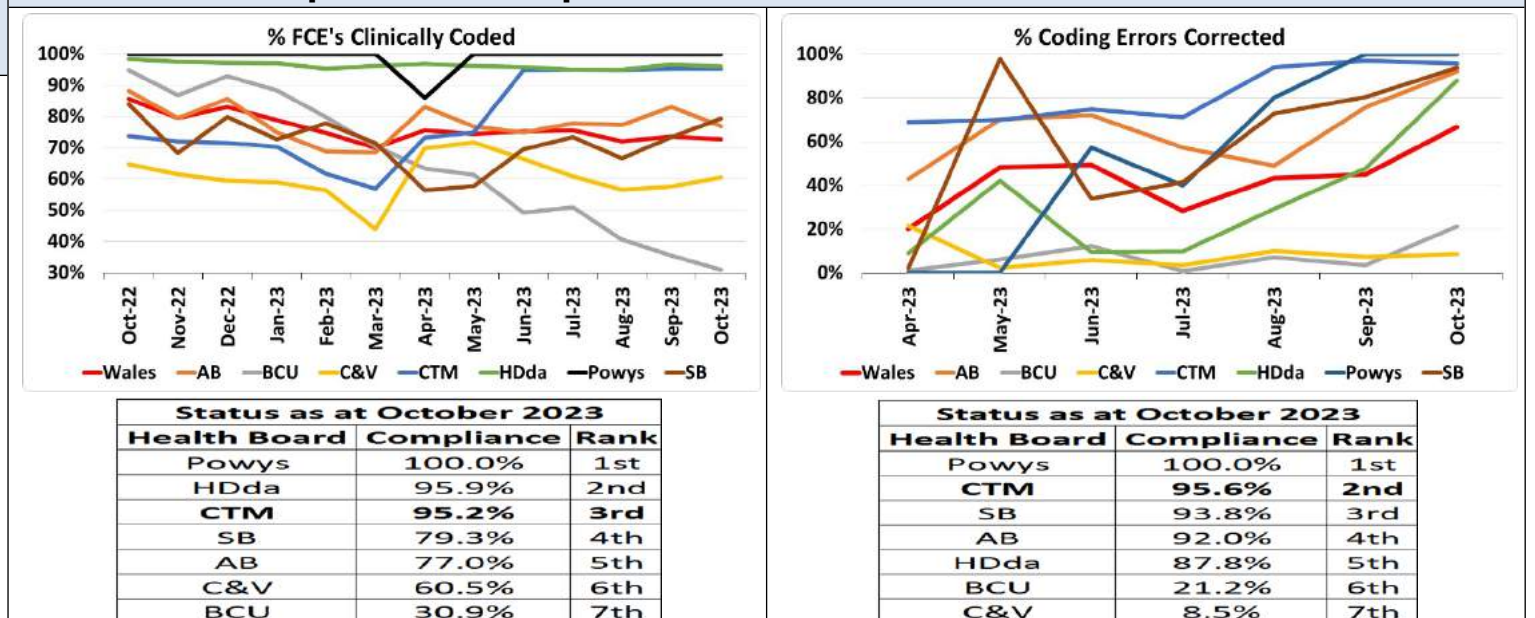
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Coded Position as at 2nd January 2024				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9796	9622	174	98.2%
May-23	11344	11101	243	97.9%
Jun-23	11499	11320	179	98.4%
Jul-23	11432	11239	193	98.3%
Aug-23	11305	11084	221	98.0%
Sep-23	11844	11520	324	97.3%
Oct-23	12610	12079	531	95.8%
Nov-23	12659	9975	2684	78.8%
Dec-23	9672	2407	7265	24.9%
Total	102161	90347	11814	88.4%
Current Uncoded Backlog (Apr to Oct 2023)		1865	2.34%	

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - October 23 - 95.6%



How do we compare with our peers?

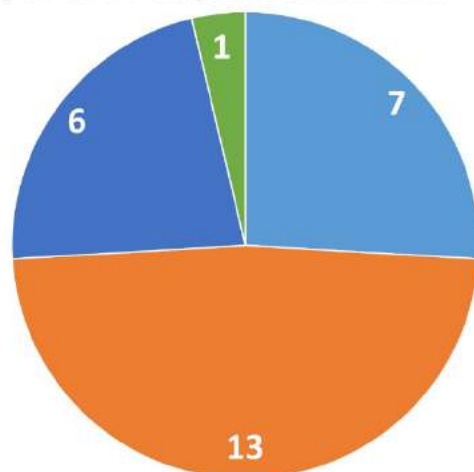


Efficient Services – Pathways of Care Delayed Discharges - December 2023

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 27 / Non Mental Health Delays = 198

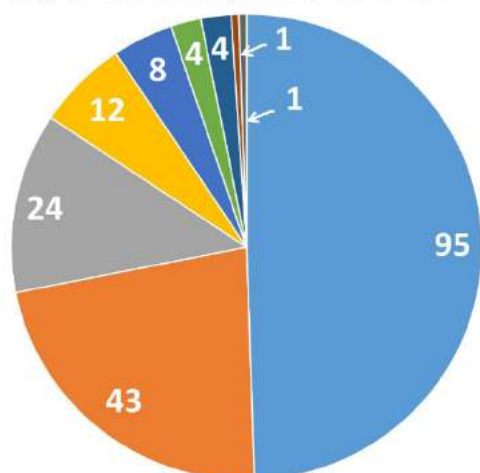
Mental Health - Reasons for Patient Pathway of Care Delays December 2023

- Assessment Issues
- Care Home placement arrangements
- Disagreements/Legislation
- Step down to recover and assess



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

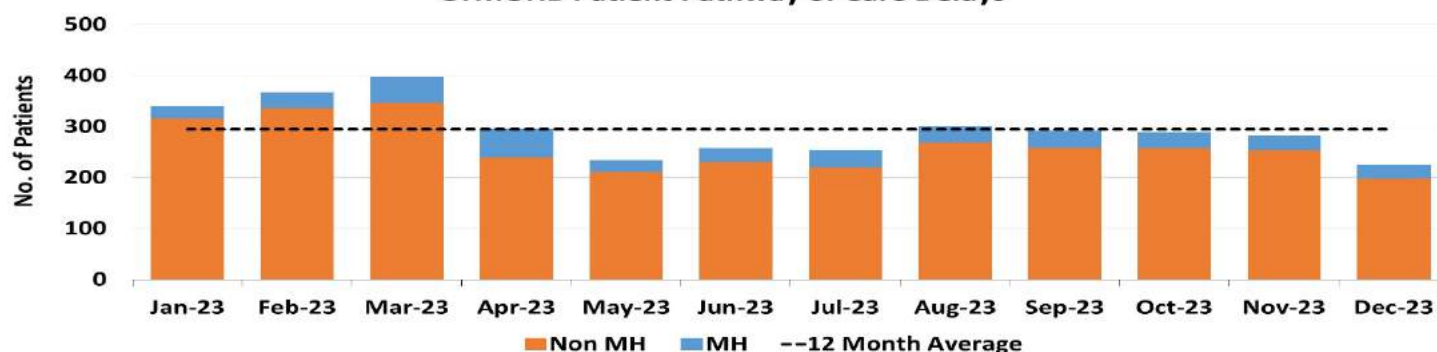
- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Transfer related issues
- Disagreements/Legislation
- Step down to recover and assess
- Housing Related Issues
- NHS Bed related issues
- Funding Issues



Delays by Local Authority - December 2023

Healthcare Facility	Powys	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Cardiff	Total
PCH	3				11		10		3	27
POW			46			1		3		50
RGH			1				59			60
YCC				1	23		27			51
YCR							37			37
Grand Total	3	0	47	1	34	1	133	3	3	225

CTMUHB Patient Pathway of Care Delays



How are we doing?

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

The total number of patients who have been clinically optimised for discharge and are currently awaiting their next stage of care (census 29th December) equates to 225 patients i.e. 198 non-Mental Health patients and 27 Mental Health patients, as is shown in the pie charts to the left. Patients who have experienced delays in the next stage of their care pathway has averaged 294 over the last 12 months, as observed in the chart bottom left.

What actions are we taking & when is improvement anticipated?

A "Pathways of Care Delayed" PoCD targeted action group has been established as a subsidiary to the Integrated Discharge Delivery Board. The aim of this group is to review and monitor the plan, identify any emerging themes and drive additional mitigating actions as necessary.

PoCD data for December shows an increase in delays associated with residential care – as a result this has been escalated to the residential care integrated group and are developing a related action plan.

Significant work has been delivered related to assessment delays with the successful recruitment of 6 trusted assessors from the third sector, with an aim to have them in post by the end of February. A trusted assessor task and finish group has been established to develop a bespoke trusted assessor training package to support the function for the eToC (Electronic Transfer of Care).

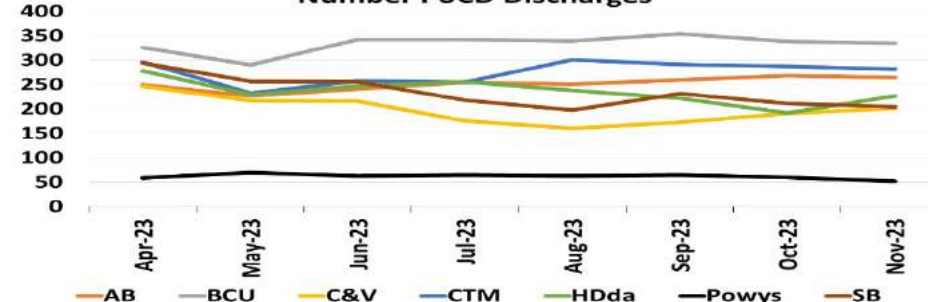
The Discharge Toolkit was launched as part of the Optimise programme and an agreement given that the Integrated Discharge Board will revise the CTM discharge policy in line with national guidance published in December 2023.

What are the main areas of risk?

- Residential home capacity has been noted as an increased risk this month with our longest PoCD delays related to EMI nursing bed availability.
- Reduction in assessment delays in line with targets set
- Ongoing funding for the D2RA Hub

How do we compare with our peers?

Number PoCD Discharges



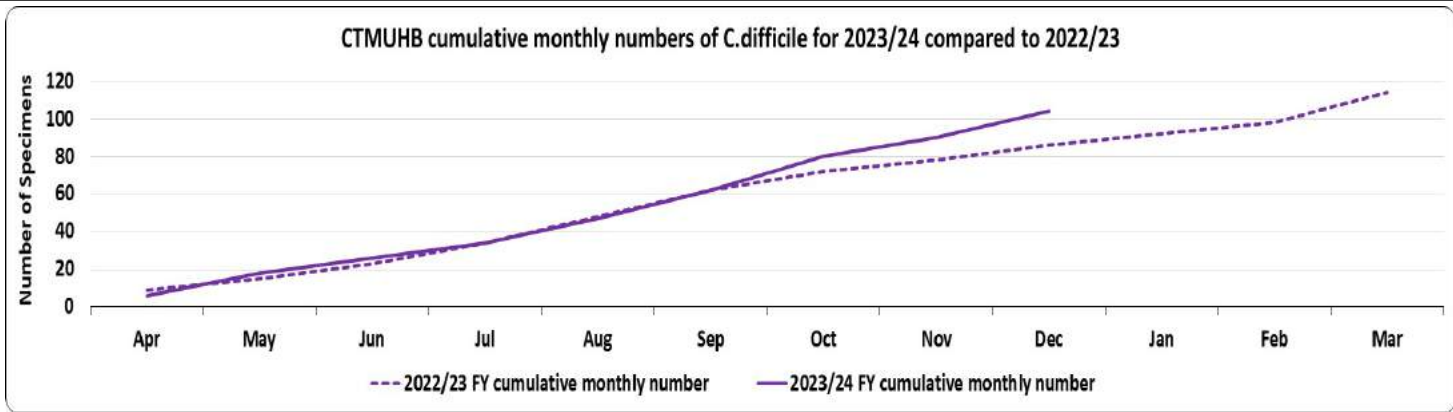
Status as at November 2023

Health Board	Compliance	Rank
Powys	52	1st
C&V	202	2nd
SB	205	3rd
HDda	227	4th
AB	264	5th
CTM	282	6th
BCU	335	7th

Safe Services – Healthcare Acquired Infections

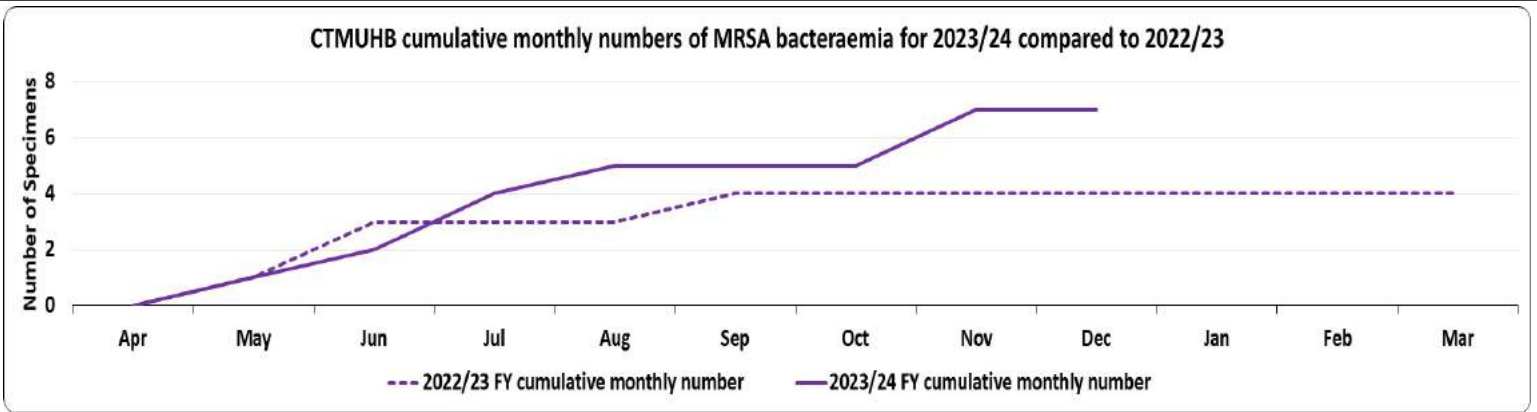
C.difficile

104 C.difficile cases have been reported by CTM between Apr-Dec 2023. This is 18 more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 30.77, which compares to the All Wales rate of 37.75. 35% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with 65% of the specimens community onset (specimen taken in a community location or <3 days as hospital inpatient). Opportunities to reintroduce the RCA process in primary care is being explored to identify and share learning.



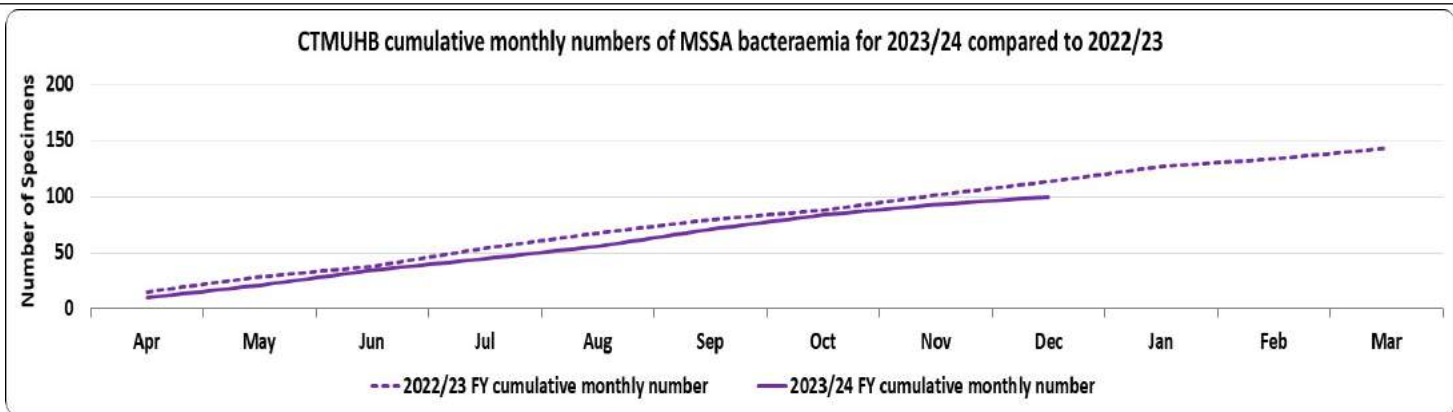
MRSA

7 MRSA bacteraemia have been reported by CTM between Apr-Dec 2023. This is 3 more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 2.07, which compares to the All Wales rate of 1.72. Five cases are community onset with two cases being hospital onset. No preventable sources identified.



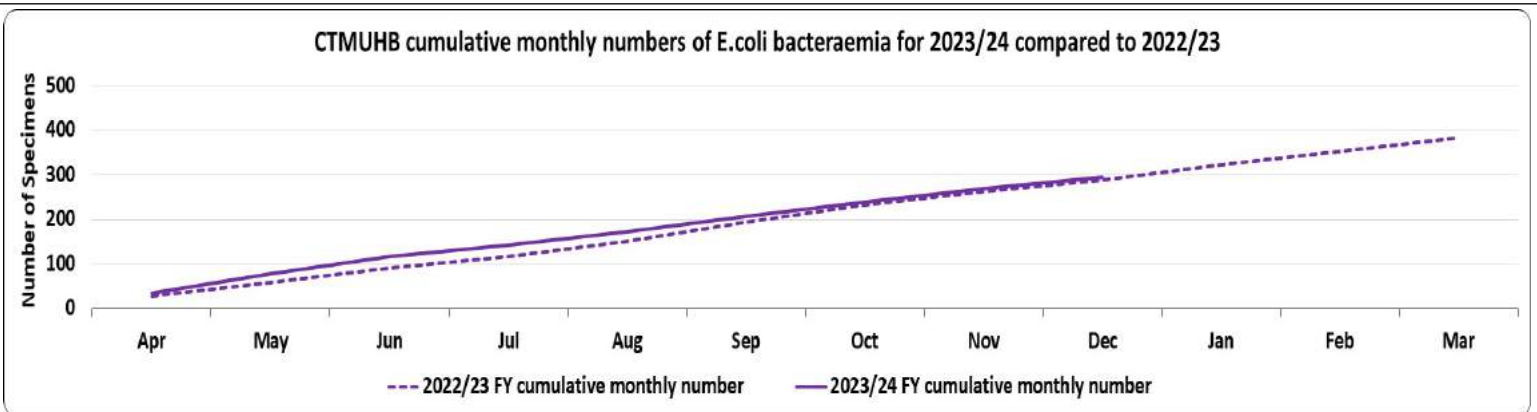
MSSA

100 MSSA bacteraemia have been reported by CTM between Apr-Dec 2023. This is 14 (12.3%) fewer than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 29.59, which compares to the All Wales rate of 25.70. 77.0% of the specimens taken are community onset with 12% of the total cases being associated with an invasive device.



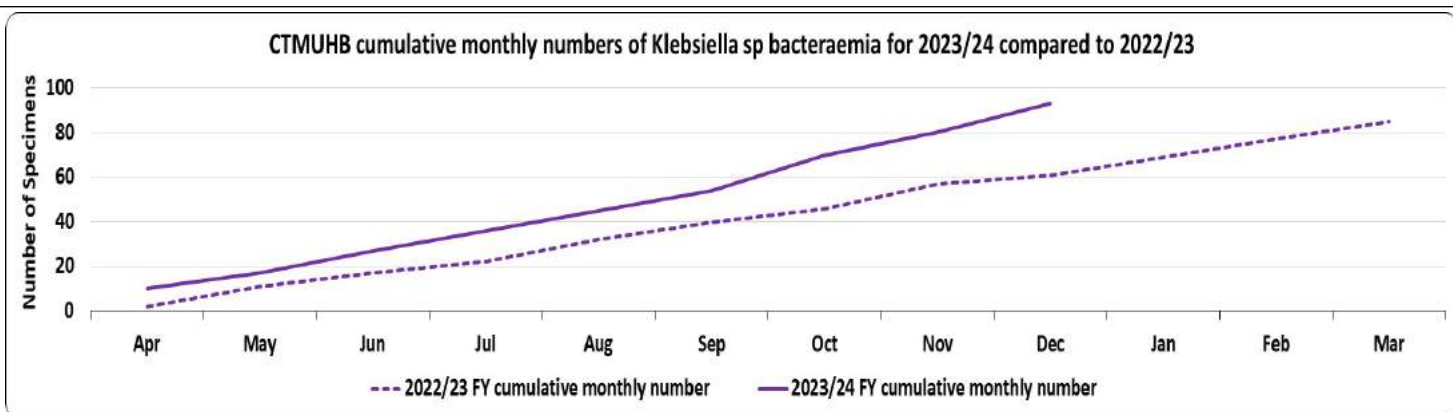
E.coli

294 E.coli bacteraemia have been reported by CTM between Apr-Dec 2023. This is 6 (2.1%) more than equivalent period of 2022/23. The provisional rate per 100,000 population for 2023/24 is 86.98, which compares to the all Wales rate of 74.78. 79.3% of specimens are community onset. Around 10% cases are linked to a urinary catheter. An IPC huddle is arranged to discuss each preventable bacteraemia and learning is shared widely. The IPC team is working with clinical teams to undertake a point prevalence study to identify urinary catheter usage, improve ANTT and IPC training compliance and introduction of the catheter passport in secondary care.



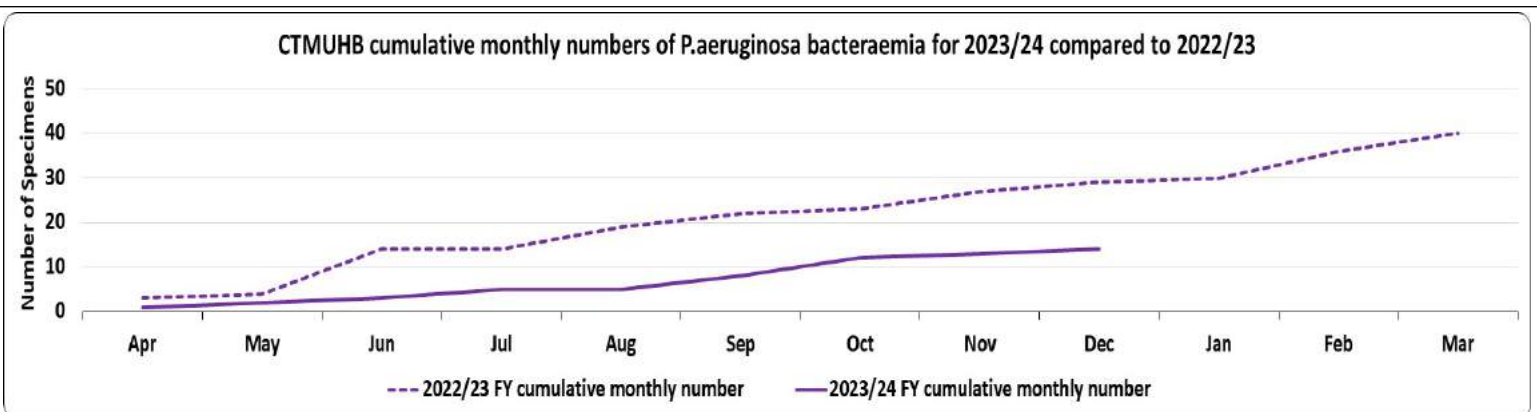
Klebsiella sp

The WG improvement goal requires a 10% reduction compared to 2017/18 figures; this equates to no more than 63 cases. 93 Klebsiella sp bacteraemia have been reported by CTM between Apr-Dec 2023. This is 32 (52.5%) more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 27.52, which compares to the All Wales rate of 23.93. Of specimens taken, 66.7% are community acquired infections.



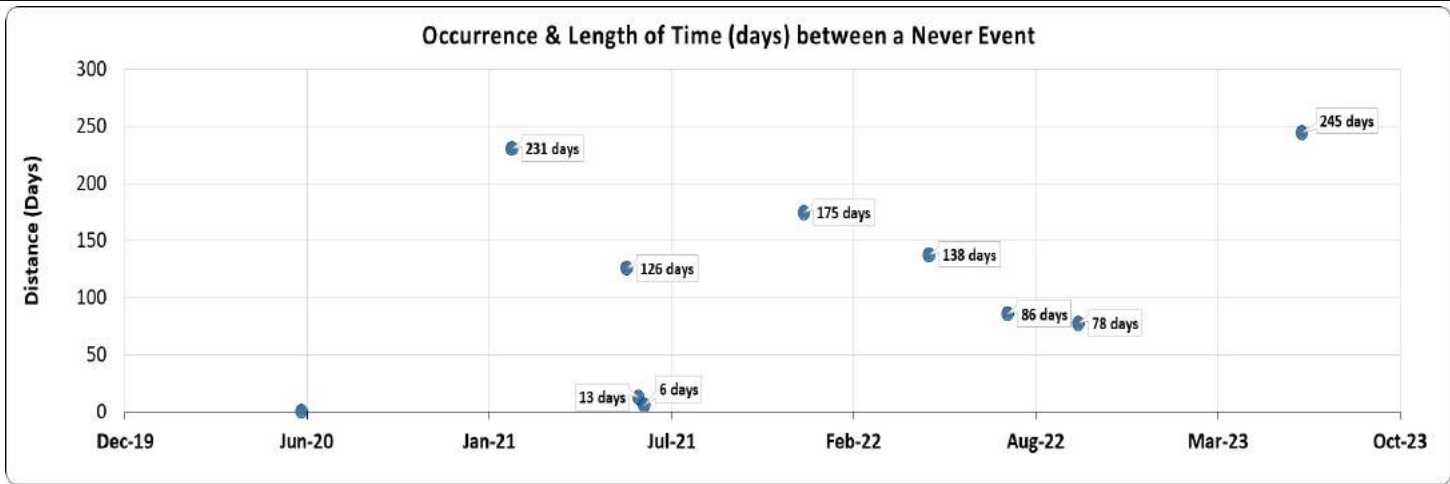
P.aeruginosa

14 P.aeruginosa bacteraemia have been reported by CTM between Apr-Dec 2023. This is 15 (51.7%) fewer than in the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 4.14, which compares to the All Wales rate of 5.00. Eight of the 14 infections are community acquired infections. Around a quarter of the cases are linked to a urinary catheter.



Safe Services – Never Events & Nationally Reportable Incidents

Number of Never Events – December 2023 - Zero



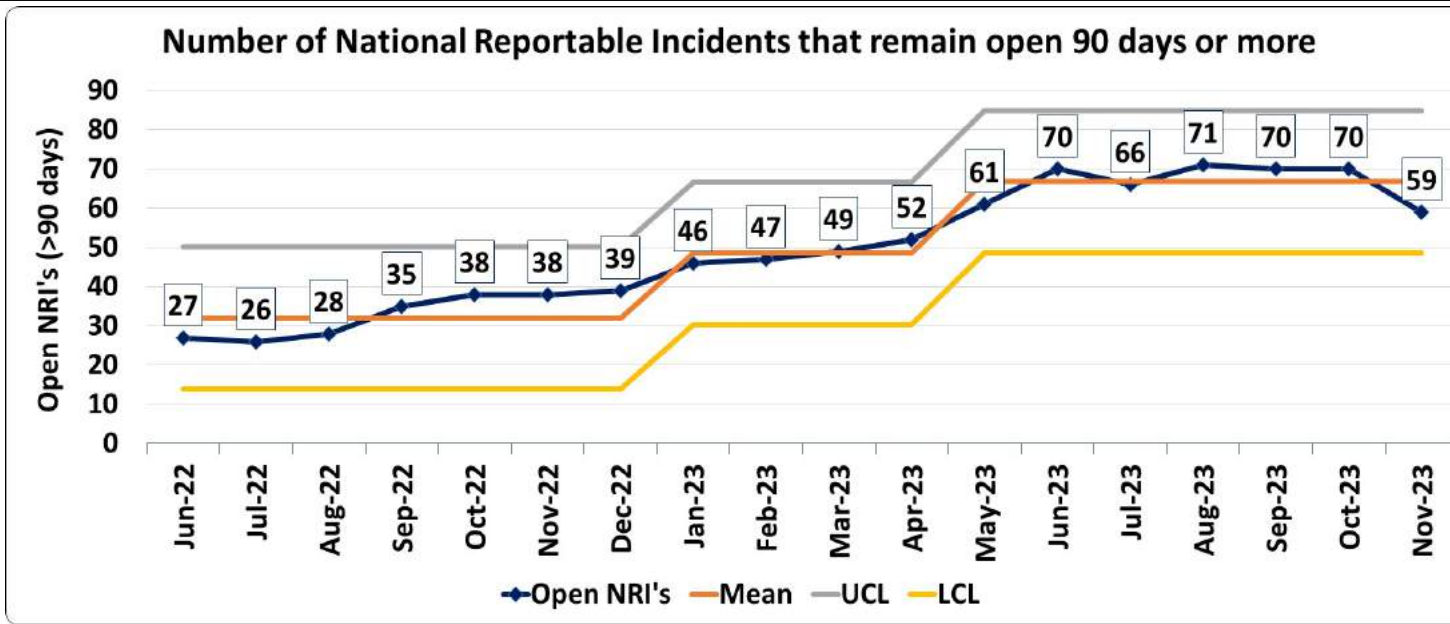
Never events are patient safety incidents that are defined as being wholly preventable. They are considered wholly preventable because guidance or safety recommendations are in place at a national level and should have been implemented by all providers in the healthcare system. This should act as a strong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

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

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

Investigations remain ongoing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – November 2023 - 59

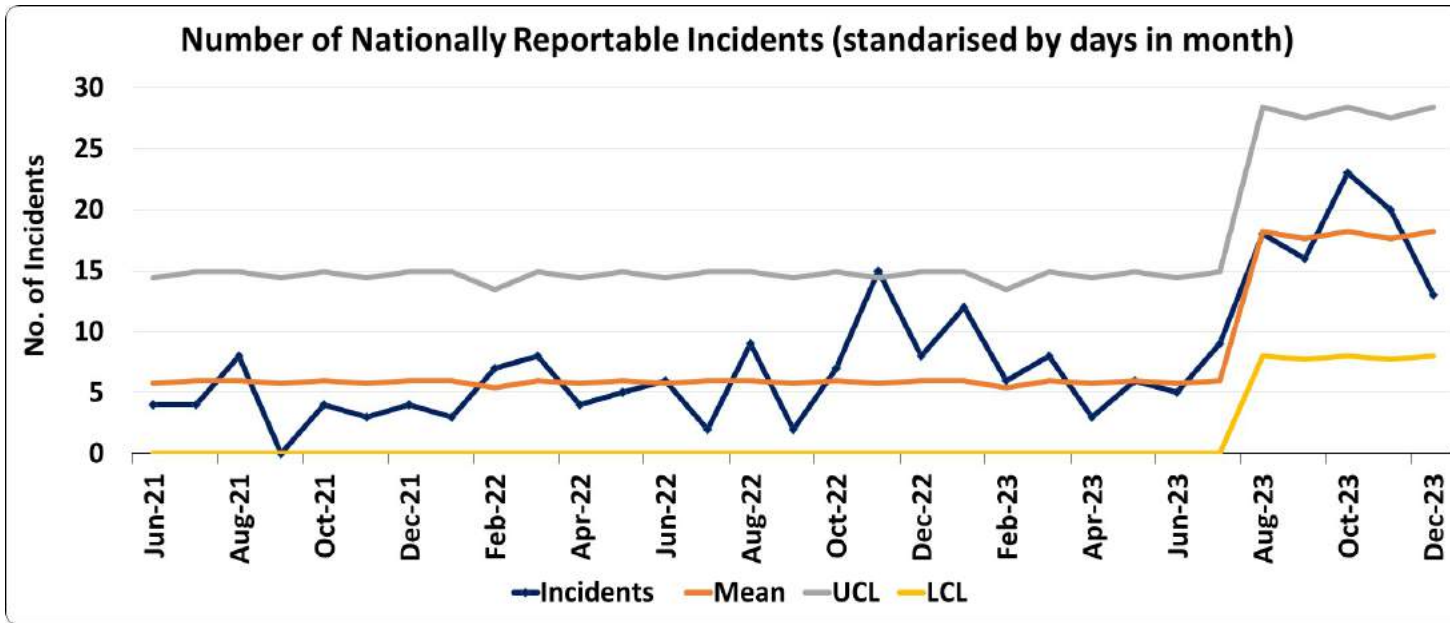


The Health Board currently has 72 open Nationally Reportable Incidents, of which 59 are overdue the timescale for completion. A trajectory plan for concluding all overdue Nationally Reportable Incidents is in place.

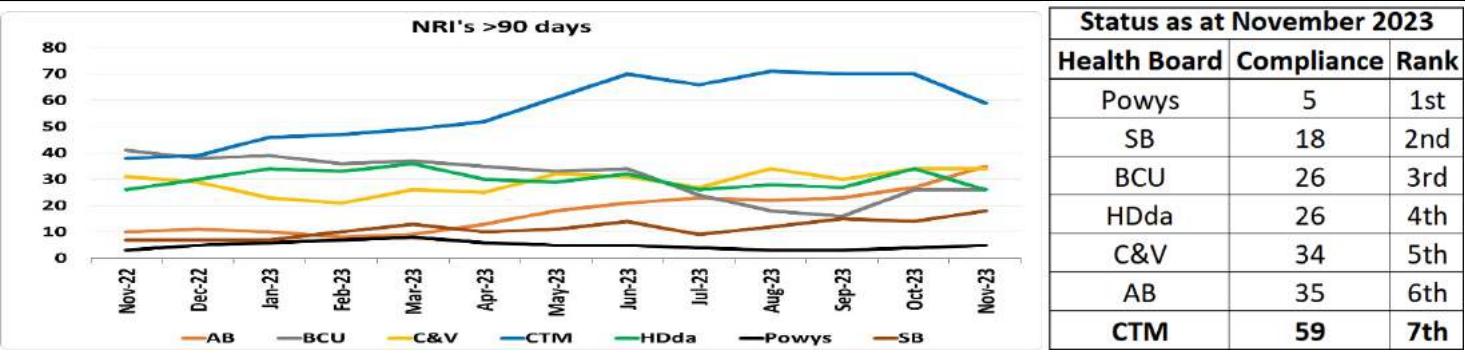
During December, 13 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 140 incidents submitted during the last 12 months.

A consolidation exercise of all open Nationally Reportable Incidents was undertaken and a trajectory plan established to address the number of outstanding Nationally Reportable Incidents. This is reflective in the increase in the number of closure bundles submitted since November 2023.

Type of Nationally Reportable Incidents	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Pressure Damage	2	3	2	1		3	2	6	2	7	8	5	41
Infection Prevention & Control								6	10	13	5	1	35
Clinical Assessment, clinical diagnosis			1		1	1	2	1	3		5	3	17
Maternity adverse occurrence	1	2	1		2		1	4				1	12
Treatment, Procedure	3		2	1			2		1	1		2	12
Admission / Transfer / Discharge	5		1				1			1	1	1	10
Patient/Service user death		1	1		3	1		1					7
Medication				1			1			1			3
Safeguarding	1												1
Accident, Injury		1											1
Infrastructure (Staffing/Facilities/Environment)											1	0	1
Grand Total	12	7	8	3	6	5	9	18	16	23	20	13	140

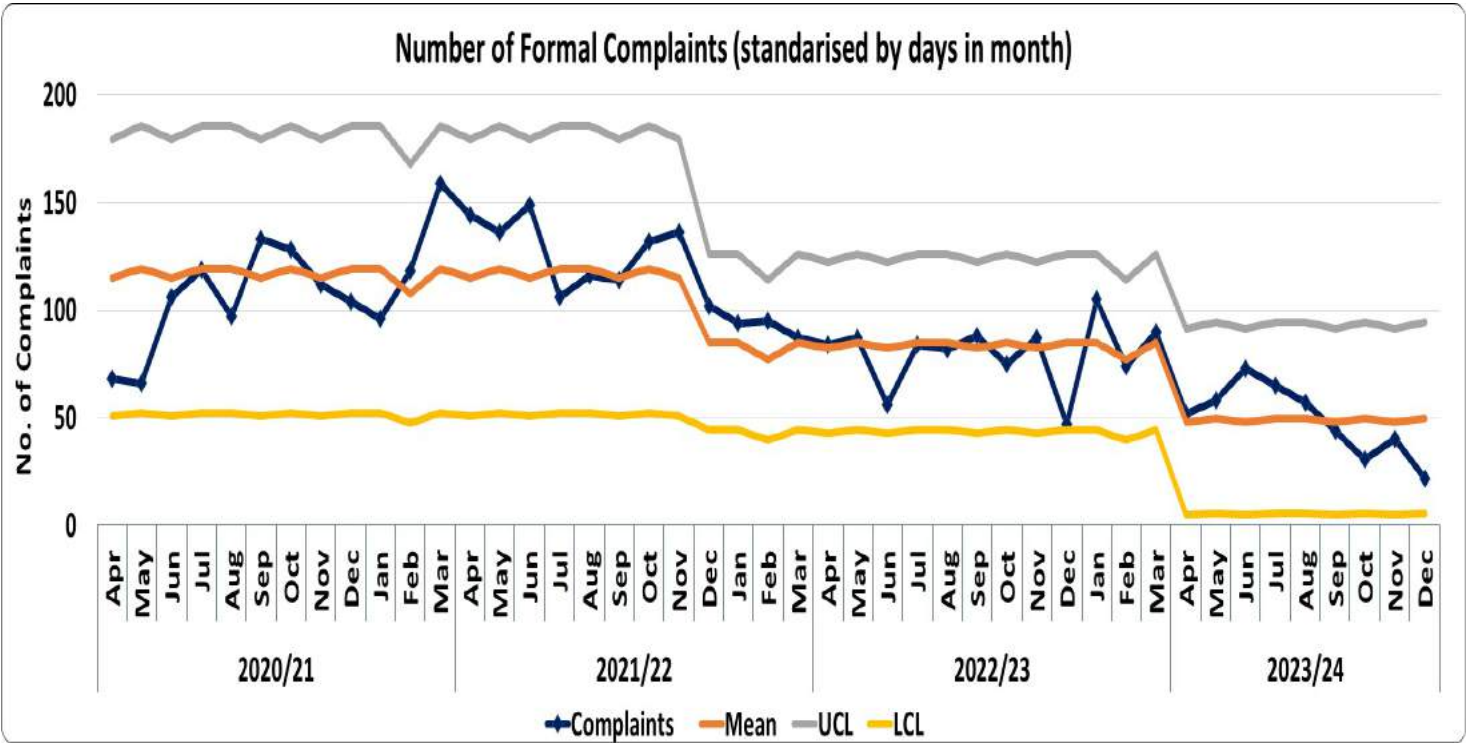


How do we compare with our peers?



CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – December 2023 - 22 Formal Complaints

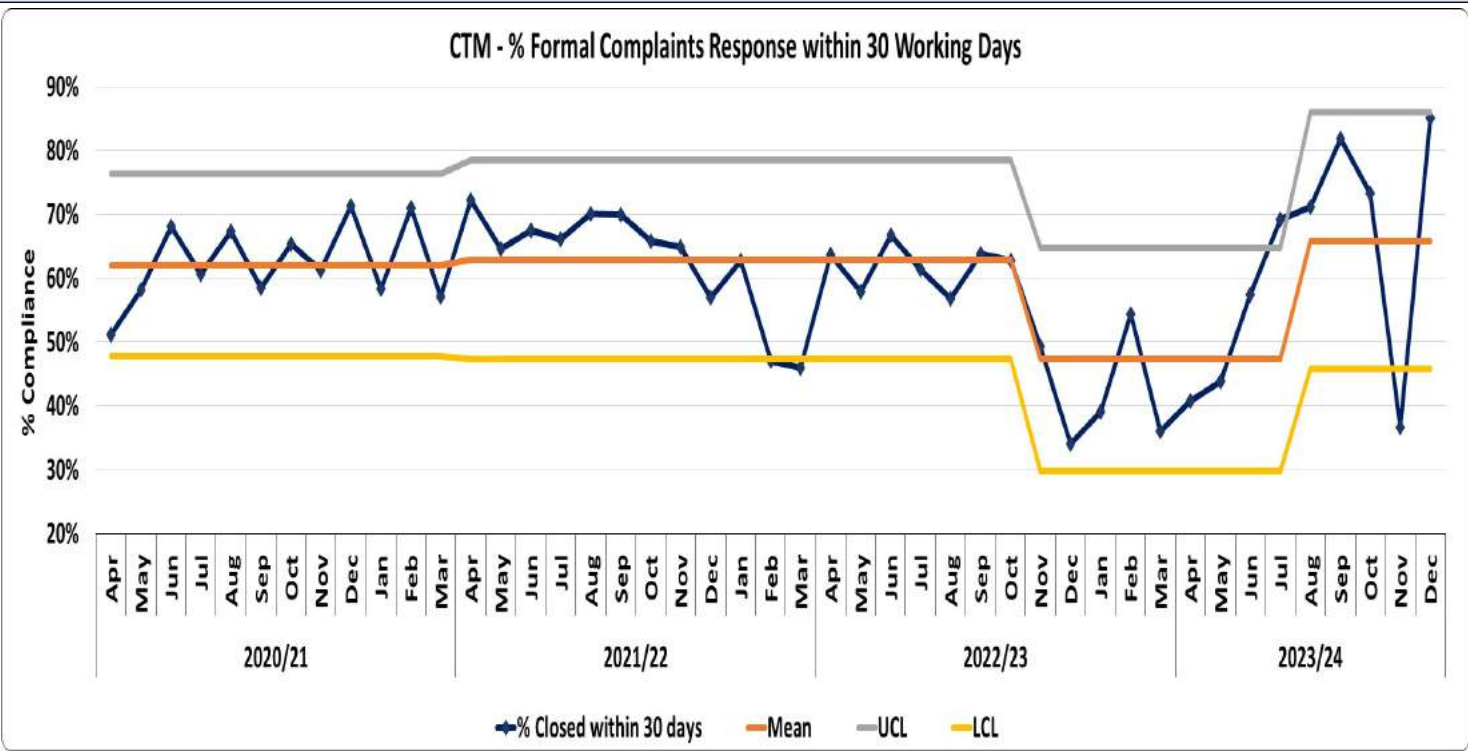


During December, 22 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. Current volumes remain below the current mean of 50.

For those complaints received during December, the top five themes relate to clinical treatment/assessment (16), other (2) and attitude & behaviour, appointments, medication and assault; 1 apiece.

Top Ten - Main Themes from Complaints during the last 12 month period	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Clinical treatment/Assessment	60	44	47	33	32	45	36	45	33	23	33	16	447
Communication Issues (including Language)	9	9	14	1	6	3	3	0	0	0	0	0	45
Attitude and Behaviour	8	4	8	3	1	3	5	2	1	0	2	1	38
Appointments	5	2	5	1	6	5	6	1	1	1	0	1	34
Discharge Issues	4	6	6	4	2	2	3	2	0	0	0	0	29
Other	1	3	1	2	2	2	3	4	5	2	0	2	27
Medication	4	0	0	3	4	6	2	1	1	1	2	1	25
Patient Care	7	3	0	0	2	4	2	0	2	0	1	0	21
Referral	2	1	1	2	1	1	1	0	0	2	1	0	12
Accident/Falls	0	0	0	0	0	2	1	2	0	1	0	0	6

% formal complaints response within 30 working days – December 2023 – 85%



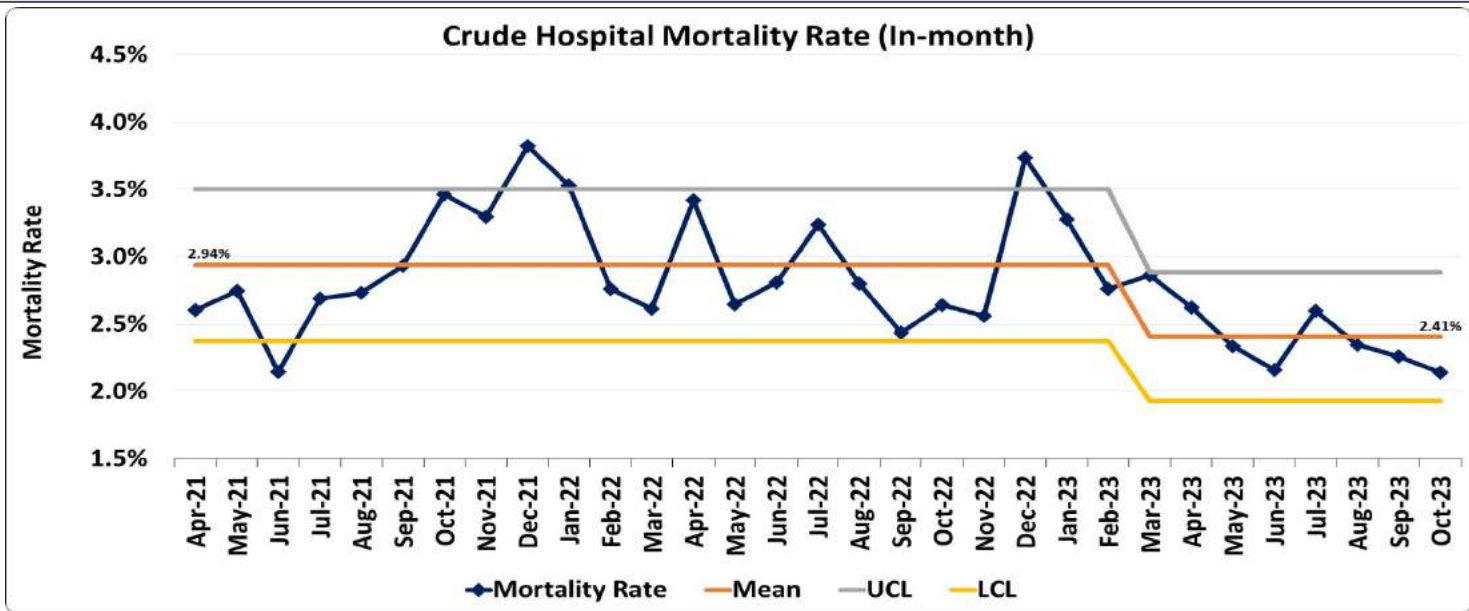
The proportion of complaints responded to within 30 working days improved markedly during December from 36.6% in the previous month to 85.0% and stands above CTM's set target of 75%.

During November 2023 focused work was undertaken to address the number of historic cases open (those over 30 working days) and provide a final response to patients or their families. As a result of this focussed work compliance with the 30 working day target decreased to 37% with compliance returning above the target during December (83%).

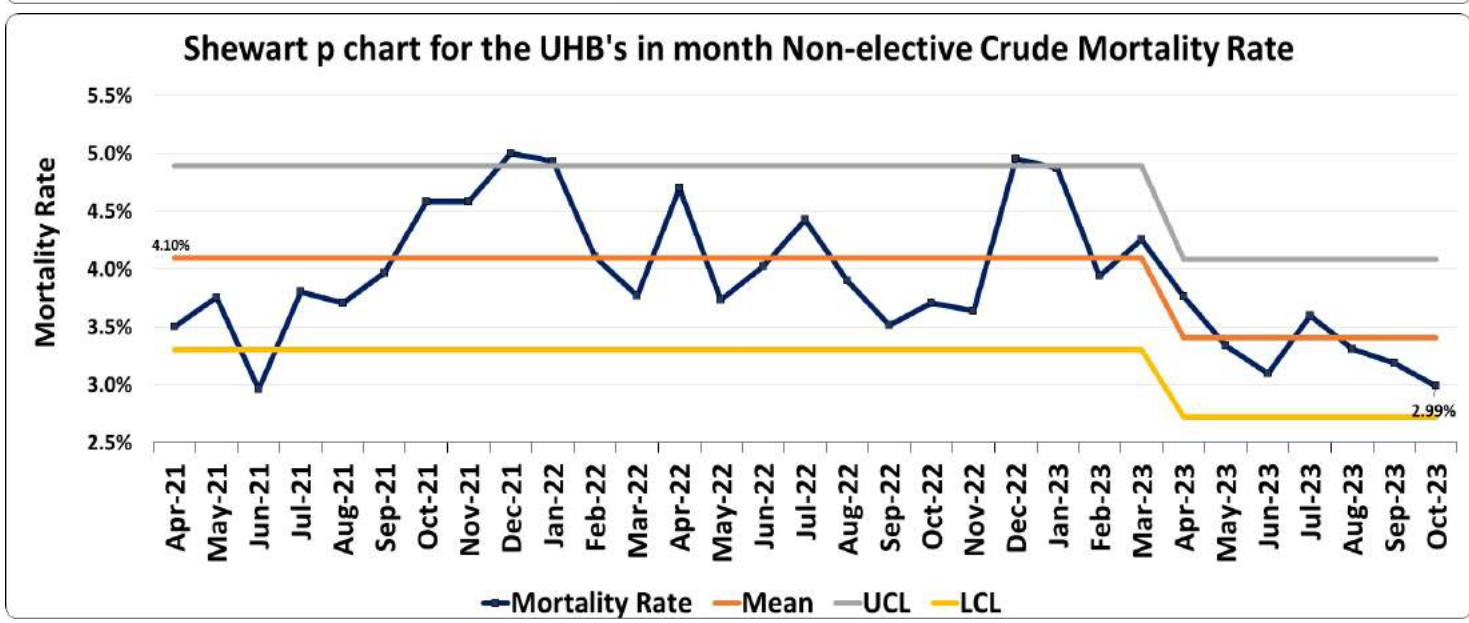
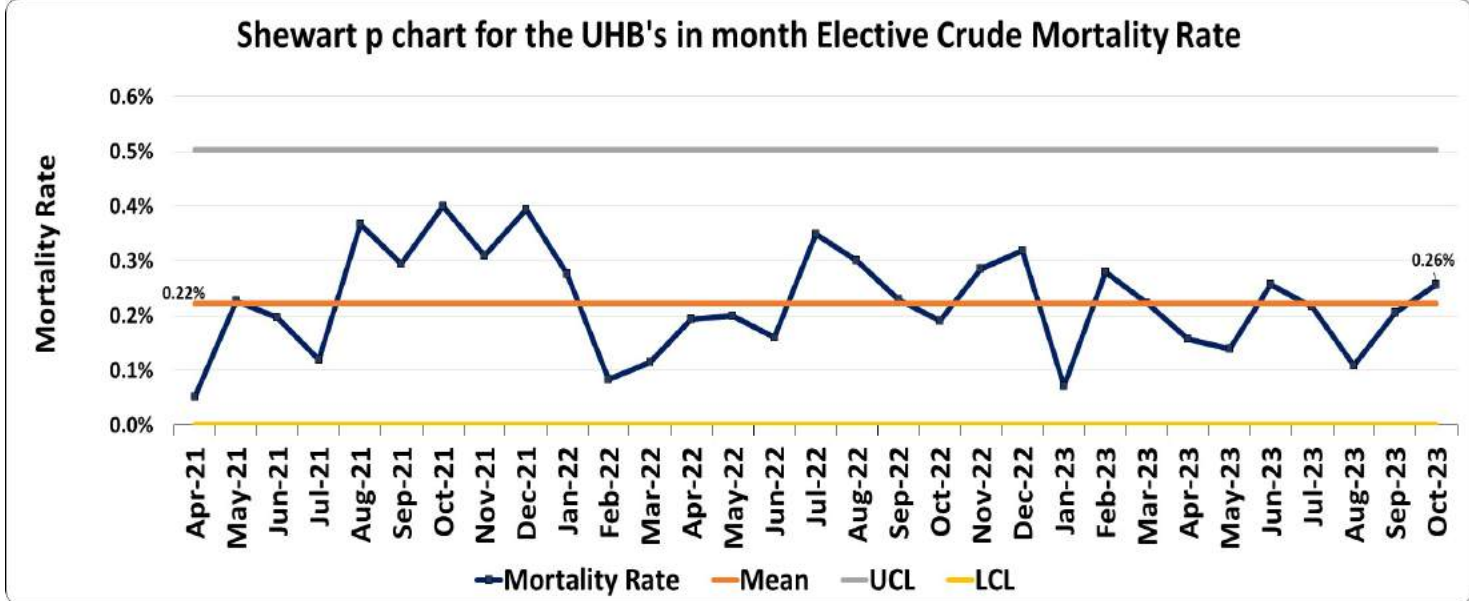
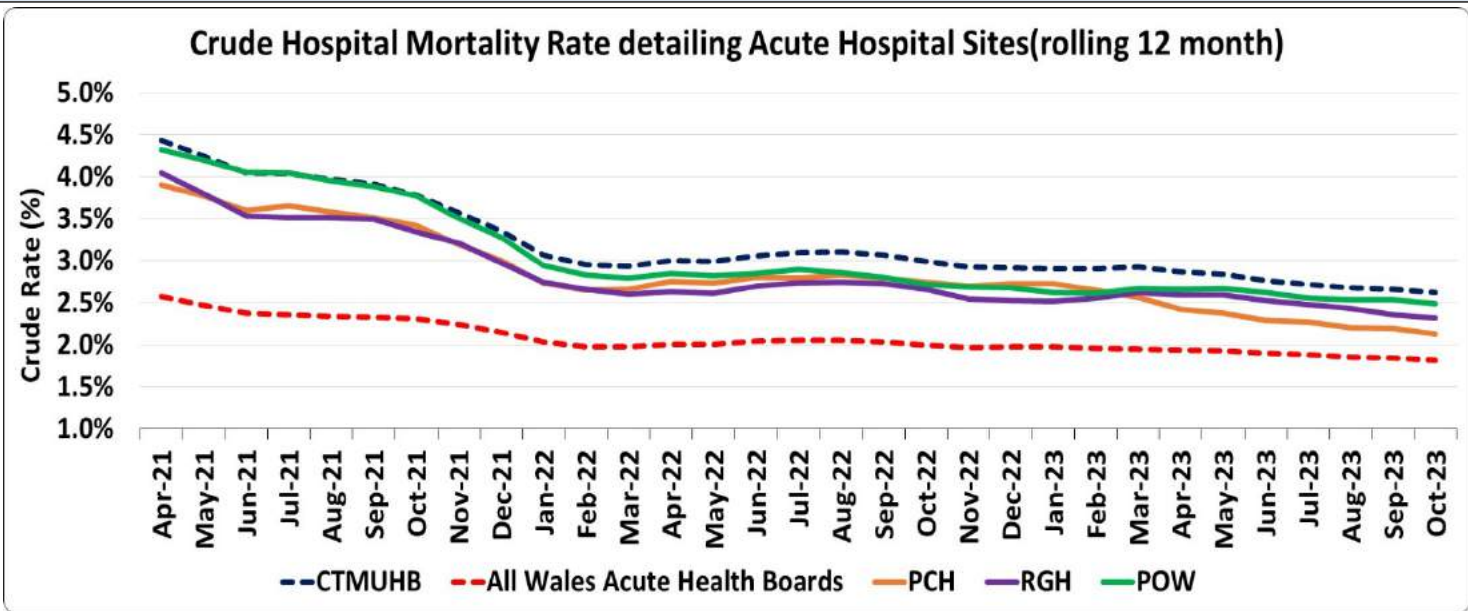
At the start of January, the Health Board had 45 open formal complaints and of these, 22% (10 complaints) were open over 30 working days.

CTMUHB Focus on Mortality Rates

In-month Crude Hospital Mortality Rates



Rolling 12 month Crude Hospital Mortality Rates



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

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

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

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 9

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

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

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

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.
- Work is required to ensure data included in this report are consistently captured and appropriately validated.
- Improving and maintaining compliance with the 30 working days complaints response rate.

4. Assessment

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



(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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 <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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	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.

2023-24 Finance Report

Month 9

Summary

Situation

This report outlines our financial performance for Month 9 (i.e. the period to 31st December 2023).

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 9 (i.e. the Delegated budget position).This Finance Performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

Background

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

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

During M7, WG confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £7.7m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24.

Summary



Assessment	Recommendation
<p>Overall Revenue position- 2023/24:</p> <ul style="list-style-type: none">The M9 position was a £1.0m surplus and the M9 YTD position is now reporting a £2.1m deficit against the Revenue Resource Limit.As at M9 we are continuing to forecast a break even position for 23/24, which is consistent with the Control Total target set by WG. This forecast assumes that we will receive £9.4m of funding for energy and £8.9m for ongoing Covid programme costs.The key risks to the break even forecast are included in the Risks & Opportunities table on Page 18. The key risks relate to anticipated funding from WG for pay awards and Real Living Wage which have yet to be confirmed plus the costs of industrial action. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none">As at M9 the HB is forecasting an underlying deficit at the end of 23/24 of £35.7m (M8: £35.7m). Further information is provided on Page 8.The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25.	<p>The Board is asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 31st December 2023.</p>



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6	Summary Income & Expenditure account
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12	Non pay Expenditure Trends
13	COVID Expenditure Trends
14	Income Trends
15-16	Income Assumptions
17	Savings
18	Risk Management
19	Statement of Financial Position
20	Cash Flow forecast
21	Public Sector Payment Policy Compliance
22	Capital Expenditure

Overall Revenue Position

- The M9 position was a £1.0m Surplus and the M9 YTD position is a £2.1m deficit.
- The Health Board is continuing to forecast a break even position, which is consistent with the Control Total target set by WG.
- The key risks/opportunities to this forecast are included in the Risk& Opportunities table on Page 18.
- The forecast underlying deficit at the end of 23/24 is £35.7m (M8: 35.7m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25.

Savings

- The actual savings to M9 was £20.0m which is £0.5m below the M9 YTD savings target of £20.5m.
- The M9 forecast In year savings is £28.1m. This represents a step up of £2.1m in the last 3 months of the year compared to trend and a forecast over achievement of £0.8m compared to the £27.3m target.
- The M9 forecast Recurrent savings of £28.3m is £1.0m over the £27.3m target.

Cash

- The closing cash balance at 31st December 2023 was £6.4m.
- The forecast Cash Flow position to year end shows a nil balance. This forecast assumes working balances' cash for both Revenue and Capital of £11.0m and £1.75m respectively. This requirement represents the projected reduction in the creditors/accruals during 23/24.

Capital

- The latest Capital Resource Limit for 23/24 is £69.5m. This was issued on the 21st December 2023.
- Expenditure to M9 was £49.5m.
- The forecast outturn Capital position is breakeven to the CRL target.

Summary Income & Expenditure Account



	M9 Actual	M9 YTD	Year End Forecast
	£k	£k	£k
01. Revenue Resource Limit	(114,815)	(1,014,903)	(1,353,166)
02. Capital Donation / Government Grant Income	0	(44)	(200)
03. Welsh NHS Local Health Boards & Trusts Income	(7,373)	(64,445)	(85,100)
04. WHSSC Income	(1,065)	(9,099)	(12,228)
05. Welsh Government Income (Non RRL)	237	1,395	1,995
06. Other Income	(3,671)	(33,604)	(43,969)
Total Allocations & Income	(126,687)	(1,120,700)	(1,492,668)
08. Primary Care Contractor	13,599	114,686	154,469
09. Primary Care - Drugs & Appliances	8,165	76,779	102,309
10. Provided Services - Pay	55,858	507,452	676,194
11. Provider Services - Non Pay	10,874	90,709	120,205
12. Secondary Care - Drugs	4,412	41,961	56,802
13. Healthcare Services Provided by Other NHS Bodies	21,988	199,572	266,599
14. Non Healthcare Services Provided by Other NHS Bodies	364	3,250	4,216
15. Continuing Care and Funded Nursing Care	6,136	48,284	65,900
16. Other Private & Voluntary Sector	1,150	12,440	16,120
17. Joint Financing and Other	312	2,289	3,096
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,766	24,894	33,240
23. AME Donated Depreciation\Impairments	57	555	(6,429)
24. Uncommitted Reserves & Contingencies	0	0	0
25. Profit\Loss Disposal of Assets	(13)	(53)	(53)
Total Expenditure	125,668	1,122,818	1,492,668
Grand total	(1,019)	2,118	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 M9 YTD Total Allocations & Income of £1,121m is in line with 8/12ths of the year end forecast of £1,493m.
- After allowing for the AME Donated Depreciation profile, the M9 YTD expenditure of £1,123m is also broadly in line with 9/12ths of the year end forecast of £1,493m.
- The key risks to this break-even forecast are included in our Risks & Opportunities Table (Page 18).



	M9 Actual	M9 YTD	M9 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	4.2	49.0	63.8	70.9
Confirmed WG Funding	(5.2)	(46.9)	(62.5)	0
Total	(1.0)	2.1	1.3	70.9
Energy:				
Exceptional Energy inflation	0.1	6.0	8.1	8.7
Anticipated Energy Funding	(0.1)	(6.0)	(9.4)	0
Total	0.0	0.0	(1.3)	8.7
Covid programme costs:				
Health Protection	0.5	4.8	7.1	9.1
PPE	0.0	0.3	0.4	1.0
Adferiad	0.1	0.4	0.8	1.0
Nosocomial	0.0	0.4	0.6	0.6
Anticipated funding	(0.7)	(5.9)	(8.9)	(11.7)
Total	0.0	0.0	0.0	0
Grand total	(1.0)	2.1	0.0	79.6

Key Points:

- Core plan and Energy

The M9 position was a £1.0m surplus and the M9 YTD position is a £2.1m deficit. As at M9 we are forecasting a Core plan deficit of £1.3m which is offset by a £1.3m surplus on Energy.
- The latest Energy forecast assumes that the Health Board receives the £9.4m funding referred to in the WG letter dated 20 October. The £8.1m forecast cost pressure includes the laundry cost pressure plus the expected benefit from reduced non commodity costs.
- The key risks to this break-even forecast are included in our Risks & Opportunities Table on Page 18. The main risks relate to anticipated funding from WG which has yet to be confirmed plus Junior doctor industrial action.
- The Board fully recognises the importance of achieving the break-even Control Total to secure £51m of recurrent funding for next year. Our draft financial plans for next year and our Forecast Recurrent position are assuming that this recurrent funding will be secured.
- Covid programme costs

As at M9 the Health Board is reporting COVID Programme expenditure of £5.9m with a forecast out-turn of £8.9m (M8: £9.0m). In line with the WG guidance, we are anticipating that all COVID Programme costs will be fully funded.

Forecast Underlying Deficit



Recurrent Financial Challenge	M9	M8
	£m	£m
Brought Forward Financial Challenge 1 April 2023	70.9	70.9
Exceptional Energy Costs	8.9	8.9
Assumed WG recurrent funding – conditional upon achieving break even in 2023/24	(51.1)	(51.1)
Net Other Movements	7.0	7.0
Forecast Carry Forward Financial Challenge 31 March 2024	35.7	35.7

Bridge from 2023/24 Forecast position to Forecast underlying Deficit	
	£m
Forecast position 2023/24	0
Non Recurrent 2023/24 WG inflation funding	11.4
Non Recurrent 2023/24 WG energy funding	8.9
Accountancy gains	5.0
Non Recurrent Income – Llantrisant Health Park income	1.8
Non Recurrent benefits – VAT & Rates rebates	1.2
Non Recurrent benefits – WHSSC	1.8
Removal of all Wales DoF LTA agreement in 2024/25	3.5
Other Contracting Changes	1.1
Other Non Recurrent items	1.0
Forecast Carry Forward Financial Challenge 31 March 2024	35.7

Key Points:

- As at M9 we are reporting a forecast Underlying deficit at the end of 23/24 of £35.7m (M8: £35.7m).
- After allowing for energy pressures and WG additional funding support, the recurrent deficit has deteriorated by £7.0m from the original opening position at the 1st April 2023..
- The movement from the current year (2023/24) forecast break even position to the forecast underlying deficit of £35.7m is itemised in the “Bridge” table.
- The main causes of the deterioration is:
 - £20.3m of 23/24 WG Non recurrent funding support not anticipated to be recurrent.
 - £5.0m of accountancy gains
 - £4.8m of other one off benefits in 23/24 (LHP, VAT, Rates and WHSSC)
 - £4.6m recurrent impact of LTA contracting issues with other Health Boards.
 - £1.0m of Other non recurrent items
- The recurrent forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25.



Pay Expenditure Trends



Staff Group	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m
Administrative & Clerical	8.9	7.6	7.6	7.6	7.6	7.6
Medical And Dental	14.6	14.8	14.9	18.1	15.1	15.4
Nursing And Midwifery Registered	20.2	17.4	17.6	18.0	18.4	18.0
Add Prof Scientific And Technical	1.8	1.7	1.7	1.6	1.6	1.6
Additional Clinical Services	8.7	7.4	7.2	7.1	7.3	7.3
Allied Health Professionals	4.1	3.5	3.5	3.5	3.6	3.6
Healthcare Scientists	1.3	1.1	1.1	1.1	1.1	1.1
Estates And Ancillary	3.7	3.1	3.3	3.3	3.3	3.3
Students	.0	.0	.0	.0	.1	.1
Grand Total	63.3	56.6	56.9	60.4	58.0	58.1

Spend category	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m
Core	53.8	48.2	48.7	51.6	49.1	50.0
Agency	4.8	3.9	3.8	5.2	3.8	3.8
Overtime	1.8	1.4	1.7	1.6	1.9	1.3
ADH	1.4	1.7	1.4	1.7	1.8	1.7
Bank	1.2	1.1	1.0	.1	1.3	1.1
WLI	.2	.3	.2	.2	.2	.1
Grand Total	63.3	56.6	56.8	60.4	58.0	58.1

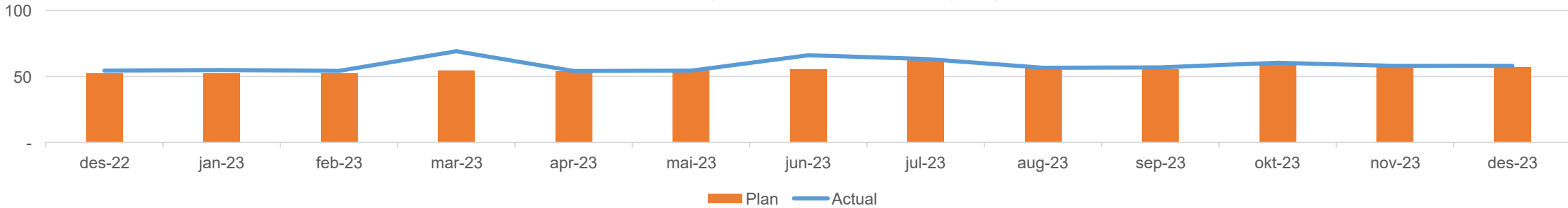
Key Points:

- The July expenditure of £63.3m included £8m for the 23/24 A4C pay award of 5% including arrears. The net position excluding this item was £55.3m.
- There were small increases in August and September followed by a £3.5m increase in October (M7). The M7 increase was mainly due to the Medical & Dental pay award and arrears.
- The M8 position increased by £1.1m compared to M6. This included a £0.8m increase in Registered nursing which has steadily increased over the past 2 months plus a £0.2m increase in Medical pay (estimated pay award impact £0.5m less reductions in medical agency £0.2m).
- The M9 position increased by £0.1m compared to M8. A reduction in Nursing & Midwifery of £0.4m has been offset by an increase in Medical and Dental of £0.3m.
- Core spend has increased by £0.9m, however this has been offset by a reductions in Overtime, ADHs & Bank.
- Overtime has decreased by £0.6m compared to M8
- ADHs have decreased by £0.1m compared to M8.
- Bank has decreased by £0.2m compared to M8.

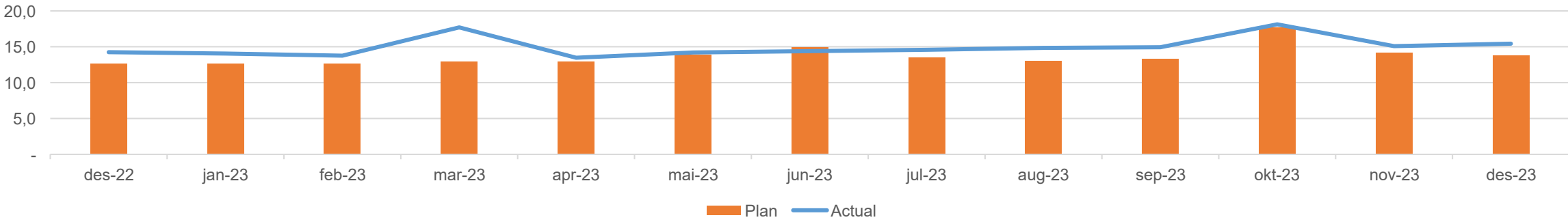


Pay Expenditure Trends

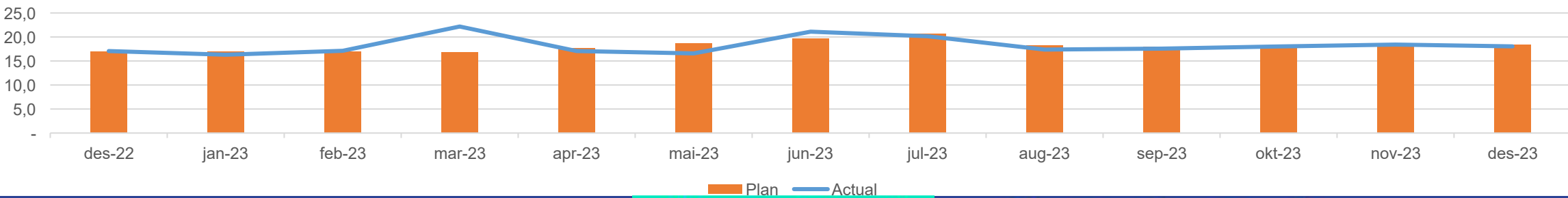
Total Pay Expenditure Trend (£'m)



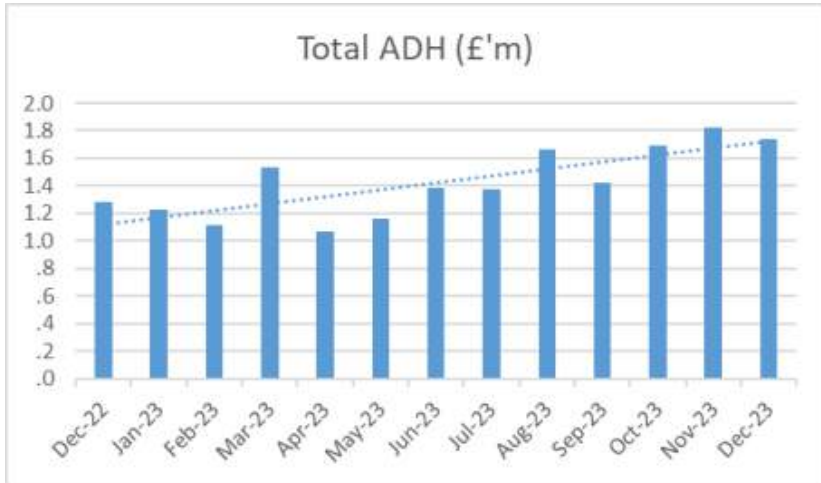
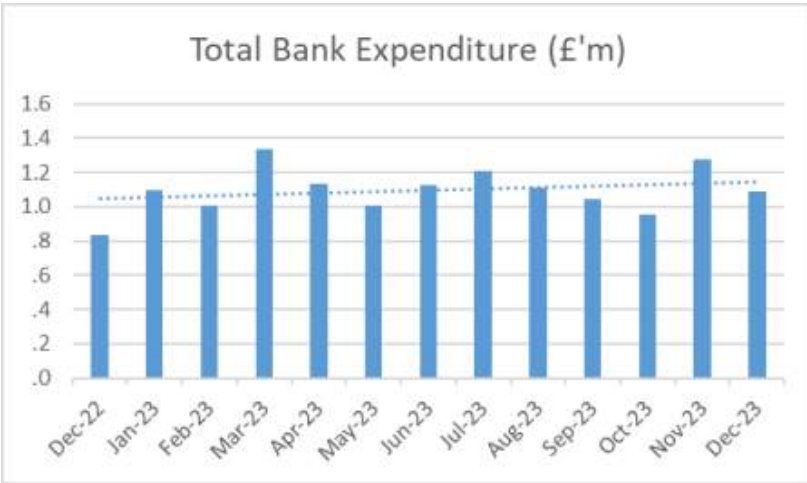
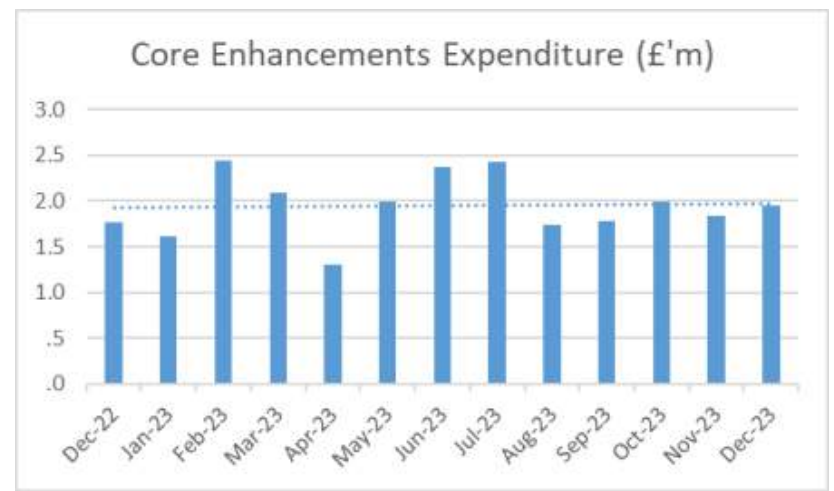
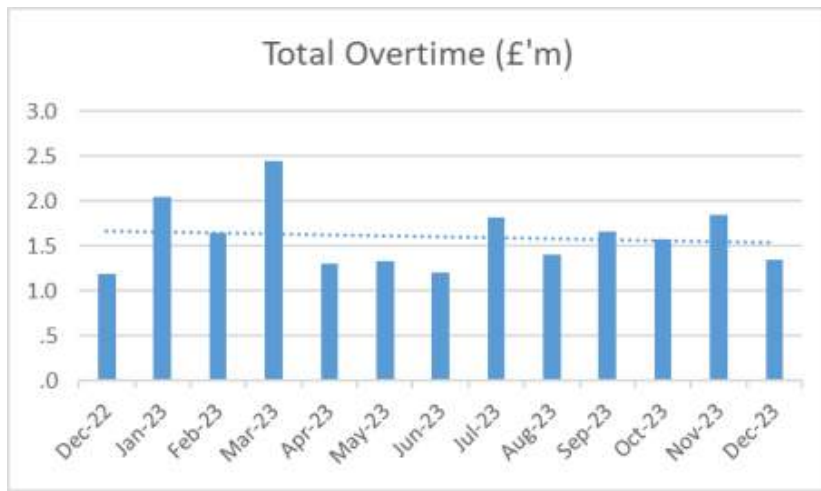
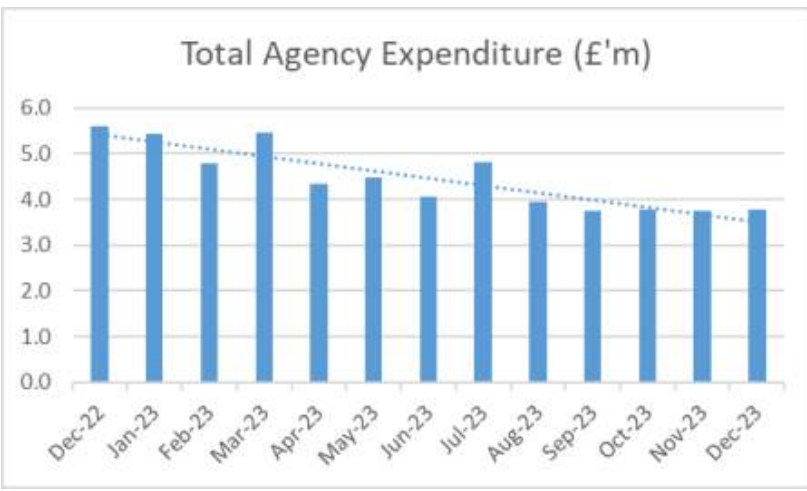
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



Key Points :

- Total agency expenditure remained unchanged in M9.
- Overtime payments and Bank payments have both decreased by £0.6m & £0.2m respectively over M8.
- ADH Expenditure has also decreased by £0.1m.
- Enhancements have increased by £0.2m.



Non Pay Expenditure Trends



Non Pay Group	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m
Primary Care Contractors	11.6	12.2	11.9	12.3	11.6	13.0
Primary Care Drugs	8.8	8.8	7.8	7.8	8.5	8.2
Provider Non Pay	9.2	9.4	10.3	9.6	10.5	10.9
Secondary Care Drugs	4.4	4.5	4.8	5.0	5.4	4.4
Healthcare Commissioning	21.9	22.0	21.4	23.0	25.2	22.0
CHC & FNC	6.3	6.1	2.0	6.2	6.0	6.5
Other	4.7	5.0	5.0	5.9	4.9	4.6
Total Expenditure	67.0	68.0	63.2	69.8	72.1	69.5

Key Points:

- M9 non pay expenditure decreased by £2.7m compared to M8. The main changes were in the following areas:
 - Primary Care Contractors increased by £1.4m. This increase includes £1m for inflation on the dental contracts.
 - Healthcare commissioning expenditure decreased by £3.2m. This was mainly due to the additional £3.1m of WG funding that was received in M8 for WHSSC.
 - CHC & FNC expenditure reported a £0.5m increase in M9 as a result of growth and retrospective claims. Note that the £2m expenditure in M6 was net of accountancy gains of £3.8m.
- Included in Other is capital charges which reflects the latest capital charge estimates. During M7 the capital charge estimate increased by £0.5m and the Clinical Negligence provision also increased by £0.5m.



COVID Expenditure Trends

COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000	Nov-23 £'000	Dec-23 £'000
Programme costs									
Health Protection – TTP	113	133	97	123	70	88	110	78	108
Health Protection - Vaccination	372	285	306	308	475	495	511	662	434
PPE	83	(33)	37	18	58	41	41	41	21
Adeferiad	39	47	39	50	37	41	53	53	57
Noscomial	39	27	45	46	55	53	45	44	40
Total Covid costs	646	459	525	545	695	718	760	878	660
Anticipated funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)	(878)	(660)
Total	0	0	0	0	0	0	0	0	0

Key Points:

- M9 expenditure decreased by £218k compared to M8. This was due to a reduction in spend on the Vaccination programme.
- The latest Health Protection forecast (including vaccination) is £7.1m compared to the £9.1m initial funding allowance. This £2.0m improvement of £2.0m has not been recognised in the Health Board's financial position as it has been matched with an anticipated allocation reduction of £2.0m.

Income Trends

Income Group	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m
Welsh NHS Income	7.3	8.2	6.0	7.0	7.3	7.4
WHSSC Income	1.0	1.0	1.0	1.0	1.0	1.1
Primary Care Contractor Income	1.2	1.2	1.1	1.4	1.3	1.4
CHC Income	0.5	0.5	0.5	0.5	0.5	0.5
Other Income	3.4	3.3	4.0	3.8	3.5	3.7
Total Expenditure	13.4	14.1	12.6	13.7	13.6	14.1

Key Points:

- The £0.5m increase in M9 includes a £0.2m increase in Other Income plus a £0.1m increase in Welsh NHS income, WHSSC income and also Primary Care Contractor Income.



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,165.9	29.7	25.0	83.9	1,304.5
Anticipated Allocations:					
RLW Social Care Workers	4.8				4.8
COVID Programme costs	4.5				4.5
1.5% Consolidate NHS Pay Award 22/23	8.9				8.9
Energy Funding	5.9				5.9
WG Funded Medical Trainees	1.4				1.4
Six Goals and Same Day Emergency Care (SDEC)	1.6				1.6
23/24 Pay award	31.9				31.9
WRP contribution	(4.0)				(4.0)
IFRS Revenue Adjustment	(2.4)				(2.4)
Capital Charges	(6.1)				(6.1)
Other	2.1				2.1
Total Allocations	1,214.5	29.7	25.0	83.9	1,353.2

Key Points:

- As at M9 the confirmed Revenue Resource allocation was £1,304.5m.
- The forecast position assumes a further £48.6m of Anticipated allocations to give a Total allocation of £1,353.2m.
- Until formally confirmed by WG, there are a number of risks associated with some of the these anticipated allocations. These are included in the Risk & Opportunities section.



Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	0.9	30.7
Aneurin Bevan University	20.0	1.3	21.3
Betsi Cadwaladr University	0	0.2	0.2
Cardiff & Vale University	17.2	1.5	18.7
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	5.1	0.5	5.6
Public Health Wales	3.3	0.8	4.1
Velindre	0	10.2	10.2
NWSSP	0	0.0	0.0
DHCW	0.7	0.9	1.6
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.2	0.3	11.5
EASC	0.0	0.0	0
HEIW	0.0	15.3	15.3
NHS Wales Executive	0.0	0.0	0.0
Total	88.0	32.2	120.1

Key Points :

- During M6, WG confirmed the outcome of the arbitration with ABUHB which resulted in a £2.0m income reduction compared to our original financial plan. This has been reflected in our YTD position and forecast.
- All LTAs have now been agreed and signed.





Savings

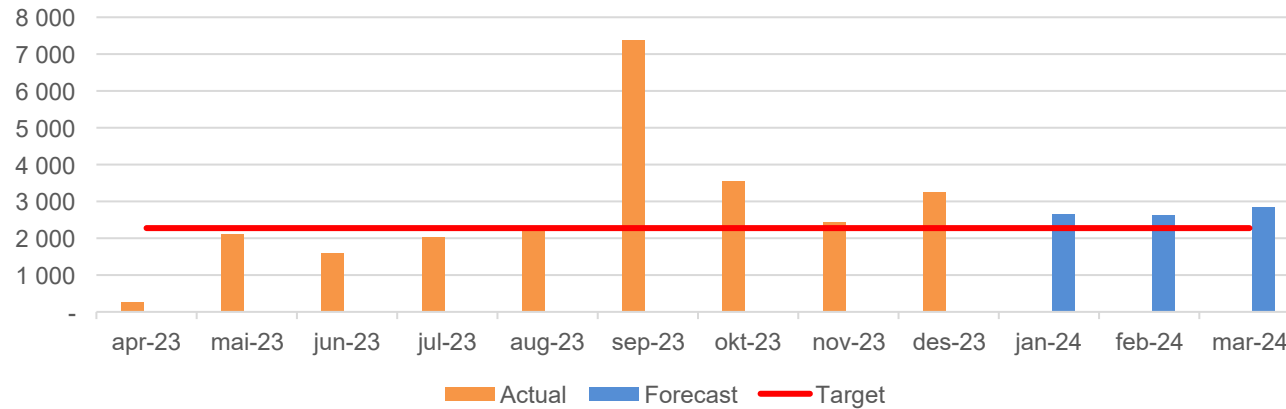


	Month 9			Month 8		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M9	20.5	27.3	27.3	18.2	27.3	27.3
Actual and Forecast Savings	(20.0)	(28.1)	(28.3)	(17.7)	(28.4)	(28.3)
Total	0.5	(0.8)	(1.0)	0.5	(1.1)	(1.0)

Key Points:

- Actual savings in M9 was £2.3m which was a £0.1m increase on the M8 YTD trend of £2.2m/month.
- The M9 YTD savings is £20.0m which is £0.5m below the M9 YTD savings target of £20.5m.
- The M9 forecast In year savings is £28.1m. This represents a step up of £2.1m in the last 3 months of the year and a forecast over achievement of £0.8m compared to the £27.3m target.
- The M9 forecast Recurrent savings is £28.3m, which is £1.0m above the £27.3m target.

Savings Profile



Risk Management Risks and Opportunities



Key Points :

- As at M9 we are reporting total risks of £5.1m offset by total opportunities of £1.7m to give a net risk of £3.4m.
- The most significant risks are the WG funding assumptions for 23/24. The risk table includes £5.1m of funding risks where further clarification is needed on the assumptions for 23/24.

	M9 £m	M8 £m	Comment
Funding risks:			
Risk of anticipated allocations for Pay awards and RLW not being fully funded.	4.2	4.2	Further clarification needed on funding assumptions for 23/24
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	0.0	1.4	Total allocation now received. Assumed any recovery is low risk
Retention of slippage from VBHC – Additional schemes	0.0	0.3	Updated anticipated allocation to forecast outturn
Ringfenced Dental underspend being recovered by WG.	0.9	0.0	Assumed underspends can be retained in 2023/24
Cost pressure risks:			
Impact of doctor strikes on medical pay costs	Tbc	Tbc	Potential for significant additional costs above initial estimate
Assumed reduction in All Wales WRP costs do not materialise	0.0	0.5	Included in M9 forecast
Total Risks	5.1	6.4	
Contingencies / Opportunities			
Retrospective vat recoveries Microsoft	(1.7)	(1.7)	Latest estimate from DHCW but negotiations with HMRC continuing and may not conclude in 23/24.
Energy Non-Commodity Forecast (NWSSP)	0.0	(1.3)	The M9 energy forecast assumes WG funding of £9.4m and includes laundry and the expected benefit from reduced non commodity costs
Further balance sheet review within 22/23	Tbc	Tbc	
Total Opportunities	(1.7)	(3.0)	
Total	3.4	3.4	

Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M08 £'000	Closing Balance as at M09 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	679,690	682,652
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	730,131	733,093
Current Assets			
Inventories	7,017	6,983	6,968
Trade and Other Receivables	74,622	103,512	102,148
Cash and Cash Equivalents	1,348	4,054	6,396
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	114,794	115,757
Current Liabilities			
Trade and Other Payables	169,055	172,209	152,620
Provisions	27,320	47,484	48,530
Total Current Liabilities	196,375	219,693	201,150
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	72,233	72,233	72,233
TOTAL ASSETS EMPLOYED	523,922	552,999	575,467
Financed By:			
General Fund	428,850	457,927	480,395
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	552,999	535,324

Key Points :

- The Cash Flow position at the end of M9 was a surplus of £6.4m. This was higher than anticipated due to a large amount of income being received at the end of the month which was not anticipated. It is anticipated that the cash position will be brought down to usual levels in M10.
- The only significant movement between M8 and M9 was the £19.6m reduction on trade payables. This was mainly due to the timing of the payments for pharmacy contractors (£11.5m). Other trade payables also decreased due to the timing of payments.
- There were relatively small decreases in trade and other receivables (£1.4m) and provisions (£1.0m).



Cash Flow Forecast

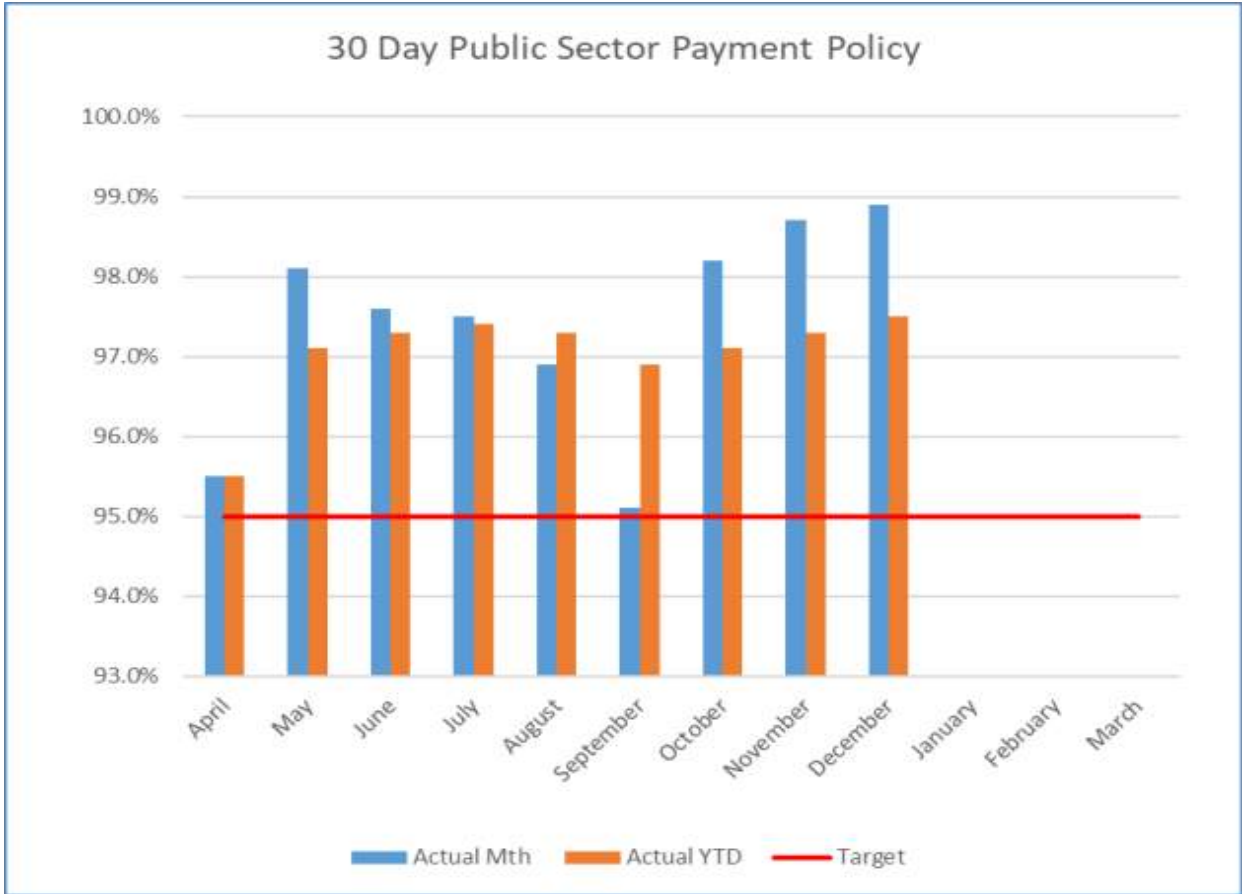


Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	113,271	100,294	122,791	110,817	99,506	134,790	97,817	110,863	131,686	96,100	99,300	126,850	1,344,085
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,400	7,700	11,959	73,459
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	15,458	10,081	10,111	12,000	12,000	12,000	136,842
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	5,179	6,445	4,700	2,700	2,700	51,381
Total Receipts	131,381	130,445	139,959	131,065	119,680	154,637	120,776	131,523	153,142	118,200	121,700	153,509	1,606,017
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	8,223	19,075	31,308	9,052	19,430	19,015	230,034
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	(66)	120	0	0	0	118,363
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	58,540	56,266	55,900	56,500	56,001	653,087
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,241	57,285	46,801	73,680	56,476	53,355	63,106	56,300	45,900	81,708	593,852
Total Payments	128,040	129,725	142,416	130,209	117,483	158,059	119,923	130,904	150,800	121,252	121,830	156,724	1,607,365
Net Cash In/Out	3,341	720	(2,457)	856	2,197	(3,422)	853	619	2,342	(3,052)	(130)	(3,215)	
Balance B/F	1,348	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	3,345	3,215	
Balance C/F	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	3,345	3,215	0	

Key Points within the Cash Flow Forecast :

- The closing cash balance at 31st December 2023 was £6.4m.
- The forecast Cash Flow position to year end shows a nil balance. This forecast assumes working balances' cash for both Capital and Revenue of £11.0m and £1.75m respectively. This requirement represents the projected reduction in the creditors/accruals during 23/24.

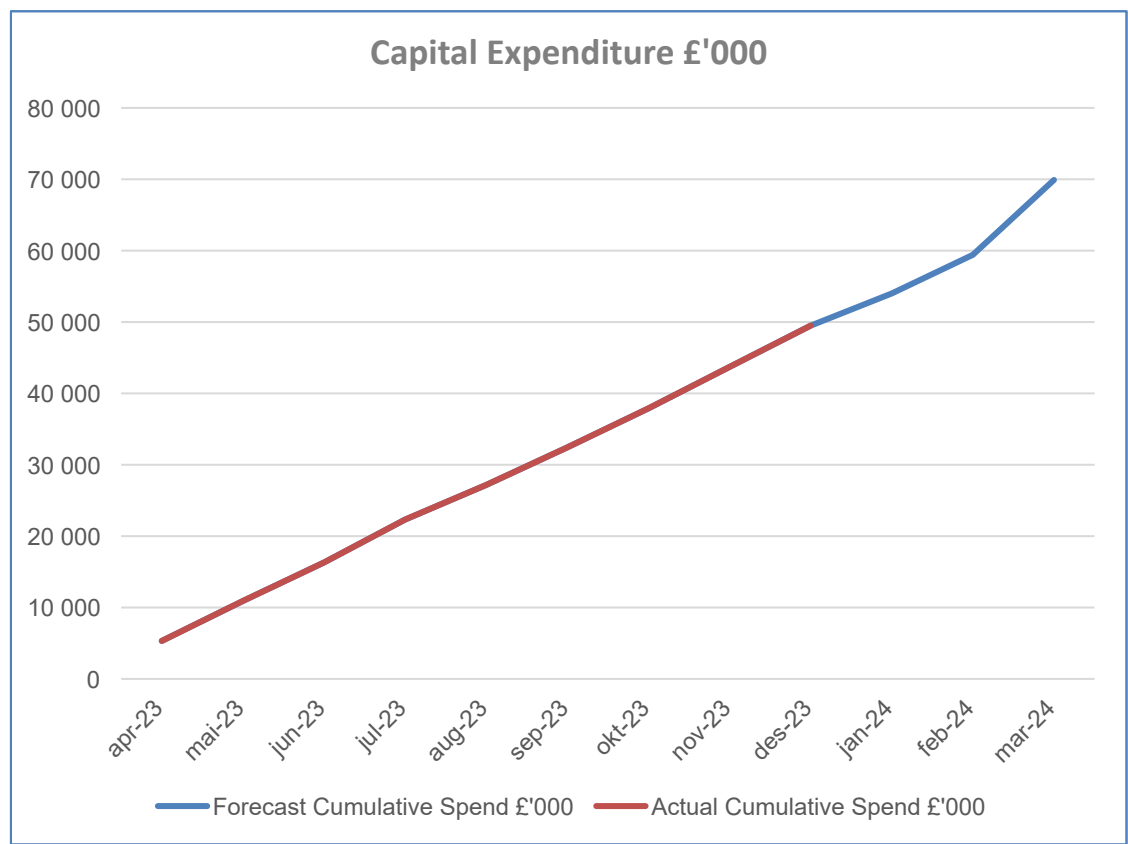




Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in December was 98.9%
- The cumulative percentage to M9 is 97.5%.
- The PSPP target has been achieved up to M9 of 23/24.

Capital Expenditure



- Key Points:**
- The Capital Resource Limit for 2023-24 of £69.5m was issued on the 21st December 2023.
 - This is supplemented by a forecast of £0.2m for donated funds and £0.2m of assets disposed of in this financial year giving an overall programme of £69.9m.
 - Expenditure to M9 amounted to £49.5m.
 - The outturn capital position is forecast to be balanced against the CRL target.

Agenda Item

6.1

CTM Health Board

Update on Acute Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships Simon Blackburn Director of Communications, Engagement and Fundraising
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

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

Acronyms / Glossary of Terms

ABUHB	Aneurin Bevan University Health Board
ACSP	Acute Clinical Services Plan
BAPM	British Association of Perinatal Medicine
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
C&VUHB	Cardiff and Vale University Health Board
ELG	Executive Leadership Group
IMTP	Integrated Medium Term Plan
WHSSC	Welsh Health Specialised Services Committee

1. Situation /Background

- 1.1 CTM 2030: Our Health, Our Future was launched in 2021. Since that date, work has been underway to further understand our population health needs and engage with our communities and our staff, to better articulate what this will mean for the population of CTM.
- 1.2 There are three key strategic themes to CTM2030:
 - Building healthier communities
 - Integrated community services
 - Acute clinical services plan
- 1.3 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value based healthcare plans.
- 1.4 This report specifically refers to the development of the ACSP.

2. Specific Matters for Consideration

- 2.1 The Board was presented with an update at the November Board meeting. This update set out the baselining activity which was underway, the establishment of the governance arrangements, the drafting of the case for change document and the commencement of scenario testing.
- 2.2 Since the November Board meeting the following progress has been made:

Baselining activity – the first draft of this work was completed by all of the care groups, supported by the strategy and planning teams. It includes a focus on workforce, quality standards, transformation plans and any national standards the service should meet. The outputs from the first draft were discussed by the Executive Technical Group to sense check the returns, and discussed in more detail with the care groups at the ACSP Senior Leaders Group. The work continues with the care groups to complete the next draft of this activity.

Care group workshops – these have commenced with support from the strategy teams. The outputs of these discussions will inform the next draft of the baseline but the main aim is to explore future options for service delivery. These discussions are being captured and will inform the development of the IMTP as well as the ACSP.

Case for change – the first draft was tested at the November Board

in an In-Committee session. Feedback was welcomed from the Board and this will be included in the next iteration. The development of the next draft will need communication team support, which is being considered as part of the communications plan.

Regional Planning workshop – a SE Wales Regional Planning workshop took place on the 6th December with representatives from CTM UHB, C&VUHB and ABUHB in attendance. The main areas of focus were: learning from the regional work to date; consensus building around future direction; commitment to working together across the SE Wales footprint to support the delivery of a regional plan but also to ensure the success of health board clinical plans.

- 2.3 Consideration has also been made to the phasing of different elements of the ACSP. Recently the specific focus has been on maternity services, as health boards are the commissioners of maternity and transitional care. These services are interdependent with neonatal services, which WHSSC have been leading work on, on behalf of the health boards in South Wales.

The work co-ordinated by WHSSC has concluded its first phase, which set out a number of proposed future delivery options. However, the outcome of Phase 1 highlighted that there was a clear disparity between the required investment to meet the BAPM workforce standards across all the proposed options. It also highlighted evidence that a review of the current service configuration could lead to improvements in survival and significant economies of scale that permits better staffing, and less variation in admission rates. Therefore in September 2023, the Joint Committee signed off the commencement of Phase 2 of the work. This Phase will recommend a future service model for neonate services across South Wales.

A discussion took place at ELG on the 2 January 2024 to agree that at this current time, major maternity service reconfiguration would not be part of the first phase of development of the ACSP to ensure future alignment of maternity and neonate services. Instead, our involvement will take place through the WHSSC strategic planning programme and this will inform the maternity element of the ACSP in the future. This recommendation would not prevent quality improvement/smaller service change taking place.

- 2.4 Communications & Engagement – We have commissioned [The Consultation Institute](#) to work alongside the health board in developing a bespoke framework for conducting hyperlocal engagement, i.e. identifying and engaging with stakeholders living in

our communities, who have influence over the population's perception of the NHS, health services and CTMUHB.

2.5

This will help to ensure an insight-led approach to engagement, with messaging and methodologies that reflect the preferences, barriers and lived-experience of local people.

It is our intention to use this activity to help the health board identify community engagement ambassadors who are able to engage their own communities and peer-groups on the ACSP in meaningful and accessible ways.

The Institute will also lead a risk-review to identify potential risks to the successful deployment of our public engagement and consultation activities, to enable us to focus resources and attention appropriately.

A Board development session took place on 14th December to engage members on the maturity of the health board's strategy to become an Engaging Organisation. Insights and feedback from this session will be used to inform the engagement strategy.

2.6 The next steps for the development of the ACSP include:

- Next draft of the baseline, including specific work on outcomes and standards
- Continuation of care group workshops
- Regional planning workshop planned for February (date TBC)
- Identification of resource for data/intelligence support to work
- Commence programme of work with The Consultation Institute, planned for January (date TBC)
- Undertake session with CTM2030 Leaders' Network (26th Jan) on appropriate and accessible language when engaging communities.

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.

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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Person Centred Efficient Equitable Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:



Impact Assessment		
Ansawdd <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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There may be a negative reputational impact on the HB if the delivery of the ACSP is not successful	
Effaith Adnoddau <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:

- Next draft of the baseline, including specific work on outcomes and standards
- Continuation of care group workshops
- Regional planning workshop planned for February (date TBC)
- Identification of resource for data/intelligence support to work
- Commence programme of work with The Consultation Institute, planned for January (date TBC)
- Undertake session with CTM2030 Leaders' Network (26th Jan) on appropriate and accessible language when engaging communities.

Agenda Item

6.2

CTM Health Board

Integrated Medium Term Planning – 2024-2027

Dyddiad y Cyfarfod / Date of Meeting	27/01/2024
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 and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

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

Acronyms / Glossary of Terms	
IMTP	Intermediate Medium Term Plan

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 IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.3 During the planning cycle for 2023-2026, undertaken during the last financial year, the health board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2023 focused on an annual plan.
- 1.4 The annual planning framework in support of the IMTP process was published by Welsh Government in December 2023. This set out the requirements of the Government for consideration by health organisations in their planning. While much of the framework's priorities is consistent with previous years, there is a greater focus on population health and the health outcomes of specific groups of people with vulnerabilities. The plan will be required to demonstrate the Health Board's delivery plans for all component parts of the planning framework.
- 1.5 Health organisations will be required to complete a minimum data set (MDS) comprising service, financial and workforce information. This quantitative information is used to provide assurance on the robustness of plans. The MDS template was provided to the Health Board on 10th January and is under review by service and corporate teams.

2. Specific Matters for Consideration

- 2.1 The 2024-2027 IMTP will be set in the context of CTM 2030 and informed by work on the acute clinical services plan. The plan is likely to be iterative given the timelines for completion of the ACSP. The IMTP is a combined top-down and bottom up approach and is designed based on strategic intentions and the requirements of policy and legislation and built from service plans for each care group and corporate portfolios and with relation to partnership planning mechanisms.
- 2.2 The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. It is essential that health board teams take as their starting point the ambition to transform services to meet the required expectations within budget.

- 2.3 The intention is to develop a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan.
- 2.4 It is the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2024/2025 remains subject to material financial pressures, including energy costs and inflationary pressures, also the merits of investing in transformational activities that will take more than one year to repay.
- 2.5 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
- 2.5.1 Ministerial priorities and measures
 - 2.5.2 NHS Performance Framework
 - 2.5.3 Outcomes Framework
 - 2.5.4 The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.6 An executive steering group has been set up to oversee the development of the plan and support allocated to each care group. Following visioning workshops, each care group has developed a draft plan on a page setting out the vision for the services, actions for each year and a sample of enabling actions/changes including workforce, digital and estates.
- 2.7 The plan is required to be submitted to Welsh Government by 29th March 2024 and should the Health Board be unable to submit a balanced plan, an accountable officer letter is required to be sent to Welsh Government by 16th February 2024.

Financial planning for 2024-25

- 2.8 The 2024-25 Health Board Allocations were issued on 21 December 2023 under Welsh Health Circular (WHC (2003) 048). This was accompanied by letters from the Minister for Health and Social Services to Health Board Chairs, and from the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group to Health Board Chief Executives. The Allocations circular specifies the initial funding for Health Board for 2024-25 and will form the basis of our plans to deliver against the priorities for 2024-25 as set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in A Healthier Wales.
- 2.9 These allocations reflect the outcome of what has been a very challenging financial year in 2023/24 that resulted in mid-year allocations and the issuing of target control totals. They also reflect the outcome of a

challenging budget process for Welsh Government for 2024-25, given both the wider financial outlook for public finances and reduction in the Welsh Government budget in real terms. The overall Welsh Government budget for 2024-25 has prioritised the pressures facing the NHS, which is reflected in the allocations. It has been emphasised that it is crucial that NHS organisations ensure financial sustainability and operate within the funding set out in the Allocation Letter.

- 2.10 The Minister for Health and Social Services has also set out some specific actions and expectations for clarity:
- 2.10.1 The new funding provided supports unavoidable demand and inflationary pressures. This, in addition to savings in this financial year and actions being taken to deliver target control totals on a recurrent basis, and new savings required in 2024/25, should enable organisations to deliver a sustainable financial position.
 - 2.10.2 As set out in the planning framework and correspondence, there is an expectation of a significant step-up in the delivery of priorities from the Value & Sustainability Board, and that these are strengthened to ensure a continued reduction in agency costs; the strengthening of once for Wales arrangements; and increasing administrative efficiency. There is an expectation of savings in non-core areas and overheads to prioritise front-line services. These actions on a national basis should support our local plans and actions to deliver financial sustainability.
 - 2.10.3 A small amount of investment will be held back centrally to support national recruitment approaches for hard to fill posts which will support our delivery of core services and reducing agency expenditure. A further small investment sum will be retained centrally a small investment to support digital investment which delivers increased virtual capacity and improvements in administrative processes.
 - 2.10.4 The Health Board will need to ensure that actions to deliver financial improvement in 2023/24 are maintained, and that our financial plan requires, as a minimum, savings delivery in 2024/25 of at least 2% of total baseline expenditure, and consistent with what has been achieved in the current financial year.
 - 2.10.5 On planned care, the £50m Regional Planned Care Recovery funding allocated in 2023/24 has now been allocated recurrently, and that £170m is protected to support ongoing recovery plans. Funding is conditional on continued progress in reducing the longest-waits for treatment, and delivery of regional solutions with improvements in productivity and effectiveness.
 - 2.10.6 Other elements of 2023/24 allocations are being baselined recurrently such as Further Faster, and Covid programme funding to give certainty and clarity on the basis for which we must plan and deliver the baseline services required to maximum efficiency and effectiveness. We will be required to demonstrate the impact that this investment has made.
 - 2.10.7 On financial management, we continue to have strong and effective financial management arrangements that support strong cost control, in support of financial delivery in 2024/25.

- 2.11 The Health Board will be held to account for the development and delivery of an agreed plan for 24/25 and beyond that to reflect our statutory requirements and responsibilities.
- 2.12 It is important to note that, even if the Health Board has an agreed plan for 24/25 and delivers a break even position in 23/24 and 24/25, it will still not achieve the financial duty in 24/25 to break even against its Revenue Resource Limit over the 3 year period. This is because of the £24.5m reported deficit in 2022/23:
- 24/25 – nil
 - 23/24- nil
 - 22/23 - £24.4m deficit
- 2.13 An update on the draft financial plan for 24/25 will be provided at the Board Development session on 7 February 2024.

3. Key Risks / Matters for Escalation

- 3.1 This report is presented to provide the Committee with the process for developing the Health Board's IMTP for the period from 2024-2025 to 2026-2027.
- 3.2 To minimise the risk of requiring major changes, regular meetings are held between the Health Board's Planning Team and Welsh Government's officers.
- 3.3 The current financial assessment indicates that the Health Board will not be able to achieve a break-even position over the three-year period.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: All strategic areas are 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)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Whole-systems Perspective



<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below: Culture and valuing people Leadership Learning and research
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: All domains of quality apply to the integrated medium term plan.
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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: The plan is in progress.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: The plan is in progress.
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. The IMTP concerns the prioritisation of resources. This will be set out in the detailed report which will accompany the plan in its presentation to planning performance and finance committee and board.	

5. Recommendation

- 5.1 The board is requested to note the contents of this report and the current appraisal of the financial situation and to receive updates on the development of the plan.

6. Next Steps

- 6.1 Following progress in developing care group plans on a page and corporate chapters, all plans on a page will be circulated and care groups will provide a final submission of their plans.
- 6.2 The executive steering group will assess the draft plan and it will be presented to Planning, Performance and Finance Committee and the Board.



Agenda Item

7.2

CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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	December 2023	Reviewed and signed Off
Executive Leadership Group	15 th January 2024	Executive 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.
- 1.2 In May 2023, the Board approved that the BAF remains fit for purpose and appropriately reflects the strategic risk profile of the Health Board. This BAF will be revisited in terms of its ongoing effectiveness in May 2024.
- 1.3 An Internal Audit review of the Board Assurance Framework resulted in an outcome of Substantial Assurance during 2023.

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 December 2023 / January 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 3 **"Finance Revenue Resources"**. As at January 2024 – the £8m stretch target has been allocated to Care Groups and their latest forecasts (post month 7), are forecasting a £5m improvement compared to their month 6 forecasts. The Health Board's month 8 finance report is now forecasting that the Health board will achieve the breakeven controlled total set by WG for 2023-2024. The report also identifies a number of significant risks to the forecast position. In response to this update the likelihood of this risk being realised has been reduced, however, in recognition of the continuing pressures and challenges the target score has not yet been achieved.
- Amendments have been made to Strategic Risk 5 **"Community and Engagement"**, in order to avoid any duplication with Risk 10 – Healthy Life Expectancy. The risk articulation has been updated, and the risk owner changed from the Executive Director of Public Health to the Director of Communications, Engagement and Fundraising. The narrative relating to Population Health has been removed from Risk 5 and transferred to Risk 10 as appropriate.

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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	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 (<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: Efficient, Equitable, Person Centred, Timely, Safe
	No - Not Applicable



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

If more than one applies please list below:

Impact Assessment

Ansawdd

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

Quality

*Have you undertaken a Quality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
Not Applicable in terms of
the Board Assurance
Framework Report.

Cydraddoldeb

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

Equality

*Have you undertaken an Equality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
Not Applicable in terms of
the Board Assurance
Framework Report.

Cyfreithiol / Legal

Yes (Include further detail below)

See individual risks for any potential legal impact.

Enw da / Reputational

Yes (Include further detail below)

See individual risks for any potential reputational
impact.

Effaith Adnoddau

(Pobl / Ariannol) /

Resource Impact

(People / Financial)

Yes (Include further detail below)

See individual risks for resource impact.

5. Recommendation

5.1 The Health Board is asked to:

APPROVE













- The updates to the BAF Report for January 2024 as captured in Appendix 1.
- The changes to strategic risks 3 and 5 as outlined in section 3.









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)
1.	Sufficient capacity to meet emergency and elective demand Click Here for Risk 1	Improving Care 	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	16 (C4xL4)	No change as at January 2024 
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)	No change as at January 2024 
3.	Finance Revenue Resources Click Here for Risk 3	Sustaining our Future 	Executive Director of Finance.	Planning, Performance and Finance;	12 (C4xL3) 16 (C4xL4)	Risk score reduced in January 2024 
4.	Sufficient workforce to deliver activity to the and quality ambitions of the organisation Click Here for Risk 4	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)	No change as at January 2024 
5.	Community and Partner Engagement Click Here for Risk 5	Creating Health 	Executive Director of Public Health Director of Communication s, Engagement & Fundraising	Population Health & Partnerships	12 (C4xL3)	No change as at January 2024 
6.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 6	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	No change as at January 2024 

Risk no	Strategic Principal Risk /	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Scoring Trajectory (since the last report received by the Board)
7.	Leadership and Management Click Here for Risk 7	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	No change as at January 2024 
8.	Culture, Values and Behaviours Click Here for Risk 8	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	No change as at January 2024 
9.	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 9	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	No change as at January 2024 
10.	Healthy Life Expectancy Click Here for Risk 10	Creating Health 	Interim Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	No change as at January 2024 

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

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

Section 2 Strategic Risk Heat Map

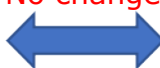
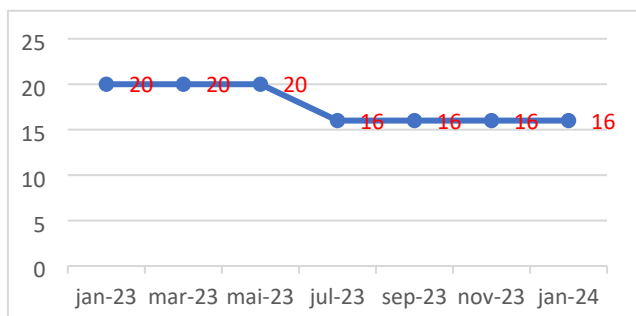
Current risk scores in **black**

Target risk scores in **grey italic**

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

Section 3 –Strategic Risks

Strategic Goal: Improving Care <ul style="list-style-type: none"> Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care 			Risk score 16
Strategic Risk: Sufficient capacity to meet emergency and elective demand - (Risk No.1)			
If the Health Board is unable to meet demands for services at all points in the patient journey, exacerbated by the impact of the Covid-19 pandemic	Then its ability to provide high quality care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community	

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at January 2024.  Risk Score Trajectory  <table><caption>Risk Score Trajectory Data</caption><tr><th>Month</th><th>Score</th></tr><tr><td>Jan-23</td><td>20</td></tr><tr><td>Mar-23</td><td>20</td></tr><tr><td>May-23</td><td>20</td></tr><tr><td>Jul-23</td><td>16</td></tr><tr><td>Sep-23</td><td>16</td></tr><tr><td>Nov-23</td><td>16</td></tr><tr><td>Jan-24</td><td>16</td></tr></table>	Month	Score	Jan-23	20	Mar-23	20	May-23	20	Jul-23	16	Sep-23	16	Nov-23	16	Jan-24	16
Month	Score																			
Jan-23	20																			
Mar-23	20																			
May-23	20																			
Jul-23	16																			
Sep-23	16																			
Nov-23	16																			
Jan-24	16																			
Initial	4	5	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: <i>Including where risk score remains unchanged and for any changes</i>	<p>Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion.</p> <p>The potential impact of the Junior Doctors industrial action on services is also a determinant for the risk score to remain as a 16.</p> <p>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.</p>
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. Demographic change also leads to increasing demand for services particularly non-elective. There are limitations arising from National Policy, which limits the Health Boards ability to respond.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section.

Risk Lead	<ul style="list-style-type: none"> Chief Operating Officer Executive Director of Strategy & Transformation 	Assurance committee	<ul style="list-style-type: none"> Quality & Safety Committee (<i>potential harm</i>) Planning, Performance and Finance (<i>performance targets</i>)
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Controls	Assurances reported to Board and committees
<p>Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023):</p> <ul style="list-style-type: none"> Admission Avoidance Integrated Front Door Acute Hospital Flow and Discharge Integrated Discharge <p>This programme expedited the development and mobilisation of the "Front Door" and "Back Door" elements of the Navigation Hub as separate pieces of work for a period of several months, to best enable the launch of Navigation Hub component supporting discharge pathways to be planned and expected on 5th December 2022. Electronic referrals have gone live in to the discharge hub and the navigation hub is operational. Go Live of 111#2 from 4.4.23.</p> <p>Further Faster – further faster funding has been released from Welsh Government on a recurrent basis which will focus upon:</p>	<ul style="list-style-type: none"> Integrated Performance Report Nurse Staffing Act twice-yearly compliance reports Harm Reviews Assessment Dashboard Update reports on specific services experiencing pressure, e.g. Ophthalmology Follow-up reports on outpatients not booked Urgent Care six goals progress reports Planned Care Recovery Update report Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings. Organisational Risk Register via Care Group Risk Registers. Command Structure initiated to manage periods of Industrial Action (IA) stood down. Embedding IA process into daily huddle meetings. Planning, Performance & Finance monthly report. TI meetings



- Acute Community Team (ACT) expansion
- Virtual Ward development and roll out
- Navigation hub expansion

Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services – twice weekly focussed meetings
- Llantrisant Health Park site plans under development
- Clinical Services Plan Group being established (27th April inaugural meeting)
- Speciality Specific and Cancer Improvement Trajectories Completed.

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

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

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

Development of Acute Clinical Services Plan.

Specific Improvement Groups/Boards

- Stroke Strategy Group
- Ty Lliard Improvement Board – fully deescalated from escalation status. Will be removed from this section in future iterations.
- Stroke Programme Board and Stroke Operational Group established.
- Pathology Improvement Group
- Ophthalmology Improvement Board
- Dermatology Improvement Board
- Ear Nose Throat Transformation Board
- Theatres Transformation Board
- Trauma and Orthopaedic Improvement Board

- Planned Care Recovery Operations Board.



- Critical Care Unit (CCU) Transformation Board
- Outpatient Improvement Board
- Adult Inpatient Mental Health Improvement Board.

All updates feed into the Planned Care Recovery Operations Board.

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

Annual Planning Process

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

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

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

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

NHS run care capacity development

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County



Borough Council regarding backlog of patients Medically Fit for Discharge.

- Regional Pathology Steering Group
- South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.
- Integrated Health & Social Care Programme Board.
- Regional Integrated Fund (RIF)

Governance Structures

- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board/ Planned Care Recovery Operations Board.
- Innovation Board

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.

Gaps in Controls and Assurances

- Central digitally-based Capacity Management System

Mitigating Actions

- As part of the Six Goals Framework a range of Task and Finish Group have been established to scope options for a digital alternative e.g. e-whiteboards. Timeline projector available upon request within the six goals information pack which is updated every month.
- E-whiteboards in, the next stage is to embed and the next phase is to get them at the front door and SDEC. Timeline projector available upon request within the six goals information pack which is updated every month.
- Implementation of online escalation process for all patients outside of agreed component waiting times.



	<ul style="list-style-type: none"> • Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets • Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance (issued July 23).
<ul style="list-style-type: none"> • – Improvements being made in elective care trajectories albeit not fully embedded. 	<ul style="list-style-type: none"> • Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023. • Commenced additional outsourcing of Glaucoma patients. • Reconfiguration of elective surgery from October 2022 has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. • Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open up additional two theatres went live from 9th January 2023 has seen an increase in activity. This will continue to be monitored and developed. A third theatre team will commence on the 1st March 2023 at Princess of Wales Hospital Completed, will move to control at the next iteration. A further theatre opened in July 2023 at Princess of Wales Hospital (POW) as a hybrid model using POW and ID medical staff. The Health Board has now recruited substantively and will be exiting the external agency medical contract Quarter 4. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • Development (and from November 2022) implementation of Winter Plan. Pressures upon capacity continually being monitored to feed into Winter Plans. Meetings scheduled and first one to be held in August 2023. Winter plan meetings continue. • In Development – Clinical Services Plan.
Linked National Priority Measures	Current Performance - Highlights
Ministerial Measures: <i>Six Goals of Urgent and Emergency Care:</i>	The following key performance indicators should be considered from the Integrated Performance Dashboard:



- Percentage total conveyances taken to a service other than a Type One Emergency Department;
- Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission; and
- Percentage of total emergency bed days accrued by people with a length of stay over 21 days.
- Urgent care
- planned care,
- cancer
- and diagnostic indicators

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).
- Patient and delayed ambulance handovers (15min handover)

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


None identified for inclusion in the BAF Report.


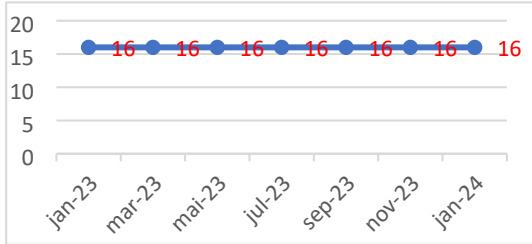
Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4071	Failure to sustain services as currently configured to meet cancer targets	20
4103	Sustainability of a safe and effective Ophthalmology service	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
4632	Demand and capacity across the stroke pathway	20
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	20
3826	Emergency Department overcrowding	20
5590	Radiopharmaceutical Business Interruption.	20
1133	Datix ID 1133 - Long-term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	20
3131	Mortuary Capacity	16
5404	Post Mortem Backlogs in Mortuary.	16

4152	Back log for Imaging in all modalities / areas and reduced capacity	16
2808	Waiting Times/Performance: ND Team	15

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

	Strategic Goal: Improving Care <ul style="list-style-type: none">• 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	

	Consequence	Likelihood	Score	<div>Risk Score Trend this Period:</div> <div>No change as at January 2024</div> <div></div> <div>Risk Score Trajectory</div> <div></div>
Initial	5	4	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				<p>Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion.</p> <p>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. Once Phase 2 of the Organisational Change Process is complete and the new structure is embedded then it is anticipated that the risk score in terms of frequency may reduce.</p>

	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	<ul style="list-style-type: none"> Executive Nurse Director Executive Medical Director 	Assurance committee	Quality and Safety
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Controls	Assurances reported to Board and committees
Quality Frameworks and Policies <ul style="list-style-type: none"> Strategic review of Infection, Prevention & Control (IP&C) is underway which will result in an IP&C Strategy 2024-2026. Development of the CTM Safeguarding Strategy 2024-2027. Quality Governance Framework approved by the Board in January 2023 and is aligned to new Care Group Model. Care Group implementation underway as of April 2023; Clinical Guidelines; Suite of Standard Operating Procedures; Clinical Education Framework; Incident Management Framework launched June 2022 to reflect national changes in national incident reporting; Incident Management Framework is in the final stages of being updated and consulted upon, and will be seeking approval in January 2024. Incident Investigation training established and being rolled-out across the Health Board on a monthly basis; Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 2023. with its inaugural meeting in July 2022 and meetings scheduled for 2023; Listening & Learning Framework launched and implemented at the Listening and Learning Event in September 2022. A further Listening and Learning Event was 	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 <ul style="list-style-type: none"> Clinical Audit Annual Report; Clinical Education Annual Report; Safeguarding Annual Report; Putting Things Right Annual Report;

held in May 2023 and planning is underway for the next session. In the meantime, to raise awareness of the new Quality Act responsibilities, the Health Board is undertaking road show events from September and working collaboratively with the Improvement Team. **Planning for a spring/early summer event is underway.**

- Quality Strategy endorsed at the Quality & Safety Committee in November 2022 and approved by the Board and launched in quarter four. A Quality Strategy Action Plan is in development, which will support the achievement of the deliverables within the Quality Strategy. **An update will be received at the Quality & Safety Committee in January 2024.**
- 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.**
- Allied Health Professionals and Health Care Science Delivery Plan development.

Learning from Experience

- Executive and Independent Member Patient Safety Walkabouts framework **complete and being implemented. currently being finalised for implementation from May 2023. Completed.**
- Citizen's Voice bodies launched in place of CHCs;
- Mortality Review programme. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM;
- Shared Listening and Learning Forum
- Community Acquired Pressure Ulcer Collaborative. **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

- 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;
- Targeted intervention process – continuous improvement self-assessment reports to Board;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Community Health Council briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery framework and agreed a set of nursing care related

<p>Wound Innovation Centre (WWIC) and Local Authorities);</p> <ul style="list-style-type: none"> • Weekly executive-led patient safety meetings; • Service Level Patient Safety meetings incorporate learning from events; • Joint Executive and Independent Member Walkarounds; • Patient and Staff Stories received at Board Meetings and Quality & Safety Committee; • Active Forums such as "My Maternity My Way" which includes past and present service users; • Real-time patient feedback (Civica System) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. 2024 roll out plan in development. • 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. will be will be incorporated within these new structures introduced in September 2022; • Patient Safety Clinics, targeting service areas with high or low incident reporting; • Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns; • Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2024 in development. • 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 	<p>audit standards, which are being monitored through AMaT platform.</p> <ul style="list-style-type: none"> • 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; • All Safeguarding Hubs working collaborative across CTM population; • Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); Completed. Plan in place to roll out to all Care Group Clinical Directors and equivalents once in place. • Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3; • Community Acquired Pressure Damage / 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 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
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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.
- 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; **Shared learning event held in November 2023. Working with Improvement Cymru to develop the continuation of the collaborative.**
- Improvement and Innovation CTM are actively supporting a number of services:
 - Maternity & Neonates
 - Urology
 - General Medicine (RGH)
 - Pressure Ulcer Improvement with WWIC
 - Engaging with external partners to ensure collaboration in relation to multiple stakeholder working to realise benefits for the communities we serve.
 - Launch of Adult Inpatient Falls Reduction Programme (Adult Mental Health) in early October 2023.
- Related escalation Status activity;
- Monthly Quality Improvement (QI) training commenced from June 2022 and ongoing on a monthly basis;

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

External Assurance

- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- HIW reports e.g. PCH Improvement Programme;

- Patient Safety Clinics commenced June 2022 and will run bi-monthly or as required by services;
- Investigation and Putting Things Right (PTR) Training commenced during July 2022;
- Value Based Healthcare programme in place aligned to national Value in Health priorities;
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- **Building** Leading and empowering Improvement and Innovation **built** into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Improvement Faculties;
- Medical Workforce & Nursing Workforce Productivity Programme established;
- Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out;
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- ~~Collaborative launch event planned in September 2023 relating to falls reduction improvement, focussing initially within Mental Health areas.~~

Research

- Research & Development Programme

Flow Efficiencies and Productivity

- Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out.
- Nursing Productivity Groups operational

- 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; **an automated system is being explored for reporting and monitoring audit outcomes, the purpose of which is to strengthen the consistency of reporting internal audit, external audit and quality governance inspections and reviews. An update on progress was shared at the Audit & Risk Committee in December 2023.**
- ~~Audit Wales review of Quality Governance arrangements and follow-up;~~
- Performance and Assurance Directorate of the NHS Executive governance and incident management;
- Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;
- MSOP stood-down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings;
- Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received;
- National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22;
- Following the completion of all tasks and actions set out during the escalation process, it was recommended that Ty Llidiard be de-escalated to Level 0 and out of escalation entirely. This was agreed at a meeting of the WHSSC Corporate



	Directors held on Monday August 14th. Routine performance monitoring meetings will be set up from September 2023 in line with the WHSSC Performance Framework.
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Quality Strategy Action Plan to support deliverables 	Develop the action plan to support the Quality Strategy – ongoing. Timeframe: 31 December 2023. Update to be provided by 31 st January 2024.
<ul style="list-style-type: none"> Strategy & Framework Reviews and Development <ul style="list-style-type: none"> Incident management framework Safeguarding Strategy IPC Strategy 	Timeframes: <ul style="list-style-type: none"> Review underway, timeframe end of January 2024. Development of a strategy, timeframe end of March 2024. Development of a strategy, timeframe end of March 2024.
<ul style="list-style-type: none"> Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation; 	<ul style="list-style-type: none"> 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. 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; Improving Care Board Group has developed a portfolio of improvement programme and projects. Monthly



	<p>governance meetings established. Move to control next period. focus will be on four areas and ten metrics to demonstrate improvement. Current position is consideration of metrics. September timeframe not met, progress ongoing and timeframe extended until January 2024.</p> <ul style="list-style-type: none">• National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024;
<ul style="list-style-type: none">• Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour linking in with the actions arising out of the All Wales forum for which the Health Board is represented, which will include the development and roll out of training packages;	<ul style="list-style-type: none">• The Health Board is represented on the programmes of work supporting the roll out of the Duty of Candour and Duty of Quality. Focus in terms of quality will be on the Code of Practice and the implementation of any training. Timescales: By April 2023, Training will be ongoing as required as the Act is embedded within the Health Board. Roadshows took place in will be live as of September 2023 with excellent engagement with clinical leaders, all staff groups and services on the Duty of Quality and subsequent compliance. Completed. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. This will move to a control in the next review.
<ul style="list-style-type: none">• 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;	<ul style="list-style-type: none">• 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. monthly as of final quarter of 22/23.• Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the “Have Your Say” process. Recruited and appointed to posts although post holders have not yet commenced.

<ul style="list-style-type: none"> Improving flow and efficiencies and productivity 	<ul style="list-style-type: none"> Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.
Linked National Priority Measures	Current Performance - Highlights
<p>Care Closer to Home</p> <ul style="list-style-type: none"> 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. <p>Patient Safety Solutions</p> <p>Infection Prevention and Control</p> <ul style="list-style-type: none"> 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. <p>Children’s Charter</p> <p>To reinforce children’s rights and endorse CTM’s commitment to upholding these rights within its services.</p> <p>Safeguarding</p> <ul style="list-style-type: none"> 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. <p>Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2022-2024</p>	<p>Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:</p> <ul style="list-style-type: none"> 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

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

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

The Health & Social Care (Quality & Engagement) (Wales) Act 2020
Improving quality and public engagement in health and social care.

National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities


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


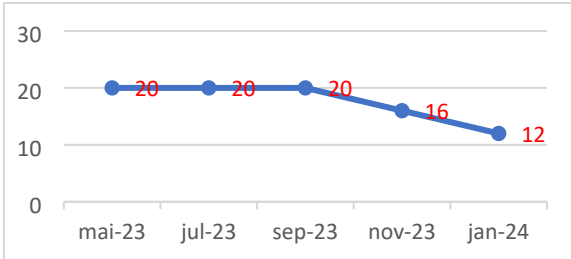
Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4907	Failure to manage Redress cases efficiently and effectively	16
4922	Covid-19 Inquiry Preparedness – Information Management	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)	16
4417	Management of Security Doors in All Hospital Settings	16
3008	Unavailability of opportunities to train and maintain compliance with Manual handling training	16
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
4732	Lack of orthogeriatrician as NICE guidance and KPI1 NHFD	15

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 <p>SUSTAINING OUR FUTURE</p>	<p>Strategic Goals: Sustaining our Future</p> <ul style="list-style-type: none"> • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value based healthcare • Ensuring our estate is fit for the future 	<p>Risk score 12</p>
<p>Strategic Risk: Finance Revenue Resource - (Risk No.3)</p>		
<p>If the Health Board fails to manage its revenue resources that are appropriate and sufficient for now and the future</p>	<p>Then we may fail to fulfil our financial and other statutory duties in 2023-24. In particular, failure to deliver the break-even Control Total for 2023-24 recently confirmed by WG.</p>	<p>Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement. In particular, £51m of recurrent funding is conditionally dependent on delivering the break-even Control Total position for 2023-24.</p>

	Consequence	Likelihood	Score	Risk Score Trend this Period: Risk score reduced to a 12 in January 2024.  Risk Score Trajectory 
Initial	4	5	20	
Current	4	3 4	12 16	
Target	4	2 3	8 12	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				<p>As at January 2024 – the £8m stretch target has been allocated to Care Groups and their latest forecasts (post month 7), are forecasting a £5m improvement compared to their month 6 forecasts. The Health Board’s month 8 finance report is now forecasting that the Health board will achieve the breakeven controlled total set by WG for 2023-2024. The report also identifies a number of significant risks to the forecast position. In response to this update the likelihood of this risk being realised has been reduced, however, in recognition of the continuing pressures and challenges the target score has not yet been achieved.</p>



Risk Treatment Assessment

i.e. Treat, Tolerate, Transfer etc.

The risk will continue to be treated as the Health Board strives to **achieve the WG Control Target for 2023-2024. reduce the deficit position. However, even if the deficit is reduced, it is unlikely that the Health Board will achieve a break-even position so the risk score will not change.**

A review of this risk score will be undertaken in March 2024, to consider the latest position and whether the target score has been reached.

The proposal is to treat the deficit, however, due to the scale of the deficit it is likely that the Board will need to tolerate this risk in terms of the risk score remaining unchanged.

Corrective action has been taken with the intention to bring the Health Board expenditure run rate back in line with the predicted deficit of £79.6m.

Risk Lead

• Executive Director of Finance

Assurance committee

• Planning, Performance and Finance

Controls

Financial Management

- Budget setting process
- Budgetary control and management accounting
- Standing Financial Instructions
- Scheme of Reservation & Delegation
- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates
- Recovery plans for financially challenged services accompanied by enhanced monitoring and support

Assurances reported to Board and committees

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

Finance

1. Understanding of budgetary control and procurement processes in some services

Mitigating Actions

Finance

1. Mitigation Actions for Gap 1:
 - Deliver training to budget holders within Care Groups/Directorates – *ongoing, for completion by end 2022. Ongoing throughout 2023-2024.*
 - Deliver procurement training to departments where compliance with procurement processes is low - ongoing,




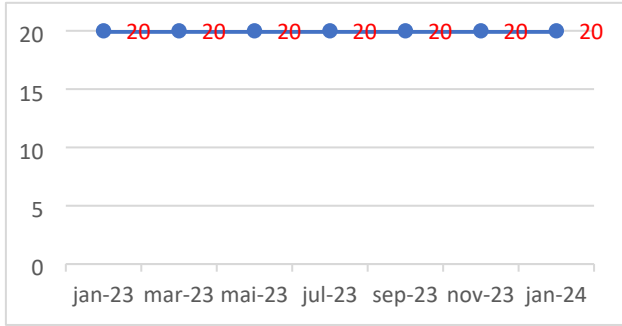
	for completion by end 2022. <i>Ongoing throughout 2023-2024.</i>
2. A recognised risk of shortfalls in savings delivery	<p>2. Mitigation Actions for Gap 2:</p> <ul style="list-style-type: none"> Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. <i>Ongoing throughout 2023-2024.</i> Developing a more a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. <i>Ongoing throughout 2023-2024.</i> Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. <i>Ongoing throughout 2023-2024.</i> Allocating the £8m improvement target to Care Groups and developing robust savings plans for the Care Groups to deliver a £8m improvement from their recent M6 forecast year-end overspends. Completed. This will be removed on next iteration.
Linked National Priority Measures	Current Performance - Highlights
<p>Workforce</p> <ul style="list-style-type: none"> 23. Agency spend as a percentage of the total pay bill <p>Public Sector Prompt Payment (PSPP) Performance</p>	(Add with latest).
Were there any significant incidents affecting this strategic Risk this period:	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5425	Failure to achieve financial balance in 2023-2024. Risk score reduced to a 12 in January 2024.	12 16
5427	Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023-2024.	16

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

Strategic Goals: Sustaining our Future <ul style="list-style-type: none"> Becoming a green organisation Ensuring our Services financial sustainability Embedding value based healthcare Ensuring our estate is fit for the future 	Risk score 20
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Strategic Risk: - Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)		
If the Health Board fails to identify and plan for its future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to recruit and retain staff with the right skills and experience	Resulting in Loss of skills and talent, staffing shortages which adversely affect the quality of care and employee experience and prevent us from delivering services fit for today and tomorrow

	Consequence	Likelihood	Score	<div>Risk Score Trend this Period: No change as at January 2024.  Risk Score Trajectory </div>
Initial	5	5	25	
Current	5	4	20	
Target	5	4	20	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>quality and safety, (legal and regulatory)</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				<p>This risk is complex and reflects recruitment & retention challenges across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. As additional context in regards to the use of temporary staff, in August 2023, a moratorium on use of administrative agency was implemented across the health board, to include existing administrative agency engagements. Furthermore, there was a cessation of Health Care Support Worker (HCSW) agency usage from 1st October 2023, with an ongoing review of breaches/exceptions.</p>
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				<p>This risk will be treated and managed through the expansion of programmes of work focused on strategic workforce planning.</p>

	transformation and attracting/ recruiting/ developing/ retaining our workforce.
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Risk Lead	• Executive Director for People	Assurance committee	• People and Culture
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Controls	Assurances reported to Board and committees
Recruitment <ul style="list-style-type: none"> Vacancy Scrutiny Panel. Bank improvement action plan underway Online recruitment through TRAC Overseas recruitment of clinical professionals Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes Living Wage employer status Medical Recruitment plan in development Retention <ul style="list-style-type: none"> Engagement in All Wales Nursing retention group, alongside launch of local group Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources to be launched 25th September with local plan developed including key areas of focus. —in development concurrently. 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. launched in January 2023 to understand reasons for leaving. Lateral Moves Scheme for Band 5 Nurses under development. January launch of new All Wales Flexible Working Policy with accompanying promotion and implementation of oversight mechanism. Wagestream as a mechanism for regular pay New Organisational Induction launched 	<ul style="list-style-type: none"> Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM to People & Culture Committee. Data also included in Integrated Performance Report to the Board. Reporting also via Nursing Productivity and Medical Productivity into Values & Effectiveness Board. Bank improvement plan and overseas recruitment for nursing are standing agenda items at Nurse Productivity. Medical Productivity meeting includes workstreams on vacancies & recruitment, agency spend, job planning, alternative models and sickness absence. Bi-annual Medical Workforce and Medical Efficiency Reports Twice yearly nurse staffing assurance reports to the Board, and as part of the Medical and Nursing Workforce productivity meetings. Annual Education Commissioning Submission and IMTP Chapter and MDS. Quarterly data return submitted to Welsh Government for NHS vacancy statistics Suite of new BI People dashboards launched, and bespoke Medical and Nursing ones under development. These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Strategic Workforce Planning identified as a key area of focus for Inspiring People Board.



- 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

Workforce Planning

- New Head of Workforce planning commenced in post August 2023, **Head of People Analytics to commence in post January 2024. currently out to advert for a Head of People Analytics**
- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool
- Establishment Control being explored
- **Development of CTM approach to workforce planning Development of tool to for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway with updates via the Inspiring People Board.**
- ~~Workforce planning review completed with external "expert" – repot has identified tactical priorities and longer term opportunities for workforce redesign. Tool also developed to all for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway with updates via the Inspiring People Board.~~
- 3 Physicians Associates allocated for this year's intake- building on our commitment to expand into alternative roles
- Attendance at ~~National~~ Careers Fairs with learning to inform future attendance.
- Work experience pathway established

<ul style="list-style-type: none"> New People data dashboards launched across Care Group, giving access to timely, accessible, relevant and accurate People data to inform decision making 	
Gaps in Controls and Assurances	Mitigating Actions
<p>Workforce Planning</p> <ul style="list-style-type: none"> Workforce Planning process not yet in place – currently at very early stage Establishment control not in place and ongoing challenges in vacancy reporting 	<p>Appointment to Head of Workforce Planning post, Head of People Analytics post (start date January), Attraction & Resourcing Lead (start date tbc) and Retention Lead (out to advert).</p> <p>Designing and developing 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.</p> <p>The creation of a new People Analytics role will support the enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future.</p> <p>The following Workforce Planning activity is also now underway:</p> <ul style="list-style-type: none"> Commenced strategic workforce planning training with Heads of Therapies on 2nd October with a follow up session held on 6th December 2023. A further session to be scheduled in February 2024 to continue to build the workforce plan. First strategic workforce planning session for Regional Ophthalmology on 17th October 2023 with a follow up session on 16th January 2024 to discuss data and skills mapping. Neonatal SWP was due to commence Nov/Dec but now to be held at the end of February 2024. 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
- Development of action plan for HCSW Assistant Practitioner Band 4 nurse role and 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 options paper in development incorporating lessons learnt from other HBs in Wales to inform the options. This should be finalised for consideration in the first quarter of 2024.

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

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



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

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

The following Workforce Planning activity is also now underway:

- Commenced strategic workforce planning training with Heads of Therapies on 2nd October with a follow up session to be planned in November – date to be confirmed. Work still underway.
- First strategic workforce planning session for Regional Ophthalmology on 17th October with a follow up session on 16th January 2024 to discuss data and skills mapping.
- Neonatal SWP to commence in Nov/Dec date to be confirmed.
- The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised.
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	<ul style="list-style-type: none">Development of action plan for Assistant Practitioner Band 4 nurse roleEstablishment control options paper in development incorporating lessons learnt from other HBs in Wales to inform the options. This should be finalised for consideration in December.																																				
Recruitment & Retention <ul style="list-style-type: none">The Health Board does not currently have a signed off Recruitment & Retention Plan.	<ul style="list-style-type: none">Action plan has been on the 10 HEIW retention themes. Update paper and presentation for People & Culture Committee on the 8th November 2023. Group established and Retention Lead post re-advertised. Steering Group established and Retention Lead candidates to be interviewed on 10 November.																																				
Linked National Priority Measures	Current Performance - Highlights																																				
Workforce <ul style="list-style-type: none">23. Agency spend as a percentage of the total pay bill27. Percentage sickness rate of staff	<p>The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report:</p> <ul style="list-style-type: none">Turnover remains high within the Health Board (11.91% in November 2023) this is an agreed area of focusThe number of job plans for consultants and other senior doctors needs to be improved.Sickness absence currently high in month = 6.80%; Rolling 12 months = 6.91% <table><tr><td></td><td>Oct-23</td><td>Rolling 12 Month</td></tr><tr><td></td><td>Absence FTE %</td><td>Absence FTE %</td></tr><tr><td>Add Prof Scientific and Technic</td><td>3.91%</td><td>4.41%</td></tr><tr><td>Additional Clinical Services</td><td>9.65%</td><td>9.86%</td></tr><tr><td>Administrative and Clerical</td><td>5.48%</td><td>5.43%</td></tr><tr><td>Allied Health Professionals</td><td>4.03%</td><td>4.59%</td></tr><tr><td>Estates and Ancillary</td><td>10.74%</td><td>11.18%</td></tr><tr><td>Healthcare Scientists</td><td>4.59%</td><td>5.29%</td></tr><tr><td>Medical and Dental</td><td>2.05%</td><td>2.61%</td></tr><tr><td>Nursing and Midwifery Registered</td><td>6.77%</td><td>6.58%</td></tr><tr><td>Students</td><td>4.82%</td><td>3.16%</td></tr><tr><td>Grand Total</td><td>6.80%</td><td>6.91%</td></tr></table>		Oct-23	Rolling 12 Month		Absence FTE %	Absence FTE %	Add Prof Scientific and Technic	3.91%	4.41%	Additional Clinical Services	9.65%	9.86%	Administrative and Clerical	5.48%	5.43%	Allied Health Professionals	4.03%	4.59%	Estates and Ancillary	10.74%	11.18%	Healthcare Scientists	4.59%	5.29%	Medical and Dental	2.05%	2.61%	Nursing and Midwifery Registered	6.77%	6.58%	Students	4.82%	3.16%	Grand Total	6.80%	6.91%
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- Staff in post stands at 12,763 headcount and 11,136.17 FTE as at 30th November 2023

The Health Board's people dashboard and metrics reports sets out further details in respect of workforce related performance metrics, trends and actions that are underway. A workforce metrics report is a standing agenda item at our People & Culture committee and Local Partnership Forum.


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

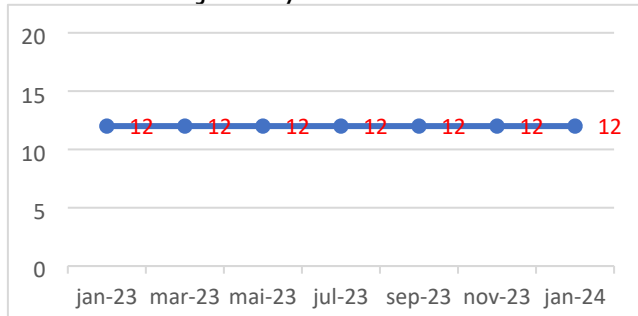
None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4827	Lack of lead for Face Fit Training along with Face Fit Trainers	20
4780	Patient Handling Training. Risk rated as a 16.	20
5640	Potential Junior Doctors Industrial Action (New risk added to the organisational risk register in January 2024).	20
2713	Backlog of reporting radiology examinations. Risk score reduced in January 2024.	16 20
4798	Unsafe therapy staffing levels for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital. Risk closed in January 2024.	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](#)

 <p>CREATING HEALTH</p>	Strategic Goal: Creating Health <ul style="list-style-type: none"> Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation 	Risk score 12
Strategic Risk: Community & Partner Engagement - (Risk No.5)		
<p>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</p>	<p>Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy</p>	<p>Resulting in continuing health inequalities and poor population health outcomes, including in relation to Covid-19</p> <ul style="list-style-type: none"> 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	Score remains unchanged for January 24.																
Current	4	3	12																	
Target	4	2	8																	
Risk Appetite	Cautious (quality and safety; trust and confidence)			<div><div>↔</div><p>Risk Score Trajectory</p><table border="1"><thead><tr><th>Date</th><th>Score</th></tr></thead><tbody><tr><td>jan-23</td><td>12</td></tr><tr><td>mar-23</td><td>12</td></tr><tr><td>mai-23</td><td>12</td></tr><tr><td>jul-23</td><td>12</td></tr><tr><td>sep-23</td><td>12</td></tr><tr><td>nov-23</td><td>12</td></tr><tr><td>jan-24</td><td>12</td></tr></tbody></table></div>	Date	Score	jan-23	12	mar-23	12	mai-23	12	jul-23	12	sep-23	12	nov-23	12	jan-24	12
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mai-23	12																			
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sep-23	12																			
nov-23	12																			
jan-24	12																			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk remains unchanged, as engagement with communities and partners is ongoing.																
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.																



Lead Director	Executive Director of Public Health Director of Communications, Engagement & Fundraising.	Assurance committee	Population Health & Partnerships Quality & Safety Committee (Experience element) People & Culture Committee (Values Behaviours)
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Controls	Assurances reported to Board and committees
Strategies & Plans <ul style="list-style-type: none"> 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 Public Service Board – Well Being Plans Integrated Level 2 and Level 3 Weight Management Services – established in September 2022. Now linked to Strategic Risk 10. Engagement Forums <ul style="list-style-type: none"> 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 Community Health Council including representation on Board 	<p>Board Development Session – held on the 14th 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.</p> <p>Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.</p> <p>Reports to Board</p> <ul style="list-style-type: none"> Director of Public Health Annual Report (June 2023) Population Health Board Report <p>CTM Public Health Team have established baselines for high level indicators in the Population Health Plan to enable system performance accountability and measure the impact of our work which will be reported to Board through update reports. However there are further baseline measures that require engagement with Public Health Wales to develop.</p> <p>Reports to Population Health & Partnerships Committee</p> <ul style="list-style-type: none"> Covid-19 and Vaccination Programme Reports Regional Partnership Board Annual Report Transformation Fund and Leadership Board Updates Population Health Management Updates Mental Health Strategic Update <p>Reports to other committees</p>



- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities
- 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
- Community Health Council briefing papers to Quality and Safety Committee
- People & Culture Committee consider reports in relation to culture and behaviours.

Needs Assessment & Consultation Processes

- ~~Population Segmentation & Risk Stratification~~
- ~~Pharmaceutical Needs Assessment~~
- ~~Health Needs Assessments, e.g. Homeless People, Prison Health~~
- ~~Wellbeing Assessment (PSB)~~
Now linked to Strategic Risk 10.
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- ~~CTM Leaders Network~~
- ~~Public Health Consultants allocated to support Risk Leads for each priority in the Population Health Organisation plan~~
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- ~~Locality Structures enabling more engagement with local communities~~

Population Health Assessments

- ~~Completion of the Population Needs Assessments and Wellbeing Assessments undertaken. The community have embraced the themes and CTMUHB along~~



with key partners are taking forward activity as appropriate.	
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Review the Becoming and Engaging Organisation Strategy 	<ul style="list-style-type: none"> 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. <p>Timeframes: 1st July 2024.</p>
<ul style="list-style-type: none"> Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology 	<ul style="list-style-type: none"> Long Term Conditions Programme established which builds on existing work in CTM to provide AHP-led pre-abilitation and rehabilitation services that 'Support People to Live Well both in relation to the effects of Covid-19 infection and other long-term conditions such as cardiac, vascular, diabetes. In progress – target timeframes as follows Q1 ongoing delivery of services & establish workforce plan for level 3 & 4 services; Q2 recruitment, planning and operationalisation of level 3 offer; Q3 training & delivery
<ul style="list-style-type: none"> Long-term sustainability of resources to undertake Population Health work 	<ul style="list-style-type: none"> Refocus preventative early years funding from Welsh Government to tackle gaps in resource – Completed for 2022-2023. Requires annual review. Creating Health strategic delivery plan in development – due for completion – February 2024.
Linked National Priority Measures	Current Performance - Highlights
<p>Population Health – Ministers Measures Phase One</p> <ol style="list-style-type: none"> 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. 	<p>Integrated Performance Dashboard: Quadruple aim 1: the percentage of adult smokers who make a quit attempt via smoking cessation services. Target 5%</p> <p>Staff Survey Outcomes</p> <p>Feedback from CTM Leaders Forum</p> <p>Shared Listening and Learning Stories</p>




4. ~~Percentage of adult smokers who make a quit attempt via smoking cessation services~~
5. ~~Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates~~


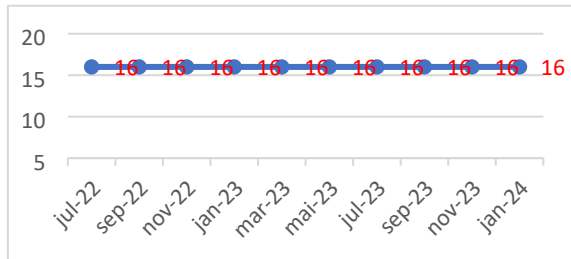
Were there any significant incidents affecting this strategic Risk this period:

None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

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

	Strategic Goal: Improving Care <ul style="list-style-type: none"> • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care 	Risk score 16
Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.6)		
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	Then We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	Resulting in Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at January 2024  Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (data and information; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				<p>Although good progress has been made in improving the:</p> <ul style="list-style-type: none">• digital & data structure• digital infrastructure across some sites• standardisation of digital tools• roll out of new applications such as Welsh Nursing Care Record and OpenEyes• developing the business case for e-prescribing• the advancement our clinical information <p>The Health Board continues to experience significant information and digital debt.</p>



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

Risk Lead	Director of Digital	Assurance committee	Digital & Data
Controls		Assurances reported to Board and committees	
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Progress updates against Population Health Strategy Planning, Performance & Finance 	
Gaps in Controls and Assurances		Mitigating Actions	
<ul style="list-style-type: none"> Closing the gap in Digital Helplessness 		<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Training and Awareness Programme 		<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Maintaining a healthy cyber posture 		<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Tested and integrated cyber incident management plan 		<ul style="list-style-type: none"> Continued testing of our cyber incident plan with periodic table-top exercises. 	



	<p>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</p> <p>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.</p>
<ul style="list-style-type: none"> Develop a baseline Asset Register 	<ul style="list-style-type: none"> Working ongoing to develop our asset register and product catalogue as part of NIS-D and data protection improvement plans. Additional resourcing is required to continue to monitor and deliver this activity <p>Timeframe: 31.3.2024 - Additional resources are being added to the team this year with a view to getting a complete baseline.</p>
<ul style="list-style-type: none"> Poor adherence to policies 	<ul style="list-style-type: none"> 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. <p>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.</p>
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 <p>Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in Capital revenue which is a continuing National challenge that organisations are facing.</p>
<ul style="list-style-type: none"> Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board 	<ul style="list-style-type: none"> Programme agreed with WG, DHCW and SB and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding.



<ul style="list-style-type: none"> Lack of an open architecture 	<ul style="list-style-type: none"> Timeframe: 2-3 year programme of work. Work with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales Ongoing development of UHB's own clinical data repository to nationally agreed technical and data standards Increasing representation for National Data Resource programme to accelerate benefits realisation <p>Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.</p>
<ul style="list-style-type: none"> Widespread non-adherence to data standards 	<ul style="list-style-type: none"> New clinical applications now required to meet data standards Education and Training required for staff to develop their data literacy Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required <p>Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.</p>
<ul style="list-style-type: none"> Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales 	<ul style="list-style-type: none"> Need to develop a more robust SLA and contract monitoring process for critical suppliers <p>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)</p>
<ul style="list-style-type: none"> Capacity within current team to deliver digital transformation agenda 	<ul style="list-style-type: none"> Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for UHB to have the skills and expertise to use data and digital tools effectively- capacity and capability

	<p>gaps exists when compared to other HBs and DHCW</p> <p>Timeframe: 31.3.2024 - Additional resources are being added to the team this year with a view to getting a complete baseline.</p>
<ul style="list-style-type: none"> Delayed delivery of the digital patient notes programme 	<ul style="list-style-type: none"> Increased activity by outsourcing day forward scanning Timeframe: 2-3 year programme of work.
<ul style="list-style-type: none"> Resourcing of Information Governance (IG) function within the Health Board 	<ul style="list-style-type: none"> A review of the organisational risk relating to this activity (Datix ID 4699) is underway to consider if score can be reduced as a result of successful recruitment for the Information Governance function. Three new members of the team have joined the function as of January 2024. Final response with the ICO audit team is taking place on 10/01/2024 where their final decision will be received as to whether they are satisfied with progress made. Ongoing challenges with meeting minimal operating requirements in Information Governance, however this is expected to improve with additional resource. Funding will be allocated to IG for 2023/2024 Additional resources are being recruited to the IG Team Head of IG is in post from September 2023 and has made good progress in meeting ICO priorities.
<ul style="list-style-type: none"> No function within the UHB focussing on benefits realisation 	<ul style="list-style-type: none"> This function is identified within the Digital Transformation function which will be developed during 2023/2024.
<ul style="list-style-type: none"> Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record 	<ul style="list-style-type: none"> EPR programme continues to deliver, for e.g., Nursing and inpatient documentation increasingly being digitalised. Scoping of a business case to implement a digitally enabled patient centred contact and additional funding allocated to resource increased outsource activity for the digital patient notes programme. 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. Timeframe: 2-3 year programme of work.

<ul style="list-style-type: none"> Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements. 	<ul style="list-style-type: none"> Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Annual Plan Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.
<ul style="list-style-type: none"> Information Commissioner Office (ICO) Audit planned to be completed March 2023. 	<ul style="list-style-type: none"> Challenges in completion of ICO. Timeframe: Head of IG started September 2023 and has made significant progress. Meeting with ICO official on 2 November 2023 to review progress.
Linked National Priority Measures	Current Performance - Highlights
<p>Digital and Technology National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),</p> <p>Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)</p> <p>Value Based Health and Care</p> <p>Coding standards</p>	<ul style="list-style-type: none"> Risk of failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025 remains on the organisational risk register with a risk score of 20. Dedicated resourcing continues to be a challenge for the deployment and additional funding routes need to be identified. Risk relating to Dual deployment at CTM of both RISP and LINC Programme Systems mitigated with rating reduced from 16 to 8 Critical infrastructure programmes delivered at YCR, PCH and POW sites Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties (14500 electronic requests a month). Open Eyes (national eye care clinical application) live for all Glaucoma clinics at POW, Maesteg and YCR. E-prescribing solution has successfully progressed beyond the supplier evaluation stage, enabling a full business case to be developed for consideration by the Health Board. Prescribing for Secondary Care has an approved Business Case by the Health Board, awaiting outcome of Welsh Government Investment Panel. Electronic scanning of paper records continues to remain within the 48-hour window of a clinical activity, required to meet patient safety. 94.8% of finished consultant episodes are being recorded within a month.

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


None.


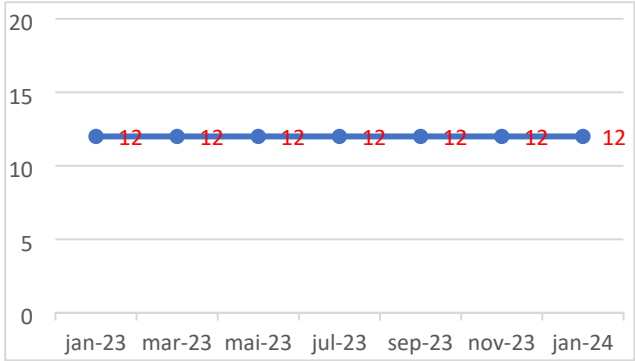
Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully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

Associated Risks on the Organisational Risk Register

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

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 <p>INSPIRING PEOPLE</p>	Strategic Goal: Inspiring People <ul style="list-style-type: none"> • Viable and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours • Encouraging local employment 	Risk score 12
Strategic Risk: Leadership and Management – (Risk No.7)		
If we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	Then there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	Resulting in lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at January 2024. 
Initial	4	4	16	
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (<i>assets; trust and confidence</i>)			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				CTM’s bespoke leadership and management development programmes were designed in direct response to Targeted Intervention. The risk score was reduced in January 2023 reflecting the leadership development opportunities that are offered across the Health Board. Although the Leadership and & Management Programmes provide the foundations, a wider offer within the Health Board is still in development. Further work is now required to embed the offerings and further enhance leadership capacity and capability. Through an extended, more integrated leadership development offer, the aim is to raise the profile of leadership on a

	wider level, engaging staff at all levels with leadership activity.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	The risk will continue to be treated, as the Health Board strives to set the underpinning principles, initiatives and frameworks that shape and inform leadership at CTM.

Risk Lead	Executive Director for People	Assurance committee	People and Culture
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Controls	Assurances reported to Board and committees
Leadership Development <ul style="list-style-type: none"> Three in-house programmes creating a fully functioning leadership development pathway for all staff. Development of a designated Clinical Leadership programme to compliment the in-house programmes. Designed in collaboration with HEIW and other Health Boards. 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 Programme – A session has been completed with Board exploring CTM leadership and similar sessions held with Senior Care Group Leads and Assistant & Deputy Directors in February 2023. Board Development Session 24th August 2023 – Compassionate Leadership. Learning partnerships with University of South Wales, the Institute of Leadership and Management, HEIW, The Kings Fund and Academi Wales HEIW Compassionate Leadership Programme launching in 2024. Establishment of Leadership Coaching & Mentoring Network Re-launch of Leadership 360 Degree Feedback. 	Internal Assurances <ul style="list-style-type: none"> Inspiring People Board established and scheduled for each quarter Workforce and Organisational Development metrics report Employee Relations Update Medical Workforce and Efficiency Report Statutory and Mandatory Training Compliance Report Targeted intervention process incorporated as business as usual. Annual Wellbeing surveys undertaken, last one launched in May 2023. Post-implementation evaluation report completed and Leadership Programmes relaunched in October 2022. Follow-up evaluation being undertaken September 2023. Internal Audit to take place in January 2024. PDR – <i>Your Conversation</i> training package launched October 2022 Living Wage Employer Status – achieved in February 2023. Disability Competent Leader awarded in February 2023 for a further three years. External Assurances <ul style="list-style-type: none"> 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



<ul style="list-style-type: none">Launch of Leadership Community of Practice and associated Leadership Summit (Conference)Leadership and Culture Workshops for executives and senior leadership teamsSpecific & targeted leadership development work within specific services, e.g. MaternityLaunch of Leadership Competency framework.Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP & HCS leads. First session scheduled for the 27th November 2023. The November session was held and a training schedule is now in place for 2024.Leading through Change Programme launched in October 2023 to support Leaderships going through OCP – this includes focus on Compassionate Leadership, Restorative, Just & Learning Principles, Leading Inclusively and managing wellbeing.Leadership Competency Model used during OCP is being reviewed to align to Values & Behaviours and wider Culture work; with input from Subject Matter Experts for each categories. This will then be aligned to psychometric methodology to support development and will be aligned to the revised leadership development programmes <p>Leadership Engagement with the workforce</p> <ul style="list-style-type: none">Leaders Headlines Briefing issued by the Director of Communication, Engagement & Fundraising.Local Partnership ForumLocal Negotiation Committee (medical and dental)Clinical Advisory GroupStaff Q&A with the Chief Executive via MS TeamsCEO and Senior People Team meetings with Trade Union partners held on a monthly basis. <p>Employee Wellbeing</p> <ul style="list-style-type: none">Employee Experience Programme	<ul style="list-style-type: none">Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).
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<ul style="list-style-type: none"> Occupational Health Services Employee Assistance Programme Wellbeing Conversations Financial Wellbeing Care Pathway Wellbeing surveys (Annual) 	
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Full implementation of leadership development programmes and embedding in practice 	<ul style="list-style-type: none"> Working with our academic partners at the University of South Wales, participants will be able to accredit their learning with the Institute of Leadership and Management (ILM) from January 2023. Ongoing. Working with Care Group leads to drive accountability and uptake of programmes across the Care Groups, integrating with local development plans in-line with Phase 2 organisational restructure.
<ul style="list-style-type: none"> Measuring impact of Organisational Development interventions 	<ul style="list-style-type: none"> Quantitative data around engagement and completion of the programmes is shared with Care Group/ Directorate Leads via the Heads of People on a monthly basis. Following an interim, post-implementation evaluation report which was completed before the re-launch in October 2022, a follow-up evaluation and impact report is being undertaken September 2023 in January 2024. This will support an internal audit being carried out by Shared Services in January 2024.
<ul style="list-style-type: none"> Improved accessibility to leadership and management toolkits via an online repository, in partnership with HEIW. 	<ul style="list-style-type: none"> 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. L&D are collaborating with HEIW to design and launch the new Ignite Leadership Portal. Hosted on HEIW's Gwella site, this will act as a virtual central space for all leadership development activity within the Health Board. This includes facilitating all programmes via the Gwella Learning Management System, bringing an annual cost saving of £40k and further aligning the Health Board's offer to HEIW's resources. The aim of this is to increase visibility and accessibility of CTM's leadership offer,




	<p>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).</p> <ul style="list-style-type: none"> The Health Board also continues to inform the new Compassionate Leadership programme being developed by HEIW.
Linked National Priority Measures	Current Performance - Highlights
Culture, Values and Behaviours <ul style="list-style-type: none"> 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 	<p>This question is not specifically asked in the Wellbeing Survey. We know that, on average, 56% of referrals to Vivup are from Managers.</p> <p>Please refer to latest performance dashboard information under the people services section.</p>
Were there any significant incidents affecting this strategic Risk this period:	
None identified for inclusion in the BAF Report.	

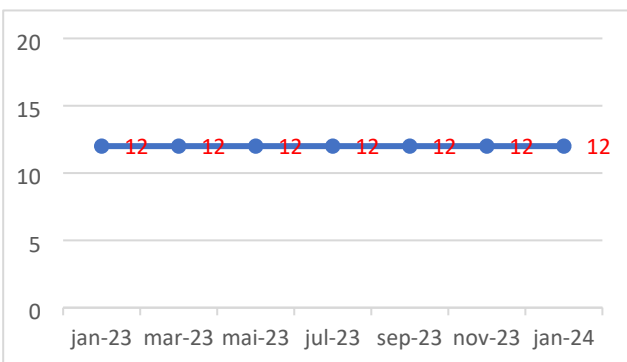
Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score

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

 <p>INSPIRING PEOPLE</p>	Strategic Goal: Inspiring People <ul style="list-style-type: none"> • Viable and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment 	Risk score 12
Strategic Risk: Culture, Values and Behaviours – (Risk No.8)		
If the Health Board fails to put the values of the organisation into practice	Then we will not have a culture that embraces inclusion, openness, innovation and teamwork	Resulting in poor experience for staff and patients alike, diminishing the trust and confidence of our population

Initial Current Target	Consequence 4 4 4	Likelihood 4 3 2	Score 16 12 8	Risk Score Trend this Period: No change as at January 2024. 
Risk Appetite	Cautious (assets; trust and confidence)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The score remains unchanged although progress continues to be made as the Health Board's values and behaviours become increasingly embedded and work on culture becomes more defined with a focus on how we are working to address inequalities within CTMUHB.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and a draft action plan has been developed. The SEP underpins the health board's strategic goals and aims to create an inclusive environment that welcomes diversity

Risk Score Trajectory



	and helps to build a workforce that better represents our communities. Both the Culture Plan and the SEP is being were taken to the 8 Nov 2023 People & Culture Committee and was discussed at the Inspiring People Board on 1 Nov 2023. A socialisation programme will be undertaken from April 2024 following a Board Session on Culture in Feb 2024 and sign off in March 2024 alongside the SEP.
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Risk Lead	Executive Director for People	Assurance committee	People and Culture
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Controls	Assurances reported to Board and committees
<p>Policies and Frameworks</p> <ul style="list-style-type: none"> • Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour • Values and Behaviours Framework – co-produced with staff • Culture Plan • Strategic Equality Plan including alignment to Welsh Language Plan • Raising Concerns Procedure • All-Wales work to promote speaking up safely, led by Executive Director for People. Currently with WG – expectation is to launch in autumn 2023. <p>Communication and Engagement re: values & culture</p> <ul style="list-style-type: none"> • & Stakeholder Analysis being undertaken in Autumn 23 • Stakeholder Analysis was undertaken in Autumn 23 and this will be supporting the socialisation programme due to be undertaken following sign off at Board. • Communication & Engagement plan for the Culture Plan to be developed following analysis and implemented from Jan April 2024 – this includes Workstreams in: <ul style="list-style-type: none"> - Restorative Just and Learning - Values & Behaviours - Equality, Diversity & Inclusion - Developing Organisational Capability & Resilience • Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken • Developed online module for Values and behaviours embedding into recruitment process for Band 2-8b; 	<ul style="list-style-type: none"> • National Staff Survey will be run in Autumn 2023 • Annual Wellbeing Survey • Values and Behaviours Update • Equality Annual Report • Welsh Language Standards Annual Report – scheduled for Board approval in September 2023. • Living Wage Accreditation awarded in February 2023.



- ~~New resource page set up to support managers to access key documents and learning.~~
- Developed Inclusion Communication Plan with monthly topic focus, which is currently being rolled out. included:
 - ~~Staff Network Week (Sept 23)~~
 - ~~Black history Month (Oct 23)~~
 - ~~Sensory Loss Month (Oct 23)~~
 - ~~Disability Awareness Month (Oct-Nov 23)~~

Putting Values into Practice

- Restorative, Just & Learning Working Group set up with 28 Senior Leaders within CTMUEB who received training by Merseycare. Wider group members invited and x3 task and finish group set up to carry out work on
 - Data & Evaluation
 - Education (inc Respect & civility)
 - Policy
- Values Based Recruitment – updated module and intranet pages ; review of strategic recruitment (Band8c+) being undertaken
- Suite of values-based resources and activities for managers and staff on SharePoint – further review of behaviours to ensure alignment to new draft culture plan
- ~~Desk based review of behaviours have been undertaken to ensure alignment to new draft culture plan; this will link to the leadership competency model and be part of the Board Development Session in February 2024 and sign off in March 2024.~~
- Delivered x7 Cultural competency workshops over 5 areas: Executive Team, Strategy & Transformation, People Directorate, Mental Health & Learning Disability, ICTM
- Deliver Cultural Competency Workshops to 3 further areas identified – (Legal & Complaints; Patient Safety; Patient Experience) and an additional 3 areas (yet to be confirmed in discussion with Heads of People and Care Groups) – to be completed by March '24
- ~~Support the completion of the Dedicated support allocated for the completion of the~~


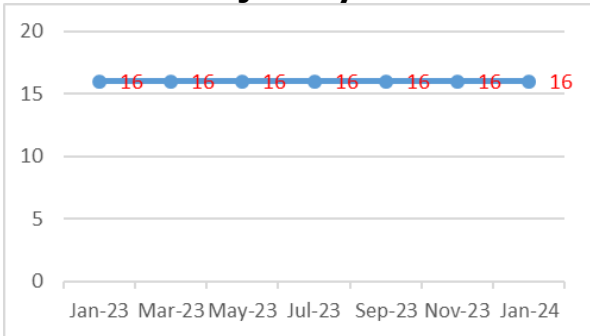


<p>Cultural Competency workbooks for all 11 areas by Dec '24</p> <ul style="list-style-type: none"> Developing internal Cultural Competency programme by Q1 24/25 and deliver internal programme from Q2 24/25 March '24 and deliver internal programme from April '24 Develop and deliver Educational offer to support Culture Plan responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans (Jan-March '24) - x6 workshops in development and delivery to commence in April 2024. Jan '24 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 that is being delivered as part of the as part of Leading through Change Programme to support Phase 2 of Organisational Change Programme Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D. 	
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required 	<ul style="list-style-type: none"> Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to Culture Plan
<ul style="list-style-type: none"> Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values 	<ul style="list-style-type: none"> Further work ongoing in collaboration with Staff Network Groups. Speak up Safely Campaign launched in Oct 2023. Restorative; Just & learning approach launch (soft) in Oct 2023. Targeted work on Staff survey for 2023 to support developing a baseline for Culture

		<p>Plan. Awaiting results from survey which are due in March 2024.</p> <ul style="list-style-type: none"> Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the Culture programme.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Through our Aspire and Inspire Leadership programmes our approach to leading behaviour change through leadership is paramount and a key feature of the programmes. National Staff Survey is now complete and results will be available from March 2024 currently live 2023 Award received from CIPD in March 2023 recognising CTM's values work. Developing a Self-service model to support leaders/managers to run values and behaviours health check themselves. This will be following the review of the behaviours and leadership competency model. 	
<ul style="list-style-type: none"> Current Strategic Equality Plan (SEP) requires review to align with the changing national context. 	<ul style="list-style-type: none"> Work ongoing to review the Strategic Equality Plan (SEP) to align with the changing national landscape, in particular the Anti-Racist and LGBTQ+ Wales Plan. SEP currently out for consultation – Ongoing as feedback being reviewed. SEP Action Plan received at the People and culture on 8 November 2023, will now be submitted to Board for sign off in March 2024 and published. 	
Linked National Priority Measures		Current Performance - Highlights
Culture, Values and Behaviours <ul style="list-style-type: none"> 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) 		<p>Engagement is not a wellbeing concept and so we do not ask about it in the wellbeing survey. The best measure for this is the All Wales NHS Staff survey, which does specifically ask about engagement. This was conducted in November 2023 and the results should be made available in Spring 2024.</p> <p>61.65% of the organisation have had a PDR/Appraisal within the last 12 months.</p>
Were there any significant incidents affecting this strategic Risk this period:		
None identified for inclusion in the BAF Report.		
Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	N/A

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

 <p>SUSTAINING OUR FUTURE</p>	Strategic Goals: Sustaining our Future <ul style="list-style-type: none"> • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value based healthcare • Ensuring our estate is fit for the future 	Risk score 16
Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.9)		
If the Health Board’s decisions fail to reflect our values or consider the long-term environmental or social impact	Then we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles	Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders

	Consequence	Likelihood	Score	Risk Score Trend this Period:  No change as at January 2024.
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>assets; trust and confidence</i>) Open (<i>estates</i>)			Risk Score Trajectory 
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
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Controls	Assurances reported to Board and committees
<p>Wellbeing and Socio-economic duties</p> <ul style="list-style-type: none"> 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. <p>Environmental Sustainability – Net Zero</p> <ul style="list-style-type: none"> 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. 	<p>Wellbeing and socio-economic duties</p> <ul style="list-style-type: none"> 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 <p>Environmental Sustainability – Net Zero</p> <ul style="list-style-type: none"> Environmental Sustainability Annual Report ISO 14001 (Certified Environmental Management System) accreditation <p>Commenced reporting to Board / committees regarding Net Zero.</p>
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Climate Adaption Plan (moving away from mitigation) 	<ul style="list-style-type: none"> Climate/Environmental Adaption Plan proposal being considered by the Executive Leadership Group in July 2023. Executive Leadership Group accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. This will be scoped at the Environmental Sustainability Group. Timeframes: objective will be to achieve a set of objectives by end of March 2024. Engagement with the Public Services Board on a regional Adaption Plan – Ongoing.

<ul style="list-style-type: none"> Dedicated resource to manage and deliver Net Zero programme across the whole Health Board. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021. 	<ul style="list-style-type: none"> To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Decarbonisation action plan to be reviewed which would consider additional actions. Timeframe – March 2024.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- 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

Current Performance - Highlights

Quarter **2** reporting against the Decarbonisation Action Plan due **14th November**. Completed and submitted **via Executive Leadership Group**.

Annual Carbon Plan report is due by the 4th September 2023. Completed – submitted to Welsh Government.

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

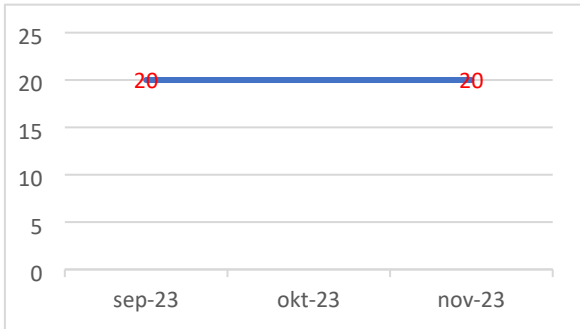
Nil

Associated Risks from the Organisational Risk Register

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

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

Strategic Goal: Creating Health <ul style="list-style-type: none">• Reducing health inequalities• Equal focus on mental and physical health• Supporting our communities• Being a healthy organisation			Risk score 20 (L4 C5)
Strategic Risk: There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. (Risk No.10)			
If the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health	Then we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy	Resulting in poorer health outcomes, greater inequalities and an unsustainable health service.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: *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>Period</th><th>Score</th></tr></thead><tbody><tr><td>sep-23</td><td>20</td></tr><tr><td>nov-23</td><td>20</td></tr></tbody></table>	Period	Score	sep-23	20	nov-23	20
Period	Score									
sep-23	20									
nov-23	20									
Initial	5	4	20							
Current	5	4	20							
Target	4*	3	12							
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)									
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>										
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>										

Risk Lead	Executive Director of Public Health	Assurance committee	Population Health and Partnerships
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Controls	Assurances reported to Board and committees
<p>Strategies & Plans</p> <ul style="list-style-type: none"> 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 <p>Engagement Forums</p> <ul style="list-style-type: none"> 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 <p>Needs Assessment & Consultation Processes</p> <ul style="list-style-type: none"> Population Segmentation & Risk Stratification Pharmaceutical Needs Assessment Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing Wellbeing Assessment (PSB) Population Needs Assessment (Regional Partnership Board) Formal consultation processes for service reconfiguration, e.g. vascular <p>Organisational Structures</p> <ul style="list-style-type: none"> CTM Leaders Network 	<p>Wellbeing and socio-economic duties</p> <ul style="list-style-type: none"> Wellbeing Statement accompanying Annual Plan Progress reports against the Annual Plan <p>Reports to Board</p> <ul style="list-style-type: none"> Annual Director of Public Health Annual Report Creating Health Portfolio Board reports to the transformation board <p>Reports to Population Health & Partnerships Committee</p> <ul style="list-style-type: none"> 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



<ul style="list-style-type: none"> Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars Primary Care clusters <p>Services:</p> <ul style="list-style-type: none"> Integrated Level 2 and Level 3 Weight Management Services – established in September 2022. Smoking Cessation 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
Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology	Long Term Conditions - CTMUHB AHPs are developing a multidisciplinary model of care for Long Term Conditions termed 'My Health My Way' – this programme builds on existing services, enhancing a 'needs based' approach, where patients can access help when and where they need it, for complex long term conditions. This builds on the model adopted for Long COVID rehabilitation and is expanding for patients with ME/CFS, fibromyalgia, persistent pain and other physical health conditions. Recruitment has been successful in the most part and referrals routes are open. Q4 2023/24 - Collaborative working with WISE service will enable a comprehensive CTMUHB level 3 rehabilitation offer in the community with coaches and peer support. Q1 2024; the level 4 secondary care rehabilitation service will look to expand to self-referral, and gradually expand the remit of the service driven by clinical evidence based and as training and education of the workforce continues.
Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan planned for Q4 2023/24
Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board
Impactful action to address health inequalities	<ul style="list-style-type: none"> Whole system approach to Healthy weight



	<ul style="list-style-type: none">• Help me quit/ hospital programme• WISE• Cancer inequalities group• Implementation of Stroke equity Audit recommendations	
Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.	
Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	
Linked National Priority Measures	Current Performance - Highlights	
Population Health – Ministers Measures Phase One <ul style="list-style-type: none">• 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	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	Lack of Children and Young Persons Weight Management Service. New risk escalated November 2023 with a risk score of 16.	16

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

Agenda Item

7.3.1

CTM Health Board

Highlight Report from the Clinical Advisory Group

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Dr Sally Bolt, Clinical Advisory Group Chair
Cyflwynydd yr Adroddiad / Report Presenter	Dr Sally Bolt, Clinical Advisory Group Chair
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	
CTMUHB	Cwm Taf Morgannwg University Health Board
SLA	Service Level Agreement

1. Introduction

- 1.1 This report has been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meetings on 14/09/2023, 05/10/2023, 02/11/2023, and 11/01/2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Clinical Advisory Group is to advise the CTMUHB Board on clinical topics and initiatives, and to review items requested by the Board. The Clinical Advisory Group will act as a clinical voice within CTMUHB and advise the CTMUHB Board on aspects of Clinical Strategy.

2.2 The Clinical Advisory Group will:

- Act as the clinical voice within CTMUHB
- Work with and alongside Management Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care
- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery
- Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the CTMUHB's decision making

3. Highlight Report

Alert / Escalate	<ul style="list-style-type: none"> • To ensure all groups are involved in consultation around the Clinical Services Plan in a similar way to the medical consultant body. Some of the transitioning services could get missed. • There are concerns around several SLA's which make harmonising processes across all sites more difficult.
Advise	<ul style="list-style-type: none"> • There have been concerns about lack of change and progress due to the organisational change, but these will improve now this is being completed. • Clear reporting structures will be welcomed. • Clinical Sounding Board has been paused and an alternative approach is being sought. • The Healthcare Scientists are pleased CTM is the first Health Board to have a Clinical Director of Healthcare Scientists. In addition, they are looking forward to moving to Diagnostics, Therapies, Pharmacy and Sciences. Clinical Engineering have raised concerns around recruitment and retention, with an SBAR being produced.

Assure	<ul style="list-style-type: none"> The most recent meeting held a talk from Clare Wright, Strategic Wellbeing lead. This was warmly received, and all were impressed at what is available. In addition, Clare is including research in order to help our staff, and therefore our population.
Inform	<ul style="list-style-type: none"> The most recent meeting on 11th January raised no significant concerns within the clinical body, though the members present are minimally impacted by the pending industrial action.
Appendices	<ul style="list-style-type: none">

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	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> <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>	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:

5. Recommendation

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

Agenda Item

7.3.2

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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	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
WG	Welsh Government
CRL	Capital Resource Limit

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 11th January 2024. The meeting was a re-arranged meeting from December 2023 and was convened to receive updates on the Integrated Performance Dashboard and Finance. The Committee are scheduled to meet in full on the 22 February 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	<ul style="list-style-type: none"> • Positive Escalation – the Committee noted that the Integrated Performance Report was reporting that the CAMHS Service had reached their 100% target for first assessments with good recovery also being seen in Adult first assessment. There was a steady improvement in psychological therapies and an overall sustained improvement across Mental Health services.
ADVISE	<ul style="list-style-type: none"> • A detailed review of the Integrated Performance Dashboard was undertaken with particular focus and scrutiny in some of the areas that require improvement as outlined below: <ul style="list-style-type: none"> ○ Stroke/Thrombectomy ○ Welsh Ambulance Services NHS Trust Pilot ○ Ambulance Red Releases ○ Cardiology ○ Waiting times for Accident & Emergency

ASSURANCE

- The **Month 8 Finance report** was **received**. Members **noted** that at M8 the Health Board were reporting the following:

Overall Revenue Position:

- The M8 core plan position reported a £1.5m surplus. This included a monthly deficit of £3.7m offset by confirmed Welsh Government (WG) funding of £5.2m (i.e. 1/12ths of £62.5m).
- The M8 Year to Date (YTD) position was now reporting a £3.1m deficit against the Revenue Resource Limit. This represented a £2.0m favourable variance compared to 8/12th of the £7.7m revised 'planned' deficit of (i.e. £70.9m less £62.5m).
- As at M8 we are forecasting a year end break even position for 2023/24. This forecast assumes that we will receive £8.9m funding for energy and £9.0m of funding for ongoing Covid programme costs.
- The key risks to the break-even forecast were outlined and the Committee noted that the draft plan highlighted several significant risks and opportunities.
- As at M8 we are reporting total risks of £6.4m offset by total opportunities of £3.0m to give a net risk of £3.4m.
- The most significant risks were the WG funding assumptions for 2023/24. The risk table included £5.9m of funding risks where further clarification was needed on the assumptions for 2023/24 and the Real Living Wage which has yet to be confirmed.

Recurrent Revenue Position:

- As at M8 the Health Board were forecasting an underlying deficit at the end of 2023/24 of £35.7m (M7: £19.8m).
- The forecast underlying deficit was the starting point for the 2024/25 financial plan. This forecast would continue to be reassessed in the coming months as the IMTP and financial plan for 2024/25 is developed.

Savings:

- The actual savings to M8 was £17.7m which was £0.5m below the M8 YTD savings target of £18.2m.
- The M8 forecast in year savings was £28.4m. This represented a step up of £1.8m in the last 4 months of the year compared to trend and a forecast over achievement of £1.1m compared to the £27.3m target.
The M8 forecast Recurrent savings of £28.3m was £1.0m over the £27.3m target.

Cash:

- The closing cash balance at 30th November 2023 was £3.4m.
- The forecast Cash Flow position to year end showed a nil balance. This forecast assumed additional cash funding for

	<p>movements in working balances for both Revenue and Capital at £11.0m and £1.75m respectively. The Revenue requirement was the projected reduction in the creditors/accruals which is supporting the overall position.</p> <p>Capital:</p> <ul style="list-style-type: none"> • The latest Capital Resource Limit for 2023/24 was £68.0m. This was issued on the 29th November 2023. • Expenditure to M8 was £43.7m. • The forecast outturn Capital position is breakeven to the CRL target. <p>The Committee noted a verbal update on Month 9. Members noted the following:</p> <ul style="list-style-type: none"> • At M9 the Health Board were continuing to forecast breakeven. • The £7.78m Stretch Target had improved by £1.6m with a balance of £4.1m to deliver by the end of M12. • The underlying position was £35.7m and would be re-evaluated at M9. • The Allocation Letter had provided some positive news with regard to energy costs and non-pay inflation uplift at 3.7%. the expectation was that all NHS organisations would deliver 2% across all of the expenditure baseline.
INFORM	<ul style="list-style-type: none"> • The Committee received for information the Monthly Monitoring Returns to Welsh Government for Months 7 & 8.
APPENDICES	<p>NOT APPLICABLE</p>

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:
	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)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	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 (<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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Effaith Adnoddau
(Pobl /Ariannol) /
Resource Impact
(People / Financial)

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

4. Recommendation

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

Structured Assessment 2023 – Cwm Taf Morgannwg University Health Board

Audit year: 2023

Date issued: October 2023

Document reference: 3920A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2023 structured assessment work at Cwm Taf Morgannwg University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness; corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. We have not reviewed the Health Board's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
 - Model Standing Orders, Reservation and Delegation of Powers;
 - Model Standing Financial Instructions;
 - Relevant Welsh Government health circulars and guidance;
 - The Good Governance Guide for NHS Wales Boards (Second Edition); and
 - Other relevant good practice guides.We undertook our work between July 2023 and October 2023. The methods we used to deliver our work are summarised in **Appendix 1**.
- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Health Board has generally effective arrangements to ensure good governance; however, opportunities exist to improve some of these arrangements further. Addressing the financial challenges currently facing the Health Board and preparing a long-term Clinical Services Plan and an approvable Integrated-Medium Term Plan remain key priorities for the Board.**

Board transparency, effectiveness, and cohesion

- 7 We found that **the Board and its committees operate effectively, cohesively, and transparently, but opportunities to further enhance some arrangements remain.**
- 8 The Board continues to conduct its business in an open and transparent manner. Agendas and papers for Board and committee meetings continue to be published on the Health Board's website in a timely manner. However, the confirmed minutes of Board and committee meetings are not made available on the Health Board's website in a timely manner. Board meetings are held in person and are livestreamed to allow the public to observe virtually, with recordings made available on the Health Board's website. The Health Board makes good use of social media to promote Board meetings, but it should provide more guidance on how members of the public can request to attend meetings in person should they wish to do so. The Board and committees review, update, and publish key control frameworks on a regular basis, but some policies are out of date.
- 9 The Board and committees are operating well, and receive good support from the Corporate Governance Team despite the significant capacity challenges the team has been dealing with during 2023. Meetings are well chaired, with members and attendees observing the necessary etiquette. Whilst the Health Board continues to have a stable and well embedded committee structure in place, it plans to review this structure next year. In doing so, the Health Board has an opportunity to align it to its long-term vision and strategic goals. Board and committee work programmes and agendas cover all aspects of their respective terms of reference and are shaped by the Board Assurance Framework. Oversight of the Health Board's estate is improving. Board meetings are generally well chaired, with members and attendees observing the necessary etiquette. Papers for Board and committee meetings are generally well written and clear.
- 10 The Health Board continues to demonstrate a strong commitment to hearing from staff and patients. The Board acts cohesively, with Independent Members providing a good balance of scrutiny, support, and challenge. There have been some changes to the Independent Member cadre during this year which have been managed well to with no disruption to Board business. The Health Board has continued to make effective use of self-assessments, appraisals, and board

development sessions to support learning, development, and continuous improvement.

Corporate systems of assurance

- 11 We found that **the Health Board's risk, performance, and quality governance arrangements continue to strengthen, but further work is required to ensure they are fully embedded across the organisation and achieving the desired impact.**
- 12 The Health Board's Board Assurance Framework is well embedded and starting to drive Board and committee business. The Health Board has an appropriate Board-approved risk management framework in place, with the risk management strategy, statement, and risk domains up-to-date and reflecting the organisation's new operating model.
- 13 The Health Board has appropriate arrangements in place to manage performance. However, it lacks a documented framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at all levels of the organisation. The Health Board's Integrated Performance Dashboard continues to provide a detailed overview of its performance, and now appropriately focusses on the key challenges facing the organisation.
- 14 The Health Board's arrangements for quality governance have improved significantly. The Health Board has a stronger strategic focus on quality and patient safety. Its new three-year Quality Strategy and three-year Quality and Patient Safety Framework provide a good foundation to support the delivery of the Duty of Quality and Duty of Candour which came into effect in April 2023. There is greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety. Organisational scrutiny of quality safety has also improved considerably, with greater openness and transparency evident. This is a positive development, and the Health Board is aware that some further action is required to fully embed its revised quality governance arrangements across the organisation.
- 15 The Health Board's arrangements for monitoring internal and external audit recommendations have improved. Whilst positive steps are being taken to track recommendations from other inspectorates and regulators, more could be done to identify and analyse key themes.

Corporate approach to planning

- 16 We found that **the Health Board's corporate planning arrangements have matured, and work is underway to develop the Clinical Services Plan. However, as with other Health Boards, it has been unable to produce an approvable IMTP. Furthermore, its arrangements for monitoring the delivery of corporate plans and strategies require further improvement.**
- 17 The Health Board's corporate planning arrangements continue to mature. It has a clear Board-approved vision and strategic goals, which are being used to shape its

Clinical Services Plan. There is a clear timeline in place for developing the Clinical Services Plan, progressing this work at pace remains a priority for the Health Board.

- 18 The Health Board has effective arrangements in place for preparing its Integrated Medium-Term Plan (IMTP). However, in common with other Health Boards in Wales, it has been unable to produce a Welsh Government approved IMTP for 2023-26 and is instead working to an Annual Plan. Further work is still required to develop clear milestones, targets, and outcomes for corporate plans and strategies to enable the Board and its committees to ensure effective monitoring, assurance, and scrutiny of progress.

Corporate approach to managing financial resources

- 19 We found that **despite a clear process for financial planning, and good arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24.**
- 20 The Health Board has a clear process for financial planning, with good involvement from the Board. However, the Health Board did not meet its statutory duties in 2022-23 in respect of achieving financial balance and having an approvable medium-term plan. The financial position for 2023-24 is extremely challenging with the Health Board working to a planned financial deficit of £79.6m million. The Health Board reported a £36.0 million year-to-date deficit against its core revenue plan in Month 5 2023-24, which was £2.8 million worse than plan. In October 2023 additional allocations were made available to Health Boards, alongside a requirement for a 10% stretch saving delivery. As a result, the Health Board now has a break-even planning position for 2023-24. position.
- 21 Arrangements to oversee and scrutinise financial management are effective, and the Health Board has updated several of its financial control procedures. However, the delivery of its savings plan is a challenge. The Health Board requires savings of £22.9 million but was reporting a gap of £4.4 million in its savings plans at Month 5 2023-24.

Recommendations

- 22 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**. [Appendix 3 will be finalised once the report and organisational response have been considered by the relevant committee]

Exhibit 1: 2023 recommendations

Recommendations

Public observation of Board Meetings

- R1 Whilst the Health Board meets in public, it is not clear how members of the public can request to attend these meetings in person. The Health Board, therefore, should provide clear guidance on how members of the public can request to observe public Board meetings in person. **(Medium Priority)**

Accessibility of videos

- R2 The Health Board makes good use of videos in committee meetings to present patient and staff stories. However, they are not subsequently made available on the Health Board's website. The Health Board, therefore, should ensure that any videos shown during committee meetings are made available on its website for completeness with agreement of the contributors. **(Medium Priority)**

Enhancing transparency of committee business

- R3 Draft committee meeting minutes are produced quickly and reviewed by the relevant chair; however, they are not made publicly available until the papers of the subsequent meeting are published. Furthermore, committee meetings are not livestreamed or recorded for public use. The Health Board, therefore, should consider putting appropriate arrangements in place to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business. **(Medium Priority)**

Confirmed minutes

- R4 Whilst the Board and committees review and confirm the minutes of previous meetings, they are not always uploaded to the Health Board's website in a timely manner. The Health Board, therefore, should ensure that all confirmed minutes are uploaded to the relevant section of its website in a timely manner to ensure the public have full access to the approved records of meetings. **(Medium Priority)**

Health Board policies and procedures

- R5 Whilst the Health Board has a dedicated area on its website for policies and procedures, some of them are out of date. The Health Board, therefore,

Recommendations

should ensure that all policies and procedures on its website are up-to-date and, if not, put a clear plan in place to revise and approve them. **(Medium Priority)**

Performance Management Framework

- R6 The Health Board has appropriate arrangements in place to manage operational performance; however, it lacks a documented performance management framework. In order to enhance its arrangements further, the Health Board should prepare a written framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at service, management, committee, and Board levels **(High Priority)**

Detailed report

Board transparency, effectiveness, and cohesion

- 23 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 24 We found that **the Board and its committees operate effectively, cohesively, and transparently, but opportunities to further enhance some arrangements remain.**

Public transparency of Board business

- 25 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:
- meetings that are accessible to the public;
 - papers being made publicly available in advance of meetings;
 - business and decision making being conducted transparently; and
 - meeting minutes being made publicly available in a timely manner.
- 26 We found that **transparency of Board business has continued to improve this year. However, opportunities remain to enhance some of the Board's arrangements further.**
- 27 The Board continues to conduct its business in an open and transparent manner. Board meetings are held in person and are livestreamed to allow the public to observe virtually, with recordings made available on the Health Board's website. The recordings are easy to access and are of good quality. We found that upcoming Board meetings are signposted effectively on social media. However, more guidance should be provided on how members of the public can request to attend these meetings in person if they wish to do so, particularly as the Board plans to hold some of its future meetings in different parts of the Health Board estate (**Recommendation 1**).
- 28 The Health Board continues to publish agendas and papers for Board and committee meetings on its website in advance of meetings. Compliance with the timescales for publishing Board and committee papers has improved this year, but further work is needed to improve compliance with the timescales for publishing papers for meetings of the Board's advisory groups¹ (see **Appendix 2 - Structured Assessment 2022 R1b**). However, we recognise that this has been impacted by the capacity challenges within the Corporate Governance Team. In addition, the Health Board needs to find a way of including the videos of staff and patient stories

¹ The Health Board has three advisory Boards - the Clinical Advisory Group, the Local Partnership Forum, and the Stakeholder Reference Group.

presented during committee meetings in the papers it uploads to its website **(Recommendation 2)**.

- 29 The Board continues to make appropriate use of private sessions, reserving them for confidential and sensitive matters only. The Health Board publishes the agendas of private Board meetings to enhance transparency in line with our recommendation last year (see **Appendix 2 - Structured Assessment 2022 R1a**). This practice has also been extended to the majority of Board committees, with the exception of the Planning, Performance, and Finance Committee. The Health Board will need to address this to ensure consistency.
- 30 Draft committee meeting minutes are produced quickly and reviewed by the relevant chair; however, they are not made publicly available until the papers of the subsequent meeting are published. Furthermore, committee meetings are not livestreamed or recorded for public use. The Health Board, therefore, should consider putting appropriate arrangements in place to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business **(Recommendation 3)**. Furthermore, whilst draft minutes are confirmed at subsequent Board and committee meetings, they are not uploaded to the Health Board's website in a timely manner. Whilst we recognise that this has been impacted by the capacity challenges within the Corporate Governance Team, the Health Board should take appropriate action to address this for the future **(Recommendation 4)**.

Arrangements to support the conduct of Board business

- 31 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of formal, up-to-date, and publicly available:
- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - policies and procedures in place to promote and ensure probity and propriety.
- 32 We found that **whilst the Board and committees regularly review, update, and publish key control frameworks and documents, some policies are out of date.**
- 33 The Board has formal, up-to-date, and publicly available SOs and SFIs in place with evidence of compliance. In September 2023, the Board approved updated versions of the SOs and SFIs to reflect the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2022 and the creation of the new citizen voice panel, "Llais", which has replaced the former Community Health Councils.

- 34 The Health Board has taken positive steps to increase public access to governance and assurance documents this year by creating a dedicated section on its website for key policies and procedures. However, some of the policies and procedures, including the Handling Concerns Policy and Incident Management Framework, are currently out of date. Whilst we recognise that this has been impacted by the capacity challenges within the Corporate Governance Team, the Health Board should take appropriate action to address this for the future **(Recommendation 5)**.
- 35 The Health Board has publicly available policies and procedures in place to promote and ensure probity and propriety. We have observed declarations of interest routinely being taken at the start of Board and committee meetings as a standing item on all agendas. The Audit and Risk committee routinely receives the Declaration of Interest, Gifts, Hospitality, and Sponsorship Register, which it last reviewed in August 2023.

Effectiveness of Board and committee meetings

- 36 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
 - well chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board; and
 - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 37 We found that **Board and committee meetings are well chaired, conducted properly, have balanced agendas, and are generally supported by good papers. The committees are operating well, and oversight of estate matters has improved this year. The Health Board plans to review its committee structure in the next 12 months.**
- 38 The Board has an appropriate, integrated, and well-functioning committee structure in place which meets statutory requirements. Each committee has up to date and clear terms of reference which appropriately reflect the breadth of Health Board business. In our structured assessment report last year, we identified a gap in oversight of the Health Board's estate. The Health Board has since updated the

Planning, Performance, and Finance Committee's terms of reference to include estates (see **Appendix 2 - Structured Assessment 2022 R10b**). The Health Board intends to review the committee structure in the next 12 months to ensure it remains fit for purpose.

- 39 Board and committee work programmes and agendas cover all aspects of their respective terms of reference, and are shaped by the Board Assurance Framework (see **paragraph 56**). As noted earlier, the Planning, Performance, and Finance Committee is now responsible for maintaining oversight of the Health Board's estate. At the time of our work, it had received an assurance report on the Health Board's exposure to reinforced autoclaved aerated concrete (RAAC) in June 2023 and a mid-year update on the Capital and Estates Programme in October 2023. However, it had not received an overarching assurance report on the condition of the estate due to the delay in receiving the necessary data from the Estates and Facilities Performance Management System. An interim report will be presented in the meantime (see **Appendix 2 - Structured Assessment 2022 R10a and R10c**).
- 40 Our observations found that Board and committee meetings are generally well chaired, with members and attendees observing the necessary etiquette. Meeting agendas are appropriately planned, with the Health Board making appropriate use of consent agendas to allow sufficient time for discussion on other matters. We observed Independent Members providing a good balance of scrutiny, support, and challenge.
- 41 The Health Board continues to have an effective approach in place for referring matters between committees as well as to escalate matters to the Board via the highlight reports prepared by committee chairs. Chairs are effective at highlighting the key matters and risks identified by their respective committees at every Board meeting.
- 42 Papers for Board and committee meetings are generally well written and clear. Cover sheets clearly identify where papers have previously been scrutinised by a committee, and meeting chairs helpfully remind attendees of this to help avoid unnecessary repeat discussions. However, we found that some reports are lengthy, and opportunities remain to use cover sheets more effectively to draw attention to the key risks and issues requiring consideration.
- 43 Cover sheets have been updated to ensure more explicit links to the Well-being of Future Generations (Wales) Act 2015 (see **Appendix 2 - Structured Assessment 2022 R1c**). Whilst cover sheets are now used to accompany presentations, they are in a different format to report cover sheets. As a result, they do not sufficiently capture the key risks and issues associated with the presentations (see **Appendix 2 - Structured Assessment 2022 R1d**).
- 44 The Board and its committees are well supported by the Corporate Governance Team, despite significant capacity challenges as noted earlier. These capacity challenges arose during 2023 with the vacancy of the Director of Corporate Governance/Board Secretary role and the retirement of the Head of Corporate

Governance & Board Business. These vacancies have now been filled and the position should improve from October 2023 onwards.

Board commitment to hearing from patients / service users and staff

- 45 We considered whether the Board promotes and demonstrates a commitment to hearing from patients / service users and staff. We were specifically looking for evidence of:
- the Board using a range of suitable approaches to hear from patients / service-users and staff.
- 46 We found that **the Board demonstrates a good commitment to hearing from staff and patients.**
- 47 The Health Board engages effectively with staff and patients through various methods. The Board and Quality and Safety Committee receives a Shared Listening and Learning Story² at each meeting, which highlight both positive and negative experiences from staff and patients. The Health Board also has a formal framework in place for Board walkarounds which allow Executive Directors and Independent Members to engage directly with staff across primary, community, and acute services. There is good reporting to the Quality and Safety Committee on what was observed during walkarounds, and actions taken in response. The Health Board also has robust plans in place to involve stakeholders in the development of its Clinical Services Plan. At the time of our work, the Health Board was in the process of implementing the Speaking Up Safely Framework³ and Guardian Service⁴ across the organisation.

Board cohesiveness and commitment to continuous improvement

- 48 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;

² Patient and staff stories describing their experiences.

³ The Speaking Up Framework aims to support organisations to create a culture where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience.

⁴ The Guardian Service is an external independent service which operates 24/7 365 days a year offering staff a safe, confidential, and non-judgmental supportive way to raise any concern or risk in the workplace.

- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 49 We found that **the Board is cohesive and demonstrates a good commitment to self-reflection and continuous improvement. The Health Board has a strong executive team, and changes to the Independent Member cadre are being managed well.**
- 50 The Board acts cohesively and demonstrates appropriate support and challenge from Independent Members and appropriate responses from senior management. The Health Board's executive leadership is experienced and focussed on making a difference. The new Director of Corporate Governance joined the Health Board in September 2023, and an interim Director of Public Health is in place until a substantive appointment is made.
- 51 The Health Board is managing changes to its Independent Member cadre well. The new Chair took up their role in April 2023 following the retirement of the interim Chair. Since then, two Independent Members - the Vice Chair and Independent Member (Legal) - have reached the end of their terms of service in August and September 2023, respectively. Recruitment for both positions has been completed and appointments have been made. The Independent Member (Community) and Independent Member (Trade Union) will be leaving in March and September 2024, respectively. In light of these changes, the Health Board has recently refreshed the membership of its committees to maintain continuity and minimise disruption to Board business.
- 52 The Board and its committee routinely review their effectiveness and make good use self-assessments to inform and support continuous improvement. The Health Board has continued to make effective use of development sessions to support Board learning and development. These sessions have also been used during 2022-23 to support the development of the long-term vision and priorities for the organisation. The Chair has undertaken Personal Development Reviews with all Independent Members.

Corporate systems of assurance

- 53 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 54 We found that **the Health Board's risk, performance, and quality governance arrangements continue to strengthen, but further work is required to ensure they are fully embedded across the organisation and are achieving the desired impact.**

Corporate approach to overseeing risks

- 55 We considered whether the Health Board has a sound approach to identifying, overseeing, and scrutinising strategic and corporate risks. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives;
 - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.
 - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;
 - the Board providing effective oversight and scrutiny of the effectiveness of the risk management system; and
 - the Board providing effective oversight and scrutiny of corporate risks.
- 56 We found that **the Board Assurance Framework is well embedded and starting to drive the business of the Board and committees. Organisational risk management arrangements are appropriate and routinely reviewed.**
- 57 The Health Board's BAF continues to appropriately reflect the key risks to achieving the organisation's strategic goals. It provides good information on gaps in controls and assurance, as well as mitigating actions. The Board actively reviews and scrutinises the BAF at each public board meeting, and new strategic risks are added as required. For example, in September 2023, the Board approved the addition of a strategic risk relation to population health – prevention and early intervention. As recommended in last year's structured assessment report, the Health Board is now actively using the BAF to shape and inform committee business (see **Appendix 2 - Structured Assessment 2022 R2**). The BAF and committee assigned risks are discussed at all agenda planning meetings and considered when shaping committee cycles of business. The principal and strategic risks assigned to committees are now captured within the organisational risk register submitted to committee meetings.
- 58 The Health Board has an appropriate risk management framework in place which is effectively overseen and scrutinised by the Board. The risk management framework is reviewed annually. In May 2023, the Health Board updated the risk management strategy, risk management statement, and the risk domains to reflect the organisation's new operating model. Whilst the Board does not formally review the organisational risk register at each meeting, it is available to members of the Board to support the discussion on the BAF. There is appropriate review of the organisational risk register in its totality at Audit and Risk Committee meetings, with individual committees maintaining good oversight of the risks assigned to them.

Corporate approach to overseeing organisational performance

- 59 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 60 We found that **whilst performance management arrangements are in place, the Health Board lacks a documented framework. Performance reporting is now more appropriately targeted to areas of concern, and the Health Board is taking positive steps to improve the presentation of information.**
- 61 The Health Board has appropriate arrangements in place to manage operational performance which include a performance dashboard covering quality, performance, and monthly performance and finance meetings between the Care Groups and senior executives. In order to enhance its arrangements further, the Health Board should update the current draft performance management framework, to reflect the new Health Board structure and ensure it clearly sets out roles, responsibilities, and frequency for reviewing performance at service and management levels. **(Recommendation 6).**
- 62 The Integrated Performance Dashboard (IPD) continues to provide a detailed overview of the Health Board's performance against national delivery measures, ministerial priorities, and local quality and safety measures. The report is presented at each public Board and Planning, Performance, and Finance Committee meeting by the relevant Executive Directors. As recommended in our structured assessment report last year, performance reporting is now more appropriately focussed on the key challenges the Health Board faces in both planned care, and urgent and emergency care (see **Appendix 2 - Structured Assessment 2022 R3**). Furthermore, in order to improve the presentation of information, the IPD was amended in September 2023 to include a key metrics section to help draw the attention of Board members to key performance areas. Whilst this aspect of the IPD gives Board members a more holistic overview of organisational performance, it is still in its early stages of development and continues to be refined.

Corporate approach to overseeing the quality and safety of services

- 63 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:

- corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
- a framework (or similar) in place that supports effective quality governance;
- clear organisational structures and lines of accountability in place for clinical / quality governance; and
- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

64 We found that **the Health Board's arrangements for quality governance have improved significantly, but further work is needed ensure they are fully embedded and improve quality outcomes as intended.**

65 The Health Board has made significant progress in addressing the substantial concerns and recommendations set out in our 2019 [Joint Review of Quality Governance Arrangements](#) with Healthcare Inspectorate Wales. In August 2023, we published our [Joint Review Follow-up](#) report. We found that:

- The Health Board has a stronger strategic focus on quality and patient safety. Its new three-year Quality Strategy clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. It also clearly sets out the Health Board's approach to quality, as well as what success will look like.
- The strategy, together with the new three-year Quality and Patient Safety Framework, provides a good foundation to support the delivery of the new Duty of Quality and Duty of Candour, which came into effect in April 2023.
- There is greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety at all levels of the organisation.
- Organisational scrutiny of quality and patient safety has improved considerably, with greater openness and transparency evident. The Health Board's Quality and Safety Committee is operating effectively. The quality of the papers prepared for the committee has improved, and we observed Independent Members providing a good balance of support, scrutiny, and challenge.

66 This is a positive development, and the Health Board is aware that some further action is required to address our outstanding recommendations and fully embed its revised quality governance arrangements across the organisation to ensure they consistently support the delivery of safe and high-quality healthcare and positive patient outcomes.

Corporate approach to tracking recommendations

- 67 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:
- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.
- 68 We found that **arrangements for monitoring internal and external audit recommendations have improved, and steps are now being taken to track recommendations from other inspectorates and regulators.**
- 69 The Health Board has continued to strengthen its arrangements for tracking internal and external recommendations. The audit tracker for internal and external audit has continued to be refined and is working well. The summary report, which provides an update to the Audit and Risk Committee, on the closure of recommendations and subsequent removal from the tracker has also improved since last year, with more detail provided for assurance. As of October 2023, 73 of the 137 outstanding internal audit recommendations and 7 of the 21 outstanding Audit Wales recommendations had passed their target implementation date. Plans are in place to move the tracking of recommendations onto the AmAT⁵ audit system which should support the Corporate Governance Team to obtain and provide timelier updates on progress. This move should also help the Health Board to identify, analyse, and respond to common themes and trends emerging from recommendations.
- 70 The Health Board has developed its arrangements for tracking recommendations made by external inspection and regulatory bodies, noting this was first flagged as a recommendation in our 2018 structured assessment report (see **Appendix 2 - Structured Assessment 2018 R6**). In July 2023, the Quality and Safety Committee received a prototype tracking report on the recommendations from Healthcare Inspectorate Wales. Whilst this is a positive development, the report was high level and did not provide detail on the areas where recommendations were outstanding, or any thematic analysis of the information. However, we understand that this data will be included in the new AmAT system, which should enable the Health Board to identify and analyse key themes. Furthermore, recommendations from other inspectorates and regulators including the Delivery Unit were not yet included.

⁵ AmAT is an audit management and tracking tool, which utilises dashboards to give intelligence, and enables staff to update progress in real time reducing the burden on governance teams as it automates many of the processes, such as asking for progress updates.

Corporate approach to planning

- 71 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 72 We found that **the Health Board's corporate planning arrangements have matured, and work is underway to develop the Clinical Services Plan. However, as with other Health Boards, it has been unable to produce an approvable IMTP. Furthermore, its arrangements for monitoring the delivery of corporate plans and strategies require further improvements.**

Corporate approach to producing strategies and plans

- 73 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision and long-term strategy in place, which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 74 We found that **the Health Board's corporate planning arrangements are generally good. However, as with other Health Boards, it has been unable to produce an approvable IMTP. The Health Board has clear plans in place to develop a Clinical Services Plan, and progressing this work remains a priority for the Board.**
- 75 The Health Board's approach to corporate planning continues to mature. As noted in last year's structured assessment, the Health Board has a clear Board-approved vision which is underpinned by four strategic goals – Creating Health, Improving Care, Sustaining our Future, and Inspiring People. We noted that whilst the Health Board had made positive progress in developing its new strategy, CTM 2030 – Our Health, Our Future, the document lacked clear and measurable outcomes. The Health Board is making good progress in addressing this through the work of the Strategy Groups, which have been established to develop clear actions and outcome measures for each strategic goal (see **Appendix 2 - Structured Assessment 2022 R4**). The Board and the Planning, Performance, and Finance Committee continue to maintain effective oversight of these arrangements, with Independent Members providing appropriate input, scrutiny, and challenge as required.

- 76 The Health Board has recently established a clear timeline for developing its Clinical Services Plan in the context of CTM 2030, which was approved by the Board in July 2023. The Health Board is aiming to develop its Clinical Services Plan in a phased approach to allow it to make key changes in the short-term whilst scoping and developing its plans for the medium- to longer-term. The Health Board also intends to develop an Estates Plan and People Plan alongside the Clinical Services Plan. Progressing this work at pace and ensuring all key corporate plans and strategies are aligned remains a priority for the Board.
- 77 The Health Board has effective arrangements for preparing its Integrated Medium-Term Plan 2023-26 / Annual Plan 2023-24. The Health Board adopted a bottom-up approach this year, building its plan from the service plans prepared by each Care Group and Corporate Directorate. Clear guidance and templates were issued to each Care Group and Corporate Directorate, and support was provided by the Corporate Planning Team and Business Partners to ensure plans reflected CTM 2030 and Welsh Government requirements. The Board and Planning, Performance, and Finance Committee were fully involved in the process of developing and approving the plan. Both the Board and committee provided good scrutiny, challenge, and input particularly in relation to the financial options and investment priorities for 2023-24. However, despite these arrangements, the Health Board was unable to produce a Welsh Government approved Integrated Medium-Term Plan for 2023-26 due to its planned financial deficit in 2023-24. This was also the case for other Health Boards in Wales. Instead, the Health Board is working to an Annual Plan set in the context of CTM 2030 and the unapproved three-year plan.

Corporate approach to overseeing the delivery of strategies and plans

- 78 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- Corporate plans, including the IMTP, containing clear strategic priorities / objectives and SMART⁶ milestones, targets, and outcomes that aid monitoring and reporting; and
 - The Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 79 We found that **further work is required to develop clear milestones, targets, and outcomes for corporate plans and strategies to enable effective monitoring, assurance, and scrutiny.**
- 80 As noted in **paragraph 75**, work is underway to develop clear milestones, targets, and outcomes for CTM 2030. Until this work is completed, the Board will be unable

⁶ specific, measurable, achievable, relevant, and time-bound

to monitor the Health Board's progress in achieving its strategic goals and objectives. Whilst the IMTP and Annual Plan include a range of different priorities, actions, deliverables, or measures for 2023-24, they are still not summarised and presented in a way that would allow progress to be monitored and reported on a regular basis (see **Appendix 2 - Structured Assessment 2022 R5a**).

Furthermore, there is still no clarity on which Executive Directors are responsible for ensuring the delivery of key actions/deliverables, thus limiting opportunities for appropriate accountability (see **Appendix 2 - Structured Assessment 2022 R5b**).

- 81 Whilst progress on delivering the Annual Plan is reported to the Board and Planning, Performance, and Finance Committee on a regular basis, the reports are very narrative in nature. Furthermore, they are still not sufficiently aligned to the Integrated Performance Report. As a result, the Board is still unable to assess the extent to which progress is on track, and the extent to which the implementation of key actions / deliverables is having a positive impact on Health Board performance (see **Appendix 2 - Structured Assessment 2022 R5c**).

Corporate approach to managing financial resources

- 82 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 83 We found that **despite a clear process for financial planning, and good arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24.**

Financial objectives

- 84 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
 - the organisation is on course to meeting its objectives and duties in 2023-24;
- 85 We found that **the Health Board did not achieve its financial duties for 2022-23, and the financial position is extremely challenging for 2023-24.**
- 86 The Health Board failed to meet its statutory financial duties for 2022-23. Firstly, the Health Board did not break-even against its Resource Revenue Limit over the three-year rolling period 2020-21 to 2022-23, thus breaching its cumulative revenue resource limit of £3.853 million by £24.221 million. Secondly, the Health Board was unable to produce a Welsh Government approved Integrated Medium-term Plan (IMTP) for 2022-25.
- 87 The Health Board has again been unable to submit a balanced financial plan for 2023-26. Instead, it is working to an Annual Plan which sets out a predicted deficit

of £79.6 million for 2023-24. At Month 5 2023-24, the Health Board reported a £36 million year-to-date deficit against its core revenue plan, which was £2.8 million worse than plan. The main driver for this adverse variance is a shortfall in savings delivery. At the time of our work the Health Board was forecasting that the deficit would remain at £79.6million as per the core plan submitted to Welsh Government, the situation remains very challenging. In October 2023, additional allocations were made available to Health Boards, alongside a requirement for a 10% stretch saving delivery. As a result, the Health Board now has a break even planning position for 2023-24.”

Corporate approach to financial planning

- 88 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place, which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 89 We found that **the Health Board has a clear process for financial planning; however, the development and delivery of its savings plans is a challenge.**
- 90 The Health Board has a clear framework for developing its financial plan. The plan for 2023-24 was developed using a bottom-up approach from the Care Groups and Corporate Directorates, with support provided by Finance Business Partners. This year, the Health Board has centralised the Finance Business Partners as they had previously been part of the Integrated Locality Group structure which was recently disbanded. Centralising the Finance Business Partners as well as other Business Partners has improved consistency and strengthened resilience across the organisation. The Health Board has also strengthened resilience further by investing in more Finance Business Partners. Independent Members were regularly briefed throughout the process of developing and finalising the financial plan. The Board and the Planning, Performance, and Finance Committee were also fully engaged in the scrutiny of the plan prior to its original submission and subsequent resubmission to Welsh Government.
- 91 The Health Board requires a significant level of savings; however, there remain gaps in the savings plan and delivery of identified savings is off track. The Health Board set a savings requirement of £27.3 million at the start of the financial year. At Month 5 2023-24, the Health Board was forecasting delivery of £22.9 million in savings, which was £4.4 million below target. However, actual savings in Month 5 2023-24 year-to-date was £8.2 million, which was £3.2 million below the Month 5

year-to-date savings target of £11.4 million. The Auditor General will be commenting further on the Health Board's approach to identifying, delivering, and monitoring financial savings in a separate piece of work that we will report in the early part of 2024.

Corporate approach to financial management

92 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place, which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
- the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.

93 We found that **arrangements in place to oversee and scrutinise financial management are effective.**

94 The Health Board has adequate arrangement to ensure compliance with its Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD). The SFIs and SORD have been reviewed and approved by the Board. The Health Board has reviewed the upper financial limit for the Chief Executive as recommended in last year's structured assessment report (see **Appendix 2 - Structured Assessment 2022 R7a**), and the new level set is consistent with the model Standing Orders and SFIs from Welsh Government. Good arrangements are in place for counter fraud, with an agreed annual workplan and reports which show delivery against the plan received at each Audit and Risk Committee meeting. There is also now a clear process for the Board to review and approve capital programmes and projects (see **Appendix 2 - Structured Assessment 2022 R7b**). Quarterly capital reports are presented to the Planning, Performance, and Finance Committee, with bespoke reports on special projects (such as the Llantrisant Health Park) being received by Board for scrutiny. Last year, some of the financial control procedures on the Health Board's website were out of date. Of the eight that needed to be reviewed, five have been updated and the remaining three are on track for approval in December 2023 (see **Appendix 2 - Structured Assessment 2022 R7c**).

95 The Health Board is aware of its cost drivers and controls are in place to manage the financial position. The Health Board has taken positive steps to enhance its financial management arrangements b by issuing strengthened accountability

letters from the Chief Executive Officer to Corporate Directorates and Care Groups (see **Appendix 2 - Structured Assessment 2022 R6**).

- 96 The Health Board has good arrangements in place to monitor financial performance. Monthly finance review meetings are held with all Care Groups, and with other functions on a bi-monthly basis. These meetings cover savings delivery, expenditure variances, and action plans to improve the overall control environment. However, as mentioned in **paragraph 60** there is currently no documented performance management framework in place to escalate areas of concern.
- 97 The Health Board submitted good quality draft financial statements as per the required timeline. Our audit identified no material misstatements but did identify some areas where corrections should be made. Our audit also made recommendations to improve working papers to support primary care expenditure, and several recommendations around improvements needed to digital controls. We issued an unqualified opinion in respect of the true and fairness of the accounts, but a qualified regulatory opinion due to the Health Board breaching its duty to deliver a break-even position over the rolling three-year period 2020-23.

Board oversight of financial performance

- 98 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- The Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - The Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 99 We found that **the Health Board has good arrangements for monitoring financial performance, with improved scrutiny of care groups and other directorates.**
- 100 The Health Board has effective arrangements for reporting financial performance to the Board and the Planning, Performance, and Finance Committee. Reports are timely and make good use of text and exhibits to convey key messages. They receive good scrutiny from Independent Members.
- 101 In last year's structured assessment report, we noted that the Health Board needed to report the financial performance of the Care Groups. This has been addressed, and the Health Board now reports the performance of Care Groups and Corporate Directorates against the delegated budgets at each Planning, Performance, and Finance Committee meeting (see **Appendix 2 - Structured Assessment 2022 R8b**). However, whilst reports continue to highlight key financial risks, opportunities, and assumptions, they could provide more detail on what actions are being taken, for example where care groups have not identified the required proportion of forecast savings. (see **Appendix 2 - Structured Assessment 2022 R8a**).

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit and Risk Committee;• Digital and Data Committee;• In Committee Extraordinary Board Session;• People and Culture Committee;• Planning, Performance, and Finance Committee;• Population Health and Partnerships Committee; and• Quality and Safety Committee.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality; • Key organisational strategies and plans, including the IMTP; • Key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • Key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • Relevant policies and procedures; and • Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Chair of Board; • Chief Executive; • Chair of Audit and Risk Committee; • Executive Director of Finance; • Executive Director of Strategy and Transformation; • Chief Operating Officer; and • Director of Corporate Governance.

Appendix 2

Progress made on previous year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports.

Recommendation	Description of progress
Audit Recommendations <u>Structured Assessment 2018 R6:</u> The audit recommendation tracker should be expanded to include the recommendations of other external agencies e.g., Healthcare Inspectorate Wales and the Delivery Unit.	In Progress – see paragraph 70
Direct and Indirect Harm from COVID-19 <u>Structured Assessment 2021 (Phase 2) R5:</u> The Health Board has undertaken specific work in relation to COVID-19.	Completed – The Health Board has a framework in place and reports on its work in this area are presented to the Quality and Safety Committee.

Recommendation	Description of progress
<p>However, as with other Health Boards, it has yet to finalise a standard framework to support the assessment of direct and indirect harm associated with COVID-19. The Health Board should produce a framework for assessing both direct and indirect harm from COVID-19 and ensure that the framework and accompanying report outlining key issues are monitored by appropriate operational, strategic groups and reported to the Board or on of its committees.</p>	
<p>Improving administrative governance arrangements</p> <p><u>Structured Assessment 2022 R1</u>: We found opportunities for the Health Board to improve its administrative governance arrangements to enhance public transparency and support Board and committee effectiveness. The Health Board, therefore, should:</p> <ul style="list-style-type: none"> a) publish the agendas of private Board and committee meetings; b) publish the papers for all public Board, committee, and advisory meetings on its website in a timely manner; c) update report cover sheets to enable authors to better link their reports to the requirements of the Well-being of Future Generations (Wales) Act 2015; and 	<ul style="list-style-type: none"> a) In Progress– See paragraph 28 b) In Progress – see paragraph 29 c) Completed – see paragraph 43 d) No Progress – see paragraph 43

Recommendation	Description of progress
<p>d) update presentation cover sheets to enable authors to summarise the information sufficiently and capture the relevant risks and issues.</p>	
<p>Using the Board Assurance Framework (BAF) to shape Board business</p> <p><u>Structured Assessment 2022 R2:</u> Although the Health Board has made positive progress in developing a BAF, it is not yet currently being used to shape Board and committee business. The Health Board, therefore, should actively use the BAF on an ongoing basis to shape and inform Board and committee work programmes.</p>	<p>Completed – see paragraph 57</p>
<p>Strengthening performance management arrangements</p> <p><u>Structured Assessment 2022 R3:</u> The Health Board has a number of longstanding performance challenges across many areas in both planned care and urgent and emergency care, resulting in it being escalated to enhanced monitoring from routine arrangements under Welsh Government's Escalation and Intervention Arrangements. The Health Board, therefore, should ensure its performance management and reporting</p>	<p>In Progress – see paragraph 61</p>

Recommendation	Description of progress
<p>arrangements are appropriately focused on the key challenges it faces in both planned care and urgent and emergency care, especially where performance in those areas is comparatively worse than other Health Boards in Wales.</p>	
<p>Establishing measurable outcomes for strategic priorities</p> <p><u>Structured Assessment 2022 R4:</u> Whilst the Health Board has made positive progress in developing a long-term vision, strategic goals, and strategic priorities for the organisation, the new strategy (CTM 2030) lacks clear and measurable outcomes. The Health Board, therefore, should seek to articulate outcomes for each strategic priority, what success would look like, and how it will measure and report progress. In doing so, it should consider the relationship between the goals of the Population Health Strategy and the wider strategic goals and public health 'life course' approach set out in CTM 2030.</p>	<p>In Progress – see paragraph 75</p>
<p>Enhancing arrangements for monitoring delivery of corporate plans and strategies and reporting progress to the Board</p>	

Recommendation	Description of progress
<p><u>Structured Assessment 2022 R5:</u> We found opportunities for the Health Board to enhance its arrangements for monitoring the delivery of corporate plans and strategies, and reporting progress to the Board. The Health Board, therefore, should enhance its arrangements by ensuring:</p> <ul style="list-style-type: none"> a) plans and strategies contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; b) plans and strategies provide greater detail on which Executive Directors are responsible for the delivery of key actions / deliverables to enable appropriate accountability; and c) reports are aligned to performance reports to enable the Board to assess the extent to which the implementation of key actions / deliverables is having a positive impact on Health Board performance. 	<ul style="list-style-type: none"> a) No Progress – see paragraph 80 b) No Progress – see paragraph 80 c) No Progress – see paragraph 81
<p>Strengthening financial management arrangements</p> <p><u>Structured Assessment 2022 R6:</u> We identified the need for the Health Board to improve its arrangements for containing expenditure and delivering savings. The Health Board, therefore, should review its arrangements to ensure there is</p>	<p>Completed – See paragraph 95</p>

Recommendation	Description of progress
sufficient grip and challenge at all levels of organisation on expenditure and savings delivery.	
<p>Strengthening financial controls</p> <p><u>Structured Assessment 2022 R7:</u> Whilst the Health Board's financial control procedures are generally effective, we identified opportunities to strengthen some controls and update the information available on the Health Board's website. The Health Board should:</p> <ul style="list-style-type: none"> a) review the delegated upper financial limit for the Chief Executive; b) ensure there is a clear process in place for the Board to review and approve capital programmes and projects; and c) ensure out-of-date financial control procedures are removed from its website and replaced with the current versions. 	<ul style="list-style-type: none"> a) Completed – See paragraph 94 b) Completed – See paragraph 94 c) In Progress - See paragraph 94
<p>Enhancing financial reports to the Board</p>	<ul style="list-style-type: none"> a) In Progress – See paragraph 101

Recommendation	Description of progress
<p><u>Structured Assessment 2022 R8:</u> Whilst the Health Board has effective arrangements for reporting financial performance to the Board, we identified opportunities to enhance these reports further. The Health Board should:</p> <ul style="list-style-type: none"> a) provide greater assurances that mitigating actions are in place to address key financial risks highlighted in the reports; and b) report the financial performance of the new Care Groups at the earliest possibility. 	<p>b) Completed – See paragraph 101</p>
<p>Maximising the benefits of digital technologies and solutions</p> <p><u>Structured Assessment 2022 R9:</u> There is limited capacity within the Health Board to fully deliver its digital transformation agenda. The Health Board, therefore, should seek to set out in its refreshed Digital Strategy how it intends to overcome staffing and funding challenges to fully exploit the benefits offered by digital technologies and solutions.</p>	<p>In Progress – Despite the limited resources the Health Board has made some progress developing digital plans. Within the 2023-24 plan there was an additional £3m allocated to digital. Projects included, digitising patient notes, investment in digital system and the digital team.</p>

Recommendation	Description of progress
<p>Strengthening Board-level oversight of estates issues and risks</p> <p><u>Structured Assessment 2022 R10:</u> There is currently insufficient Board-level oversight of the condition of the estate and other significant related risks. The Health Board, therefore, should:</p> <ul style="list-style-type: none"> a) ensure there is regular reporting on estates-related performance indicators and risks to the Planning, Performance, and Finance Committee; b) update the committee's Terms of Reference to reflect these responsibilities; and c) establish a clear process for ensuring appropriate cross-referral of estate issues which may have a significant health and safety impact with the Quality and Safety Committee. 	<ul style="list-style-type: none"> a) In Progress – see paragraph 39 b) Completed – See paragraph 38 c) No Progress – see paragraph 39

Appendix 3

Organisational response to audit recommendations

Exhibit 4: Cwm Taf Morgannwg University Health Board response to our audit recommendations.

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Public observation of Board Meetings Whilst the Health Board meets in public, it is not clear how members of the public can request to attend these meetings in person. The Health Board, therefore, should provide clear guidance on how members of the public can request to observe public	<p>With effect from January 2024 the Health Board will include guidance on how members of the public can join Board meetings in person.</p> <p>This information will be captured on the Health Board's website and when sharing details of upcoming Board meetings via the Health Board's social media channels.</p>	31 January 2024	Director of Corporate Governance / Board Secretary

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	Board meetings in person. (Medium Priority)			
R2	Accessibility of videos The Health Board makes good use of videos in committee meetings to present patient and staff stories. However, they are not subsequently made available on the Health Board's website. The Health Board, therefore, should ensure that any videos shown during committee meetings are made available on its website for completeness with agreement of the contributors. (Medium Priority)	Shared Listening and Learning Story videos will be published with the relevant Board Committee papers following the meeting. The Corporate Governance Team will also link in with the Patient Experience Leads and Communications and Engagement colleagues to consider how awareness of these stories can be enhanced internally and externally using the various communication channels available.	31 March 2024	Director of Corporate Governance / Board Secretary
R3	Enhancing transparency of committee business	The Corporate Governance Team will be reviewing how it can further enhance transparency around its Board Committee Business e.g.	31 March 2024	Director of Corporate Governance /

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	R3 Draft committee meeting minutes are produced quickly and reviewed by the relevant chair; however, they are not made publicly available until the papers of the subsequent meeting are published. Furthermore, committee meetings are not livestreamed or recorded for public use. The Health Board, therefore, should consider putting appropriate arrangements in place to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business. (Medium Priority)	sharing a summary of planned business on the website ahead of publication of papers, publishing shared listening and learning videos (linked to R2) etc.		Board Secretary
R4	Confirmed minutes Whilst the Board and committees review and confirm the minutes of previous meetings, they are not always uploaded to the Health Board's website in a timely manner. The	With effect from January 2024 the Health Board will introduce a dedicated page on the website for "Latest Confirmed and Unconfirmed Minutes" for each Board meeting and Board Committee.	31 January 2024	Director of Corporate Governance / Board Secretary

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	Health Board, therefore, should ensure that all confirmed minutes are uploaded to the relevant section of its website in a timely manner to ensure the public have full access to the approved records of meetings. (Medium Priority)			
R5	Health Board policies and procedures Whilst the Health Board has a dedicated area on its website for policies and procedures, some of them are out of date. The Health Board, therefore, should ensure that all policies and procedures on its website are up-to-date and, if not, put a clear plan in place to revise and approve them. (Medium Priority)	The following policies and procedures are available on the Health Boards public facing website: <ul style="list-style-type: none"> • Risk Management Strategy • Risk Management Policy • Standards of Behaviour Framework Policy • Incident Management Framework • Handling Concerns Policy • Raising Concerns Policy (Whistleblowing) • Freedom of Information Policy • Environmental Policy 	31 January 2024	Executive Director of Nursing / Deputy Chief Executive Officer

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		<p>The Concerns Policy & Procedures which are linked to the review of the Incident Management Framework which is planned to be presented to the January 2024 Quality & Safety Committee for approval.</p> <p>With regards to the Incident Management Framework review and updating of this is in progress and expected to be completed by the end of the year.</p> <p>The other policies and procedures published on this page are in date in terms of their scheduled review.</p>		
R6	Performance Management Framework	The Health Board has developed a working version of the Performance Framework, however it does require updating to reflect the new	28 February 2024	Executive Director of

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	<p>The Health Board has appropriate arrangements in place to manage operational performance; however, it lacks a documented performance management framework. In order to enhance its arrangements further, the Health Board should prepare a written framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at service, management, committee, and Board levels (High Priority)</p>	<p>organisational structure and the latest Welsh Government performance framework.</p> <p>This activity will be undertaken before 31st December 2023 and presented to the first meeting of the Planning, Performance & Finance Committee in 2024 (currently scheduled for the 27 February 2024), for approval.</p>		<p>Strategy & Transformation</p> <p>Director of Digital</p>



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Agenda Item

7.6

CTM Health Board

Cwm Taf Morgannwg NHS General Charitable Fund Annual Report & Accounts 2022-23

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Owen James – Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Owen James – Head of Corporate 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
	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
WAO	Wales Audit Office

1. Situation / Background

- 1.1 This report presents the Annual report and Accounts of the Cwm Taf NHS General Charitable Fund for approval.

The registered charity "Cwm Taf Morgannwg NHS General Charitable Fund" requires annual accounts and an annual report to be prepared and submitted to the Charity Commission prior to the 31 January 2024.

The Board act as Trustees to this fund, and this report is therefore presented in this capacity.

The format of the Accounts has remained unchanged from last year.

2. Specific Matters for Consideration

- 2.1 Annual accounts and an annual report for the period 1 April 2022 to 31 March 2023 have been prepared by Cwm Taf Morgannwg UHB and then examined by Audit Wales. These are attached to this report in Appendix 1.

The accounts have been subject to independent examination by Audit Wales and an unqualified opinion is being proposed.

There is one non-trivial uncorrected misstatement highlighted in the Audit Wales report which relates to the method of valuation of the investments held with CCLA. Reports provided through the year by CCLA are provided with a 'mid' price, the Statement of Recommended Practice required the 'bid' price to be used in the annual accounts. The difference in value between the two is only £3,622, but due to the low trivial value for the Charity this is reported by Audit Wales as uncorrected misstatement. To put in context the overall value of investments held with CCLA at 31 March 2023 was £2.76m.

Audit Wales' proposed report is attached in Appendix 1.

Once the accounts are approved and signed by the Trustees, these will be shared with the WAO for the Auditor General for Wales' certification prior to submission to the Charity Commission by the 31 January 2024.

Audit Wales are also presenting the Audit of Accounts Report to the Board of Trustees. This includes a summary of corrections made and recommendations for future implementation. Discussions have taken place with appropriate officers and a management response has been provided as appropriate to these recommendations. This will be actioned as appropriate.

3. Key Risks / Matters for Escalation

- 3.1 An annual return including the annual report and accounts needs to be submitted to the Charity Commission within 10 months of the end of the financial year. Therefore the annual report and accounts for 2022/23 need to be approved, certified and submitted by 31 January 2024.

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: This would apply to all
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: This would apply to all
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))	Efficient
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		No change or withdrawal of policy or services.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: No change or withdrawal of policy or services.
Cyfreithiol / Legal	Yes (Include further detail below) Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner.	
Enw da / Reputational	Yes (Include further detail below) We need to ensure Charitable Funds are used in line with the objectives of the Charity and there provide Value for Money for staff, patients and wider community.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) The accounts highlights the resources received and the use of those resources for 2022-23 in accordance with Welsh Government and Charity Commission requirements. No specific workforce implications.	

5. Recommendation

5.1 The Board of Trustees are requested to:

APPROVE the annual report and accounts in Appendix 1 for the following to be signed:

- Annual Report signed by the Chair on behalf of the Trustees.
- Annual Accounts signed by Chair on behalf of the Trustees.
- Statement of Trustee's Responsibilities signed by the Chair and by Sally May – Director of Finance.

APPROVE the signing of the letter of representation in Appendix 2 by the Chief Executive and the Chair.

6. Next Steps

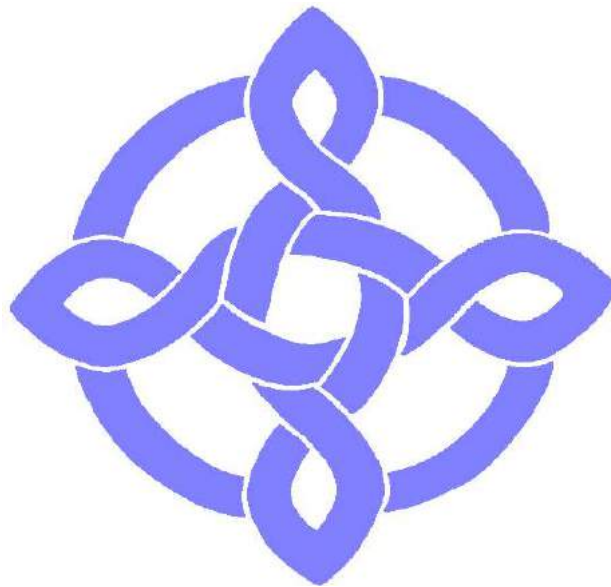
6.1 Once the annual report and accounts have been approved, they will be certified by the Auditor General for Wales and be submitted to the Charity Commission by the deadline of 31 January 2024.

**Cwm Taf Morgannwg NHS
General Charitable Fund**

**Trustee's Annual Report and
Accounts**

2022-23

**For the Charitable Funds managed by
Cwm Taf Morgannwg University Health Board**



FOREWORD

The Annual Report for the year ended 31 March 2023 has been prepared by the Trustees of Cwm Taf Morgannwg NHS General Charitable Fund in accordance with Part 8 of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005. This should be read together with the Cwm Taf Morgannwg NHS Charitable Funds Annual Accounts, which are appended to the report.

So far as the Trustees are aware, there is no relevant information of which the entity's external auditors are unaware, and the Trustees have taken all the steps that should have been taken to make themselves aware of any relevant information and to establish that the entity's external auditors are aware of that information.

The assets of the Charity are detailed in the Annual Accounts that follow the Trustee's report. No assets are held on behalf of either charity by another charity or by a Trustee of the Charity.

REFERENCE AND ADMINISTRATIVE DETAILS

The full name of the charity is:

Cwm Taf Morgannwg NHS General Charitable Fund

There are two special purpose subsidiary charities:

- Cwm Taf Morgannwg NHS Research and Training Charity
- Cwm Taf Morgannwg NHS Staff and Patients Welfare Charity

The registration number of the charity is 1049765. The charity is not registered as a company.

The principal registered address of the charity is:

Cwm Taf Morgannwg University Health Board
Finance Department
Dewi Sant Hospital
Pontypridd
CF37 1LB

Statutory Background

Cwm Taf Morgannwg University Health Board is the corporate trustee of the funds held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990. The role of the trustee however, is essentially performed by the Board of Cwm Taf Morgannwg UHB.

The Corporate Trustee

Those persons who have acted as Directors of the Corporate Trustee during the financial period 1st April 2022 to 31st March 2023 are as follows:

Executive Directors:

Paul Mears	Chief Executive	
Sally May	Director of Finance	
Dom Hurford	Interim Medical Director Medical Director	To 1 st May 2022 from 2 nd May 2022
Greg Dix	Director of Nursing, Midwifery and Patient Care Deputy Chief Executive Officer	 from 1st March 2023

Linda Prosser	Director of Strategy & Transformation	
Hywel Daniel	Director of People	
Kelechi Nnoaham	Director of Public Health	to 30th November 2022
Lauren Edwards	Director of Therapies and Health Sciences	

Independent Members:

Emrys Elias	Interim Chair	
Jayne Sadgrove	Vice-Chair	
Patsy Roseblade	Independent Member – Finance	
James Hehir	Independent Member- Legal	
Ian Wells	Independent Member- Information Technology	
Melu Jehu	Independent Member- Community	
Nicola Milligan	Independent Member – Staff	
Dilys Jouvenat	Independent Member- Third Sector	
Carolyn Donoghue	Independent Member - University	
Lynda Thomas	Independent Member - Corporate Business	
Cllr Geraint E Hopkins	Independent Member- Local Authority	

Bankers

Barclays Bank
93/94 Taff Street
Pontypridd
Mid Glamorgan
CF37 4YH

Internal Auditors

NHS Wales Shared Services Partnership
Audit & Assurance Services

4-5 Charnwood Court,
Heol Billingsley,
Parc Nantgarw,
Cardiff
CF15 7QZ

External Auditors

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Investment Advisors

CCLA Investment Management Limited
Senator House
85 Queen Victoria Street
London
EC4V 4ET

STRUCTURE, GOVERNANCE and MANAGEMENT

The charity is made up of a total of 157 individual funds as at 31st March 2023 (2022-23, 156). Notes 19b and 19c of the accounts distinguish the types of funds held and disclose separately all material funds.

Cwm Taf Morgannwg UHB is the corporate trustee of the charitable fund. The role of trustee is performed by the Board of Cwm Taf Morgannwg UHB. The Chairman and Independent Members are appointed by the Minister for Health and Social Services of the Welsh Government. The Executive Directors are officers of the UHB and are appointed according to Health Board policy and procedure, their appointment being approved by the Board of the UHB. Appropriate training and induction is received on initial appointment followed by periodic development sessions to further develop the understanding of their roles and responsibilities. The Trustees receive no remuneration or expenses from these charitable funds for their trustee duties.

The Board of Cwm Taf Morgannwg UHB is in overall control of all funds held by the Charity. Due to the number of funds held for specific purposes, the Trustees delegate day-to-day administration to Fund Managers. These managers oversee the balances of funds and identify expenditure needs where appropriate.

Any expenditure below £50k is approved in line with the delegation of duties, subject to confirmation from the Finance Department that sufficient funds are available and the expenditure item is consistent with the fund's objectives. Applications for spending requests of over £50k require approval of the Charitable Funds Committee.

The accounting records and day-to-day administration of the funds are dealt with by the Finance Department located at Dewi Sant Hospital, Albert Road, Pontypridd, Mid Glamorgan, CF37 1LB.

Exposure to Risk

The Chief Executive of the UHB together with the other directors is responsible for ensuring that an effective system of financial control is maintained. The Chief Executive and other directors are also responsible for reviewing the effectiveness of this system. The Charity operates under the same standing financial instructions and financial control procedures that are applied to the Board's main operations.

Income and Expenditure is monitored for each individual fund to ensure that spending and firm financial commitments remain within available funds. The Trustees receive periodic reports highlighting the main issues and risks facing the Charity.

The Charity has identified and examined all major risks that they are exposed to and systems have been established to mitigate these risks. This is supported by the use of Internal Audit to monitor the existing systems to confirm the existence of suitable controls and that these controls are operational. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments and the level of reserves available to

mitigate the impact of any losses. There are procedures in place to continually review the investment policy and to ensure that spending and financial commitments remain in line with available resources.

OBJECTIVES and ACTIVITIES for the public benefit

Objects and Purposes

The Trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Charity's aims and objectives.

The Trustees shall hold the funds upon trust to apply the income, and at their discretion so far as permissible, the capital, for any charitable purpose or purposes relating to the National Health Service (wholly or mainly for the service provided by Cwm Taf Morgannwg UHB) and for any other Health Services for which specific monies have been donated for use within the UK or overseas.

The Cwm Taf Morgannwg NHS General Charitable Fund is funded by donations and legacies received from patients, their relatives, and the general public and other external organisations. It is a grant-making charity, the purpose of which is the relief of those who are ill or disabled and the advancement of education through training.

The overall strategy of the Charity, to enable it to provide this support is achieved by the following means:

Patients Expenditure	Through the purchase of equipment and the provision of services and facilities not normally provided or in addition to the normal NHS provision.
Staff Expenditure	a) Motivation of staff, by improving staff facilities and by providing services that improve staff wellbeing. b) Education support for staff supplementing that provided by the UHB.
Capital Equipment	By the purchase of equipment.
Research	By the funding of staff and purchase of equipment used in the research and development projects carried out by the UHB.

The role of trustee of the Charity is performed by the corporate body of Cwm Taf Morgannwg UHB and the majority of grant payments made by the Charity are made to the UHB as contributions to the NHS. Other grant payments are made for patient and staff welfare and amenities. The Charity meets its objective by applying its funds and income to make such grant payments, examples of which are given in the *Financial Review* section of this report.

Grant Making Policy

The Grant making policy is dictated by the objects and purposes of the Charity for the public benefit. Grant payments are made for exclusively charitable purposes in support of Cwm Taf Morgannwg UHB. The Fund Managers who have delegated management of the individual funds may identify possible expenditure provided it falls within the object of the fund, is a reasonable charge to charitable funds and is in furtherance of the objects of the charity. Each item of expenditure is monitored to ensure compliance with these criteria and is then submitted for approval in line with the scheme of delegation of duties.

ACHIEVEMENTS and PERFORMANCE

To fulfil the charitable aims and objectives, the strategy of the charitable funds under the control of Cwm Taf Morgannwg UHB, as Corporate Trustee, is to support the UHB by providing funds to support a wide range of charitable and health related activities benefiting both patients and staff. In general they are used to purchase the varied additional goods and services that the NHS is unable to provide.

The Charity relies on the generosity of patients, their relatives and other donors who are familiar with or have experienced the care of the services within the Cwm Taf Morgannwg UHB for its income.

In addition to this, in 2020-21, the NHS Charities Together Covid Appeal allocated Stage 1 grants to individual NHS charities of which Cwm Taf Morgannwg UHB Charitable Fund received £168,100. Subsequently applications were submitted for further two stages of the grants to support NHS staff, patients and local communities.

In 2022-23 the Stage 1 grant was given final sign off by NHS Charities Together, and recently the Stage 2 and Stage 3 grants have been had approval and are now progressing.

The Charity is registered with HMRC to recover gift aid income and gift aid income reclaimable for 2022-23 is £1.3k.

During the year the Charity paid total grants and support costs of £669k (2021-22: £403k); these are detailed in note 7 of the accounts.

Examples of how the Charity has achieved its objectives are:

Patients Expenditure - including purchase of specialist chairs, items for the kitchen areas and producing a mural.

Research -	Research grants were used to enable staff to attend conferences and modification of a website.
Technical -	This included specialised gym equipment, hand held digitised vein viewing devices, and oximeters.
Capital -	This included a new SMOTS audio-visual healthcare simulation recording system at Endoscopy Department, RGH Hospital.

Further details of expenditure are shown in the *Financial Review*.

The Charity has adopted an investment strategy which aims to deliver a positive real return with a minimum of risk. The Trustees appointed CCLA Investment Management Limited as independent investment advisors. Details of investments and returns are highlighted in the *Investment* section below.

FINANCIAL REVIEW

Reserves Policy

Reserves are those funds retained which can be freely used at the discretion of the Trustees in furtherance of any of the Charity's objectives. Reserves therefore do not include funds that have restrictions on them or funds that have been obtained for a specific purpose.

As the Charity's financial procedures do not allow expenditure to be committed without the funds in place then the charity will always be able to meet its commitments as they fall due. The unrestricted reserves at 31st March 2023 stand at £2,644k, with £168k from this amount being committed for future expenditure.

Movement in Net Assets

The net assets of the Charitable Funds as at 31st March 2023 were £3,761k (2021-22:£4,222k). This comprised of unrestricted funds of £2,644k (2021-22:£3,085k) and restricted funds of £1,117k (2021-22:£1,137k). Overall net assets decreased by £461k reflecting an excess of expenditure over income. Of this excess, £145k relates to loss on the market value of the investments. The Charity's Trustees are under a duty to apply the charity's income within a reasonable time of receiving it. Fund managers have, therefore, been actively encouraged to identify expenditure that would further the objectives of the Charity.

Income

The charity continues to rely on donations, legacies and investment income as its main sources of income. However in the recent years it also received grant allocations from NHS Charities Together.

The Trustees are extremely grateful to those members of the public, staff and organisations who have made contributions to the charitable funds during the last financial year.

The table below demonstrate the various sources of income for the year 2022-23.

STATEMENT OF INCOME FOR THE YEAR ENDED 31 MARCH 2023

	Unrestricted £000	Restricted £000	2022-23 £000	2021-22 £000
Donations	110	8	118	148
Legacies	87	0	87	367
Grants	15	24	39	29
Interest and dividends	70	24	94	79
Other trading activities	0	15	15	4
Incoming Resources from Charitable Activities	0	0	0	0
Total Incoming Resources	282	71	353	627

Donations

During 2022-23 a total of £118k (2021-22:£148k) was received in the form of donations. A variety of donations were received throughout the year, a few examples of which are listed below:

- A total of £12.8k was donated by one donor to Princess of Wales Hospital Intensive Care and Accident& Emergency Units.
- A total of £5.4k was received for various funds within Royal Glamorgan Hospital
- £5.8k was donated to Ysbyty Cwm Rhondda, Ward 1 by one donor.
- £1k was donated to Neonatal Unit and £2.4k was donated for general purposes, Prince Charles Hospital.

Legacies

During the year, the Charity was a beneficiary of legacies with a total value of £87k (2021-22: £367k).

All legacies, where contact details are available, are acknowledged formally with a letter of thanks to the family.

Grants

During the year, the Charity received grants totalling £39k (2021-22: £29k). In addition, Stage 2 and Stage 3 NHS Charities Together grant application process commenced during 2021-22 with anticipated receipt in 2023-24 following successful acceptance of the grant award.

Investments

CCLA Investment Management Limited is appointed as Investment Advisors to the Charity.

Total amount invested in the Charities Ethical Investment Fund during the year was £2,100k with a market value of £2,761k. No other investments were held.

The Market Value of the fund at 31st March 2023 was £2,761k, showing a cumulative net gain of £661k. However, the market value of funds dropped from £2,906k at the start of the year to £2,761k at the end of year, thus showing an overall loss of £145k as detailed within Note 13 of the Financial Statements.

During the year the Charity received £84k (2021-22: £79k) as a dividend on the Ethical Investment Fund. The charges levied by CCLA are reflected within the market price of the units, and therefore, the value of the investment at the Balance Sheet date.

Exposure to fluctuations in the value of its investments are continually reviewed and reported to the Corporate Trustees. Quarterly Investment reports are prepared by CCLA and an annual presentation from the Investment Advisors updates the Trustees on the current and forecast market trends.

Liquidity risk is managed through having sufficient funds held in cash deposits to meet all known commitments without having to realise any investments that are subject to market fluctuations.

The Investment Strategy of the Health Board's Charitable Funds states that: "Should the reserve exceed 20% of overall investment, any excess will be distributed to individual fund balances, subject to Charitable Fund Committee approval." The surplus exceeding 20% as at the end of June 2021 was £497k. Subsequent to the Committee approval, the excess gain was distributed to the fund balances as detailed in Notes 18 and 19 of the accounts. There was no additional distribution of gains to individual funds during 2022-23.

Expenditure

The Charity is primarily a grant making body, providing grants to the Cwm Taf Morgannwg UHB, from which many areas of service provision benefit. During 2022-23, charitable expenditure on direct charitable activity, including support costs, totalled £669k (2021-22: £403k).

ANALYSIS OF EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2023

	Unrestricted	Restricted	2022-23	2021-22
	£000	£000	£000	£000
Fundraising trading: costs of goods sold and other costs	0	0	0	0
Charitable Activities	578	91	669	403
Total Resources Expended	578	91	669	403

The detail of the expenditure on Charitable Activities is shown in the annual accounts within Note 7.

A number of specific highlights during the year for charitable expenditure are listed below:

- £12k was spent on setting up the Fruit and Veg stall at Royal Glamorgan Hospital.
- £9.5k was used to purchase two interactive touch screen digital therapy systems for the Dementia Ward at Ysbyty Cwm Cynon.
- £26k was used to purchase a scanner for the Breast-care Unit at Princess of Wales Hospital.

Support Costs

The support costs of administration for 2022-23 were £108k (2021-22: £98k). These figures are shown in the annual accounts within Note 7 and Note 10 under support costs and split between finance and administration costs.

The charity does not directly employ any members of staff, finance and administration costs relate to the cost of staff recharged from Cwm Taf Morgannwg University Local Health Board.

The difference between the dividend income and the support costs are allocated to the charitable funds on an average fund balance basis.

On behalf of the staff and patients who have benefited from the improved services the Trustees would like to thank all patients, relatives, staff and members of the public who have made charitable donations and helped with fundraising activities. The level of activity will continue to be dependent upon the generosity of these donors and the receipt of legacies. The Trustees would also like to thank the organisations who have provided the Charity with grants during the year.

Signed

Chairperson: _____ *Date:*

Cwm Taf Morgannwg UHB

On behalf of the Trustees

Audit of Accounts Report – Cwm Taf Morgannwg University Local Health Board Charity

Audit year: 2022-23

Date issued: January 2024

Document reference: 3964A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit report on your audited annual report and financial statements. There are some issues to report to you before you consider whether to approve the audited document.

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2022-23 annual report and accounts in this report. We have already discussed these issues with the relevant officers.
- 2 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled. We set this level at £13,380 for this year's audit.
- 3 Whether an item is judged to be material can also be affected by certain qualitative issues such as legal and regulatory requirements and reporting sensitivity. We consider the disclosure of related party transactions to be material by nature, with a lower materiality of £5,000.
- 4 We have substantially completed this year's audit. In our professional view, we have complied with the ethical standards that apply to our work. We remain independent of yourselves, and our objectivity has not been compromised in any way. There are no relationships between us and officers and yourselves, which we believe could undermine our objectivity and independence.

Proposed audit opinion

- 5 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**. The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards.
- 6 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts. Otherwise, we issue an unqualified opinion. Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

- 7 There is one uncorrected non-trivial (and immaterial) misstatement relating to the basis of the valuation of the Charity's investments as at 31 March 2023. The Charity has applied a 'mid' price for the year-end value, rather than the 'bid' price that is required by the Statement of Recommended Practice. The uncorrected difference is £3,622. An adjustment would have reduced the investment value as at 31 March 2023 and affected the in-year gains and losses movements.

Corrected misstatements

- 8 We have set out the main corrected misstatements in Appendix 3. There are no significant matters to report.

Recommendations

- 9 We have set out four findings and recommendations, with management's responses, at **Appendix 4**.

Appendix 1

Letter of Representation

Auditor General for Wales
Audit Wales
24 Cathedral Road
Cardiff
CF11 9LJ

25 January 2024

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements of Cwm Taf Morgannwg NHS General Charitable Fund for the year ended 31 March 2023. It is for the purpose of expressing an opinion on the financial statements' truth and fairness and their proper preparation. We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- The preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.
- The design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and

- unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Cwm Taf Morgannwg NHS General Charitable Fund and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Trustee on 25 January 2024.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive

25 January 2024

Signed by:

Trustee Chair

25 January 2024

Appendix 2

The independent auditor's report of the Auditor General for Wales to the Trustee of Cwm Taf Morgannwg University Local Health Board Charity

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Cwm Taf Morgannwg University Local Health Board Charity for the year ended 31 March 2023 under the Charities Act 2011. The financial statements comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2023 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's annual report

Responsibilities

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities set out on page xx, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determines is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Cwm Taf Morgannwg University Local Health Board Charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Cwm Taf Morgannwg University Local Health Board Charity's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in respect of the posting of unusual journals; and

- Obtaining an understanding of Cwm Taf Morgannwg University Local Health Board Charity's framework of authority as well as other legal and regulatory frameworks that the Cwm Taf Morgannwg University Local Health Board Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Cwm Taf Morgannwg University Local Health Board Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Cwm Taf Morgannwg University Local Health Board Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
26 January 2024

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 3

Summary of corrections made

We identified the following misstatements, which have been corrected by management and we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 1: summary of corrections made

Value of correction	Nature of correction	Reason for correction
£15,030	Statement of Financial Activities – Income and Note 3 ‘Income from donations and legacies’ Reclassification of monies from Sony from donation to grant income.	To reclassify income in accordance with the Charities SoRP.
£7,000	Balance Sheet, Primary Statement, creditors due within one year Restricted income creditors to be reduced from £52k to £45k to correctly support the total of creditors due under 1 year of £150k.	To ensure that the final split declared on the face of the primary statement supports the total creditors due within 1 year figure.
£1,750	Balance Sheet and Note 14 ‘Analysis of current debtors’ Decrease in accrued income and corresponding increase in other debtors for prior year figures. Column to be headed “restated”	To correct the overstatement of accrued income.

Value of correction	Nature of correction	Reason for correction
Various	A number of amendments were made to aid presentation and consistency.	<p>These include:</p> <ul style="list-style-type: none"> • Amendment to correct the prior year figures in note 10 from £80,000 to £98,000 for support costs; • Inclusion of current year values within the text of note 18; and • various other narrative amendments required for better meaning or clarity.

Appendix 4

Recommendations

Exhibits 2 to 7 set out our recommendations and management’s responses. We will review the actions taken by management as part of next year’s audit:

Exhibit 2: matter arising 1

The lack of an overall trial balance	
Finding	The Charity does not provide a standalone trial-balance, derived from the financial ledger, to support all key figures disclosed within the draft accounts submitted for audit.
Recommendation	Ahead of each year’s audit, the Charity should provide us with a ledger-based trial-balance that supports the accounts submitted for audit.
Accepted in full by management	Yes
Management response	<p>This has been the process of working papers for a number of years and has not been previously highlighted as an issue. A trial balance is produced and manual adjustments not recorded on the system are reconciled and provided to give full assurance.</p> <p>We will move to recording all transactions including adjustments on Oracle ledger for future accounts.</p>
Implementation date	Submission of 2023/24 accounts

Exhibit 3: matter arising 2

Some information was provided late in the audit process	
Finding	Some key documents were provided to us late in the audit process. For example, the external advisors' review of the Charity's investment portfolio and the clarification of the difference between mid and bid market price for the Charity's investments. For next year's audit we will be more explicit about the key information that we require upfront.
Recommendation	The Charity should routinely provide us with all key information at the start of the audit, such as the external review of the investments and the evaluated position on the mid and bid investment-market prices.
Accepted in full by management	Yes
Management response	As stated there is currently no audit deliverables document provided for the audit of Charitable Fund accounts. In future if the Inflo system can be utilised to agree all documents required and submission date, they will be provided in a timely manner.
Implementation date	Submission date of 2023/24 working papers.

Exhibit 4: matter arising 3

The Charity does not have a risk register	
Finding	We noted that the Charity does not have its own risk register to capture key risks and their handling.
Recommendation	The Charity should develop its own risk register, which should be regularly updated by officers and reviewed and discussed by Trustee Members.
Accepted in full by management	Yes
Management response	<p>The Charity meets the legal requirement set out by Charities (Accounts and Reports) Regulations 2008, by providing a statement on risk management within the trustees annual report. There is also a high level of risk management currently in place and this is captured through the response included within the 'audit enquiries to management and those charged with governance' letter.</p> <p>However, it is agreed that a standalone risk register would enhance the risk management process and it would be useful to capture the key risks and their handling for the Charity. Therefore the recommendation is accepted.</p>
Implementation date	This will be discussed at the next Charitable Funds Committee to progress for 2023/24 financial year.

Exhibit 5: matter arising 4

Incorrect use of the ‘mid’ price to value investments	
Findings	As reported at paragraph 7, we noted that the Charity applied the ‘mid’ price for the year-end value of investments, rather than the ‘bid’ price that is required by the Statement of Recommended Practice.
Recommendation	The Charity should use the ‘bid’ price to value its year-end investments, in accordance with the Statement of Recommended Practice.
Accepted in full by management	No
Management response	We agree that bid price is required by SORP, however as the investment reports are provided in mid-price by CCLA and the difference in value between mid and bid price are so small, we will continue to use mid-price. We will however review the value difference between the mid and bid price at year end to assess whether there is a material difference to be adjusted.
Implementation date	N/A



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We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

The independent auditor's report of the Auditor General for Wales to the Trustee of Cwm Taf Morgannwg University Local Health Board Charity

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Cwm Taf Morgannwg University Local Health Board Charity for the year ended 31 March 2023 under the Charities Act 2011. The financial statements comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2023 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's annual report

Responsibilities

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities set out on page 29, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustee determines is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;

- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Cwm Taf Morgannwg University Local Health Board Charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Cwm Taf Morgannwg University Local Health Board Charity's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in respect of the posting of unusual journals; and
- Obtaining an understanding of Cwm Taf Morgannwg University Local Health Board Charity's framework of authority as well as other legal and regulatory frameworks that the Cwm Taf Morgannwg University Local Health Board Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Cwm Taf Morgannwg University Local Health Board Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Cwm Taf Morgannwg University Local Health Board Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
26 January 2024

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol	Cwm Taf Morgannwg
Cwm Taf Morgannwg	University Health Board
Pencadlys	Headquarters
Parc Navigation,	Navigation Park
Abercynon	Abercynon
CF45 4SN	CF45 4SN

Ffôn/Tel: 01443 744803**Eich cyf/Your Ref:****Ein cyf/Our Ref:****Ebost Email:****Dyddiad/Date:**

PM/TLT

Paul.Mears@wales.nhs.uk

2023

Letter of Representation

Auditor General for Wales

Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

25 January 2024

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements of Cwm Taf Morgannwg NHS General Charitable Fund for the year ended 31 March 2023. It is for the purpose of expressing an opinion on the financial statements' truth and fairness and their proper preparation. We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Cadeirydd/Chair: Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi ohebu â'r bwrdd iechyd neu ein ffonio yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.
You are welcome to correspond with the Health Board or phone us in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- The preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.
- The design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Cwm Taf Morgannwg NHS General Charitable Fund and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Trustee on 25 January 2024.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Chief Executive

Trustee Chair

25 January 2024

25 January 2024

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 30 November 2023 as an In Person
meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant (also
Broadcast Live via Microsoft Teams)**

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive
Kath Palmer	Vice Chair
Patsy Roseblade	Independent Member (in part)
Mel Jehu	Independent Member
Geraint Hopkins	Independent Member (in part)
Dilys Jouvenat	Independent Member
Lynda Thomas	Independent Member
Carolyn Donoghue	Independent Member (attending virtually)
Nicola Milligan	Independent Member
Ian Wells	Independent Member
Linda Prosser	Executive Director of Strategy & Transformation
Greg Dix	Executive Director of Nursing/Deputy Chief Executive
Dom Hurford	Executive Medical Director
Lauren Edwards	Executive Director of Therapies & Health Science
Sally May	Executive Director of Finance
Philip Daniels	Interim Director of Public Health
Gethin Hughes	Chief Operating Officer
Hywel Daniel	Executive Director for People
Sally Bolt	Associate Member
Anne Morris	Associate Member

In Attendance:

Suzanne Rodgers	Assistant Director for Digital Transformation
Simon Blackburn	Director of Communications, Engagement & Fundraising
Gareth Watts	Director of Corporate Governance / Board Secretary
Helen Lentle	Observing
Michelle Smalley	Consultant Clinical Psychologist (In part)
Rosie Cavill	Programme Director, Llantrisant Health Park (In Part)
Emma Samways	Head of Internal Audit (virtually)
Emma Walters	Head of Corporate Governance & Board Business (Secretariat)

Agenda Item

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings were also **noted** by the Chair.

1.2 Apologies for Absence

Apologies for absence had been received from:

- Stuart Morris, Director of Digital;
- Lisa Curtis-Jones, Associate Member

1.3 Declarations of Interest

There were none.

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

M Smalley presented the Listening & Learning Story which related to how the Pan-CTM Critical Care Psychology Service had improved outcomes for patients, relatives and staff over the past two years.

The Chair welcomed the story which he found to be powerful and advised that to see the impact of the service being delivered had on patients was remarkable. The Chair requested his thanks to be shared with the patient for sharing his story.

L Edwards advised that the story clearly articulated the impact of the service from a patient/relative perspective and added that following a recent visit to the Intensive Care Unit with I Wells, the value that the staff placed on the service came through strongly and it was evident that there was significant amount of support in place for staff, who all supported each other.

In response to a query raised by P Roseblade as to whether this service was available to patients and families who were not receiving treatment within Intensive Care and if not, were there any similar services available for patients who were acutely ill but did not require admission to Intensive Care, M Smalley

advised there was no service available at present and added that there were a number of areas within Medicine where Psychologists could provide support at an inpatient stage, but due to capacity issues the service could only be provided to Critical Care patients at present.

In response to a query raised by M Jehu as to whether the service had linked up with the Voluntary Sector in relation to supporting patients who had been stepped down from critical care and a query raised in relation to who had arranged the coffee mornings for patients, M Smalley advised that all patients were psychologically assessed within 72 hours of being woken up from an induced coma to determine if they are at risk and added that a care pathway was then developed for each patient. Members noted that the coffee mornings had been arranged by a Charity called ICU Steps who provide peer support for survivors and their relatives. Members noted that support was also being provided by the Welsh National Opera who support patients with chest Physiotherapy and noted that Neuro Rehabilitation workshops were also being offered to patients. M Smalley advised that the service were looking to undertake further engagement with Charities and Third Sector Organisations to support with rehabilitation.

In response to a query raised by M Jehu as to whether the Team had developed links with the Veterans service, M Smalley confirmed that links had been developed and also confirmed that the Team were working closely with the Trauma Stress Wales service and had developed close links with the Health Board's Mental Health community and specialist services also.

L Thomas made reference to the issues being experienced in relation to continued funding and noted that further expansion of the service was dependent on further charitable funding and added that it would be disappointing if this service could not continue due to funding issues. P Mears agreed that this service was hugely beneficial to the Health Boards population and patients and agreed that further consideration would need to be given to how funding could be substantiated.

P Mears advised that whilst there was a significant amount of data available in relation to activity and referral numbers, it would be helpful if the Team considered highlighting the outcomes and the public health and economic benefits of the service. M Smalley advised that she would welcome some support from a Health Economist to try and identify the benefits referred to.

In response to P Daniels regarding the staff story which had not been presented on this occasion, M Smalley advised that when approached, staff did not feel comfortable in having their story shared with the Board which was why some quotations had been shared with permission within the presentation. P Daniels advised that he would be happy to discuss this service further with M Smalley outside the meeting.

G Hughes also welcomed the story and advised that the development of the business case to ensure there was ongoing funding of the service was now crucial for both patients and staff. G Hughes advised that the work the Team

undertake was impactful and added that the Team should be proud of the service they provide.

In response to a query raised by G Hopkins as to how the work of the Team supplemented the work undertaken by the Hospital Chaplaincy service, M Smalley confirmed that the Team was linked into the Chaplaincy service and confirmed that strong relationships were in place.

The Chair extended his thanks to M Smalley for sharing the presentation.

Resolution: The Listening & Learning Story was **NOTED**.

Action: The Chair's thanks to be extended to the patient for sharing their story with the Board

4. SETTING THE SCENE

4.1 Chairs Report and Affixing of the Common Seal

The Chair presented the report and highlighted the key matters for Members attention.

The Chair made reference to the financial position and extended his thanks to S May and her Finance Team for the significant amount of work undertaken to address the financial challenges being faced by the organisation.

The Chair reflected on the significant amount of work being undertaken within the Health Board in relation to staff recognition and made reference to the recent introduction of the Seren Awards which had received 650 submissions of nominations to date. The Chair recognised the achievements of two Members of staff, with G Dix receiving a lifetime achievement award at the Nursing Times Award Ceremony and H Wilton, Chief Pharmacist being awarded with a Fellowship from the Royal Pharmaceutical Society.

N Milligan extended her congratulations to G Dix for his achievement and advised that two Healthcare Support Workers at Ty Llidiard had also been awarded with Healthcare Support Worker Awards which also needed to be recognised as a fantastic achievement.

Resolution: The Board **NOTED** the report and **ENDORSED** the Affixing of the Common Seal and the Chairs urgent Action.

4.1.1 Action Log

The Chair presented the action log.

Resolution: The Action Log was **NOTED**.

4.2 Chief Executives Report

P Mears presented the report and highlighted the key matters for Members attention.

C Donoghue made reference to the Acute Clinical Services Plan and the event that had been held with Senior Medical Staff and sought clarity and assurance that multi-disciplinary engagement was also being undertaken. P Mears confirmed that a discussion had been held on the need for multi-disciplinary team engagement and confirmed that future discussions would take a multi-disciplinary approach.

G Dix advised that from a Nursing perspective, whilst the Acute Clinical Services Plan was regularly being discussed with Ward Managers and Senior Nurses, a more multi-disciplinary approach would be welcomed. P Mears advised that the Executive Team had been discussing how the right forums could be constructed to enable multi-professions to meet together more regularly to discuss topics, such as the Acute Clinical Services Plan in more detail. S Blackburn added that mapping was being undertaken to identify what opportunities were already in place to engage with all types of staff.

N Milligan advised that whilst she was pleased to see that an event was being held to recognise the staff that had worked 40 years plus within the NHS, there were a number of staff who had retired and returned and would not have been captured within ESR. N Milligan also expressed the importance of giving staff at least eight weeks' notice to attend the event given that staff would need to make arrangements for their shifts to be covered. S Blackburn provided assurance that work was being undertaken to identify all staff and advised that an invite would be sent to staff once all staff had been identified. P Mears expressed the need to ensure Line Managers were being encouraged to release their staff to attend this event.

S Bolt advised that H Wilton and L Love-Gould were in attendance at the event held with Senior Medical Staff and confirmed that the Diagnostics, Therapies, Pharmacy and Sciences Care Group had asked to be involved in discussions early on so that they can help to transform services.

Resolution: The report was **NOTED**.

5. DELIVERING OUR PLAN

5.1 Integrated Performance Dashboard – Part 1

L Prosser presented the report and invited in the other Executive Leads to present the Operational, Quality and People & Culture Sections.

G Hopkins made reference to Delayed Transfers of Care and sought clarity as to what work was being undertaken at Regional Partnerships Board level with Local Authorities to reduce Delayed Transfers of Care. L Prosser advised that this was an area of concern across the whole of the UK and advised that the rise in Delayed Transfers of Care was attributed to Social Care Colleagues having difficulty in accessing Care Workers to care for patients within their own

homes. As a result of funding received from Welsh Government for Winter Pressures, Members noted that focus was now being placed on avoidance of admission and prevention to try to relieve the demand and pressure being seen within Hospitals.

G Hopkins referred to the Stay Well at Home initiative that was in place prior to the Covid pandemic and advised that the next stage to that project was to work with GPs and Pharmacists within communities to ensure patients did not come into hospital. L Prosser confirmed that this formed part of the model being developed. G Hughes added that robust data was now available to enable the Health Board to understand the delays and advised that there had been positive process improvements across Health and Social Care regarding this. Members noted that a piece of work was being undertaken to determine what more could be done to expedite the discharge of patients from hospital beds and noted that this matter was a significant cause of concern for Welsh Government.

I Wells made reference to Mortality rates and advised that whilst he appreciated the work ongoing to validate the data, he questioned when the data would be available in a more granular form. D Hurford advised that whilst this granularity was not in place as yet, the Team were hopeful to get this in place as soon as possible. M Jehu extended his thanks to D Hurford and his Team for the improvements made in the presentation of mortality rates data. P Mears added that the recording of this information would not always be easy as a result of paper records still being in place.

Resolution: The report was **NOTED**.

5.2 Integrated Performance Dashboard Part 2 – Financial Performance

S May presented the report for month 7 of the financial performance and highlighted the key matters for Members attention.

P Mears advised that each Health Board had been asked to meet with Welsh Government to discuss their funding allocations and a clear steer had been given that Health Boards funding allocations could not vary beyond what had been allocated. Members noted that whilst there was a level of confidence that the Health Board could deliver their target, the Health Board did flag some risks regarding the Industrial Action by Junior Doctors which would have an impact on how the Health Board would need to fund shift cover. P Mears advised that it was likely that Cwm Taf Morgannwg would be the only Health Board in the UK to achieve a balanced position.

K Palmer sought clarity as to what level of confidence was in place that the Health Board would achieve that target given the volatility in the budget between now and the end of the financial year. G Hughes advised that there were still a number of challenges in place within Care groups, for example, variable medical pay spend and added that steps were being taken to explore other opportunities to address the savings target, for example, non-pay items.

S May advised that whilst there was some optimism, there were a number of recurrent measures that needed to be addressed.

The Chair acknowledged that the Health Board would be ending the year at the predicted level of overspend that had been forecast at the start of the year and suggested that consideration needed to be given to how the NHS as a whole could start making robust planning assumptions. The Chair advised that the growth forecast for the next two financial years had been downgraded which would mean that the next two financial years would be challenging and expressed the importance of longer term planning of services which would be more efficient and effective. P Mears added that the longer term plan would need to focus on building a strategy for the population which achieves better health outcomes and better cost.

D Hurford made reference to the Industrial Action by Junior Doctors which affected the whole of Wales and advised the Health Board would be in a better position if it was only Junior Doctors that went on strike given that the Health Board had a high number of SAS Doctors in post at present.

S May made reference to the allocations and advised that with the exception of energy, they had been allocated out on a fair share basis based on formula, which was why the Health Board appeared to be in a better position than other Health Boards in terms of financial allocation.

Resolution: The report was **NOTED**.

6. GOVERNANCE, RISK AND ASSURANCE

6.1 Escalation Status Update

Members noted that an update on the Escalation status was included in the Chief Executives report at agenda item 4.2

6.2 Board Assurance Framework

G. Watts presented the Board Assurance Framework update report which was received by the Executive Leadership Group on 13th November 2023.

M Jehu made reference to Risk 5 which related to Community and Partner Engagement and advised that he was surprised that there had been no movement against this risk given the significant amount of work undertaken in this area over the last few months. P Daniels advised that was as a result of the nature of the engagement being undertaken in this area which would be ongoing and advised that he planned to review this risk moving forwards following discussions held with the Director of Communications, Engagement and Fundraising. S Blackburn added that a further discussion on Community Engagement would be undertaken at the Board Development Session taking place on 14 December 2023.

K Palmer advised that whilst she had found the document to be helpful, she queried what controls and assurances were in place in relation to Risk 3, Finance Revenue and Resources and advised that she would discuss this further at the next Audit & Risk Committee.

Resolution: The Board Assurance Framework and reduction in risk score for Strategic Risk 3 from a 20 to a 16 were **APPROVED**

6.3 Board Committee and Advisory Group Highlight Reports

6.3.1 Quality & Safety Committee Highlight Report

C. Donoghue provided members with the Highlight Report from the meeting held on 21 September and provided a verbal update on the matters discussed at the meeting held on 21 November 2023, where two Listening & Learning stories were received from the Bereavement Service and Frailty Service which were hugely impactful in demonstrating what a difference the Health Board could make to patients and families in these services.

D Hurford extended his thanks to C Donoghue for making reference to the services and added that consideration needed to be given as to how presentations could be shared on the issues being faced in some services. C Donoghue agreed and advised the Board that the two presentations received also highlighted challenges being faced within both services.

Resolution: The report was **NOTED**

6.3.2 Digital and Data Committee Highlight Report

I Wells provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 14 November 2023.

S Rodgers advised Members that a focussed session on Digital Transformation would be held with Board Members at the February Board Development session and advised that recruitment was underway in relation to the resource requirements identified within the Information Commissioners Office report.

Resolution: The report was **NOTED**.

6.3.3 CTMUHB Audit & Risk Committee Highlight Report

S May provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 24 October 2023.

Resolution: The report was **NOTED**.

6.3.4 Planning, Performance & Finance Committee Highlight Report

G Hughes provided members with an update on the items the Committee wished to escalate to the Board following the meeting held on 31 October 2023.

Resolution: The report was **NOTED**.

6.4 Working in Partnership – CTM 2030 Strategy Update

L Prosser presented the report and updated on the progress of the development of the CTM 2030 Strategy.

The Chair advised that whilst the plan was being developed, consideration would need to be given as to which services currently being delivered in the Health Board's major hospitals could be delivered closer to home, which was an ambition that had been set by the Health Minister.

M Jehu made reference to the work that had been undertaken by Tilbury Douglas in relation to strengthening community benefits in Merthyr Tydfil whilst construction was being undertaken at Prince Charles Hospital. M Jehu advised that the community were celebrating the work being undertaken, with many organisations engaging with the work being undertaken to transform the community.

Resolution: The report was **NOTED**.

6.4.1 Regional Partnership Board & Public Services Board 6 Monthly Report

L Prosser provided Members with a verbal update on the current position and advised that a full report on Regional Partnerships Board actions and activities was regularly presented to the Population Health & Partnerships Committee.

Members noted that the Regional Integrated Fund capital monies was being managed within this space and noted that a number of discussions were being held in relation to the Community Service model and how Community Teams could be integrated with GP's and other services. Discussions were also being held in relation to the Six Goals programme and the Further Faster agenda. L Prosser suggested that consideration could be given to holding a focussed Board Development session on this matter to provide Board Members with a greater understanding of the work being undertaken.

P Daniels added that the Wellbeing Plan was now in place and work was being undertaken with partners to realise the ambition of the plan and to ensure the plan becomes operational. Members noted that the Public Services Board had also agreed to commission an external joint review on joint opportunities in relation the Decarbonisation agenda. The Chair advised that Decarbonisation would be helpful area to focus on and would help maintain momentum and enthusiasm within Public Services Board.

Resolution: The report was **NOTED**.

Action: Consideration to be given to holding a focussed Board Development session on this matter to provide Board Members with a greater understanding of the work being undertaken.

6.5 Nurse Staffing Levels (Wales) Act Report

G Dix presented the report that reflected the account to demonstrate how Cwm Taf Morgannwg University Health Board (CTM UHB) maintains compliance with the Nurse Staffing Act (NSA) on S25B wards only and explains the changes and amendments to the wards and specialties between the periods of 1st October 2022 to 30th September 2023.

N Milligan welcomed the report which provided an insight into required establishments and sought clarity as to whether the Health Board was compliant against staffing levels. G Dix advised that the Health Board was compliant with the funded establishments required by law and added that further work would need to be undertaken on fill rate. H Daniel advised that plans had been put into place to improve the workforce data issues that had been experienced.

Resolution: The report was **NOTED**.

7. STRATEGIC PLANNING

7.1 CTM 2030 Clinical Services Plan

L. Prosser presented the report and highlighted the key items for Members attention.

The Chair advised that he was aware that a number of discussions were being undertaken with various partners in regards to the development of this plan and added that he was aware that discussions would also need to be undertaken with members of the public and staff in relation to the future shape of clinical services. The Chair extended his thanks to L Prosser and the Team for the work that was being undertaken and advised that further discussions on this matter would be held at future Board meetings.

Resolution: The report was **NOTED**

7.2 Llantrisant Health Park Presentation

R Cavill shared the presentation and highlighted the key matters for Members attention.

G Hughes reiterated the exciting opportunity this project was for the Health Board and advised that this would provide a genuine environment for the Health Board to have a centre of excellence for Orthopaedic Services, Day Services and Diagnostic services. Members noted that work was being undertaken with Regional Partners to develop a standardised pathway which

would result in patients within South Wales following the same pathway which was evidence based. G Hughes advised that work was also being undertaken with NHS Trusts in England regarding their models of care and Theatre environments and added that the development of the Health Park would create an opportunity to consider the model of care being provided and the workforce and skill mix required moving forwards. It was also felt that the environment being created would help to develop a different culture.

I Wells expressed the importance of ensuring that the appropriate digital infrastructure was put into place whilst building the Theatres as this could not be addressed once the sterile environment had been built. P Mears agreed with the comments made by I Wells and advised that consideration would need to be given to future proofing the building and added that there was an opportunity to work with industry partners, with a number of suppliers expressing an interest in becoming involved in the project given that this would be a landmark facility.

K Palmer advised that she felt that this was an exciting project and added that there was an opportunity to think about communications and engagement, and how this would be linked to the Clinical Services Plan. S Blackburn advised that recruitment was being undertaken for a Regional Communications and Engagement Manager who would be responsible for supporting this project across the whole region and added that there was a positive story to tell here to clearly identify how services needed to change.

L Thomas extended her thanks to R Cavill for sharing the presentation and advised that she felt the next few months would be really important in relation to the development of the project and advised it would be helpful if the Board could be provided with a further update on progress during the summer. L Thomas advised that whilst the project was an exciting opportunity, it was not without risk, with a significant amount of work to be undertaken.

L Prosser made reference to the Digital element and advised that this was not just about a chance to get Clinicians to think differently about how they operate, it was about automating as much as possible so that this could be used as a stepping stone to redesign services.

P Daniels advised that this project would significantly help with the recruitment of staff, given the potential to introduce reference laboratories in partnerships with Universities, and would help to develop a regional hub of innovation, science and development which would lead to high quality ongoing employment and added that this project was a significant privilege for the region as a whole and not just the Health Board.

H Daniel welcomed the comments made in relation to workforce transformation and added that this was a workforce transformation project as well as a building project. H Daniel advised that there were significant opportunities here and added that this project would create a step up in ambition and optimism for the organisation, population and region.

The Chair extended his thanks to R Cavill for sharing the presentation and expressed the need to deliver this project to time. P Mears advised that the Health Minister was keen for this project to be escalated quickly.

Resolution: The report was **NOTED**.

Action: Further update on progress of the development of the Llantrisant Health Park to be presented to the Board in Summer 2024.

7.3 Active Travel Charter

P Daniels presented the report and highlighted the key matters for Members attention.

P Mears supported the need for the Health Board to agree to sign up to this charter and advised that consideration would need to be given to some of the challenges that staff may highlight in terms of lack of facilities within Health Board premises to support them in cycling to work. P Mears advised that this linked into wider discussions being held regarding public transport provision across the Health Board communities, which was felt to be one of the significant barriers to accessing healthcare by members of the communities and staff. P Mears advised that further consideration needed to be given to this issue and expressed the need for providing a viable alternative offer to staff outlining the steps being taken to improve some of the infrastructure.

I Wells advised that whilst he welcomed the report, he was also confused as to what was meant by an active travel plan and sought clarity as to whether Board Members were being asked to support the development of one. P Daniels advised that all Public Sector and Private Sector organisations were being asked to sign up to this plan which would be a multi-regional organisation wide project, with the aim being to support people in using the infrastructure that was already in place in relation to active travel.

D Jouvenat advised that consideration would also need to be given to visitors to hospitals and how the Health Board currently allowed visitors to access visits to their relatives, for example, considering implementing more flexible visiting hours.

M Jehu suggested that consideration would need to be given to the public safety issue which many members of the community would be concerned about and suggested that it may be helpful if South Wales Police could be included in the project moving forwards to help address any concerns that may be raised.

L Thomas recognised that the report was asking the Board to sign up to the Active Travel Charter which she felt was the right thing to do and recognised that whilst this would be an incremental campaign, this would be a step in the right direction. L Thomas advised that she would welcome sight of a plan which included issues which were in the Health Board's gift to address as opposed to a multi-organisational plan. P Daniels advised that the Health Board was in the

process of seeking approval to take a specific Health Board Plan to the Public Services Board which would be collectively developed.

The Chair also recognised that improvements would be incremental and advised that he sees the plan sending a signal about the ambition of the Health Board to improve the health of its population and encouraging and supporting people to become more active, with travel playing a fundamental part in achieving this.

P Mears advised that the development of the Llantrisant Health Park would create an opportunity to consider how the site can be made more accessible and added that this thinking would need to be embedded into the approach to planning. P Daniels advised that Merthyr Local Authority were in discussion with the Public Health Team as to how to make a school they are developing on the Gurnos healthy by design and how it could encourage more children to walk/cycle to school.

Resolution: The commitments outlined within the report were **APPROVED**.

8 CONSENT AGENDA

8.1 FOR APPROVAL – THE FOLLOWING ITEMS WERE APPROVED BY BOARD MEMBERS

8.1.1 Unconfirmed Minutes of the meetings held on 28 September 2023

8.1.2 Unconfirmed Minutes of the Annual General Meeting held on 28 September 2023

8.1.3 All Wales Individual Patient Funding Request Policy

8.1.4 Amendment to Standing Financial Instructions

8.1.5 Vaccination and Immunisation and Vaccine Equity Strategic Plans 2023-2026

8.1.6 Amendments to the Standing Orders - Terms of Reference

8.2 FOR NOTING – THE FOLLOWING ITEMS WERE NOTED BY BOARD MEMBERS

8.2.1 Board Cycle of Business

8.2.2 Board Forward Work Programme

8.2.3 Board Committee and Advisory Group Highlight Reports

8.2.4 Clinical Education Annual Report

8.2.5 Annual Plan Quarterly Update – Quarter 2

9. CLOSE OUT BUSINESS

9.1 ANY OTHER BUSINESS

C Donoghue provided Members with an update on the CTM Research & Development Conference that she had recently attended and advised that she was impressed with the range of speakers and presentations that had been shared and had asked for these presentatons to be shared with the wider Board. C Donoghue advised that she would find it helpful if consideration could be given as to how Research & Development could be inetgrated into discussions and suggested that it may be helpful to have a focussed discussion on Research & Development at a future Board Development Session. The Chair agreed that he was amazed at the size of the event and the range of research and innovation being undertaken within the organisation.

Action: Focussed Board Development session to be held in relation to the Research & Development agenda.

9.2 HOW DID WE DO IN THIS MEETING?

Any comments for improvements at future Board meetings to be shared with the Chair within two weeks of the meeting.

10. PRIVATE / IN COMMITTEE SESSION

The following items were discussed at the In Committee Board meeting held earlier today:

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

11. DATE & TIME OF THE NEXT MEETING

The next scheduled meeting of the Board held in public will take place on Thursday 25 January 2024, commencing at 10:00am

12. Close of meeting

Agenda Item 8.1.2

Minutes of the "In Committee" Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 30 November 2023 as an In Person Meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant (Virtual Meeting held via Microsoft Teams for those unable to attend in person)

Members Present:

Jonathan Morgan	Chair/ Independent Member
Paul Mears	Chief Executive
Kath Palmer	Vice Chair
Ian Wells	Independent Member
Carolyn Donoghue	Independent Member (Virtually Present)
Dilys Jouvenat	Independent Member
Patsy Roseblade	Independent Member
Lynda Thomas	Independent Member
Nicola Milligan	Independent Member
Geraint Hopkins	Independent Member (in part)
Greg Dix	Executive Director of Nursing / Deputy Chief Executive
Linda Prosser	Executive Director of Strategy & Transformation
Gethin Hughes	Chief Operating Officer
Lauren Edwards	Executive Director of Therapies & Health Science
Sally May	Executive Director of Finance
Dom Hurford	Executive Medical Director
Philip Daniels	Interim Director of Public Health (In part)
Gareth Watts	Director of Corporate Governance/Board Secretary
Sally Bolt	Associate Member
Anne Morris	Associate Member

In Attendance:

Suzanne Rodgers	Assistant Director of Digital Transformation
Anthony Gibson	Interim Deputy Medical Director
Simon Blackburn	Director of Communications, Engagement and Fundraising
Cally Hamblyn	Assistant Director of Governance & Risk (virtual attendee)
Helen Lentle	Observing
Emma Walters	Head of Corporate Governance (Secretariat)

Agenda Item

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The chair welcomed everyone to the In Committee meeting of the Board.

1.2 Apologies for Absence

Apologies for Absence were received from:

- Stuart Morris, Director of Digital

1.3 Declarations of Interest

No additional declarations were made.

2. MAIN AGENDA

2.1 e-Prescribing Full Business Case – Hospital Electronic Prescribing and Medicines Administration (HEPMA)

A Gibson and S Rodgers presented the report and highlighted the key areas for Members attention. Members noted that approval was being sought for the Full Business Case for the Implementation of an e-Prescribing solution for Secondary Care.

Following a detailed discussion, Board Members expressed their support in relation to the Business Case and advised that they recognised that this was a key piece of digital infrastructure which would improve patient safety and improve the care being provided to patients.

Members recognised the need to consider capacity constraints within the Digital Team to support this project alongside a number of other projects and noted that a further discussion on the Digital Transformation agenda would be held at the February 2024 Board Development Session.

Resolution: The Board **APPROVED** the Full Business Case for the implementation of an e-Prescribing solution for Secondary Care, subject to agreement from Welsh Government to fund the totality of the Capital and Revenue Implementation Costs (Totality of Revenue Costs £10,193,985; Totality of Capital Costs £4,883,055)

2.2 Acute Clinical Services Plan – Case for Change

L Prosser presented the report and highlighted the key items for Board Members attention. Members noted that approval was being sought in relation to the Case for Change which would be developed further into a public facing document following approval.

Following detailed discussion, Members felt that the document needed to be further strengthened to clearly highlight the vision and the purpose of this piece of work and the reasons as to why this work was being clinically led. Members also expressed the need to have open and honest conversations with key stakeholders regarding the work being undertaken.

The Chair extended his thanks to L Prosser and her Team for developing the proposal.

Resolution: The Case for Change for Publication was **APPROVED** subject to the additions suggested by Board Members.

3. **CONSENT AGENDA – FOR NOTING**

3.1 **Capital Programme Update 2023/24**

S May provided an update to Members on the Capital Programme for 2023/24

Resolution: The report was **NOTED**

4. **CLOSE OUT BUSINESS**

4.1 **ANY OTHER BUSINESS**

There was no other business to report.

5. **DATE & TIME OF THE NEXT MEETING**

The Chair advised that a Public Board Meeting would be taking place immediately following this session.

6. **CLOSE OF MEETING**

Agenda Item

8.1.3

CTM Health Board

BOARD ANNUAL CYCLE OF BUSINESS

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
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 APPROVE 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 8.2.1

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	June 2024	24 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									

Agenda Item 8.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	June 2024	24 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Board Effectiveness Self-Assessment	Director of Corporate Governance	Annually			R									
Risk Management Strategy	Director of Corporate Governance	Annually					R							
Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance	Annually						TBC						
Annual Statutory Accounts	Executive Director of Finance	Annually						TBC						
Charitable Funds Annual Report and Accounts	Executive Director of Finance	Annually	R											
Strategic Planning														
Integrated Medium Term Plan – Approval	Executive Director of Strategy & Transformation	Annually			R									
Clinical Services Plan Progress Updates	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R	
Regional Partnerships Board & Public Services Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					R						R	
Winter Plan Update	Chief Operating Officer	Annually											R	
Consent Agenda – For Approval														
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Amendments to the Standing Orders (Terms of Reference)	Director of Corporate Governance	As and When required	R		R		R		R		R		R	
Committee Annual Reports	Director of Corporate Governance	As and When Required	R		R		R		R		R		R	
Consent Agenda – For Noting														
Board Cycle of Business	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Board Forward Work Programme	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Committee Highlight Reports	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Putting Things Right Annual Report	Executive Director of Nursing	Annually									R			

Agenda Item 8.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	June 2024	24 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							
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R							
Capital Update – to be taken as an In Committee item given commercial sensitivities	Executive Director of Finance	Quarterly			R				R				R	
Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly			R				R				R	



Agenda Item

8.1.4

CTM Health Board

Scheme of Delegation Update

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
Audit & Risk Committee	19/12/2023	Endorsed to board for approval

Acronyms / Glossary of Terms	
OJEU	Official Journal of the European Union
FCPs	Financial Control Procedures
SoD	Scheme of Delegation

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.

2. Specific Matters for Consideration

2.1 Scheme of Delegation and Financial Control Procedures (FCPs)

In October 2019 the Scheme of Delegation for 'Quotations and Tenders' was updated following approval by Audit & Risk Committee. Following review of Standing Financial Instructions (SFIs) it has been noted that the "waivers, or exceptions to tender rules" in the current Scheme of Delegation (version 19) do not comply to the SFIs, and the delegation for authorisation of Single Tender Actions needs to be amended.

Appendix A details the changes required which are to be endorsed by the Audit & Risk Committee to the Board for Approval. In summary the following is required for Single Quotation Applications or Single Tender Applications:

"Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit & Risk Committee."

3. Key Risks / Matters for Escalation

- 3.1 The Board are requested to approve the updated Scheme of Delegation as detailed in Appendix A.

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:

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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: No impact
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: No
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 updated Scheme of Delegation.

6. Next Steps

6.1 If approved Scheme of Delegation will be updated.

Proposed changes to the Additional delegations linked to the SFIs

Appendix A

SoD version 19 Ref.	SoD version 19 Page No.	Main Task	Sub Task	Cwm Taf Morgannwg existing		Cwm Taf Morgannwg proposed	
				Limits	Waivers, or exceptions to tender rules	Limits	Waivers, or exceptions to tender rules
11 C	27	Non Pay expenditure	Quotations and tenders	Up to £5k	Head of Department	Up to £5k	Head of Department
				£5k to £24.9k	Head of Procurement	£5k to £24.9k	Single tender action authorised by Director of Finance following consultation with Procurement services
				£25k to OJEU threshold for supplies and services £25k to £1m for Works	Single tender action authorised by Director of Finance	£25k to OJEU threshold for supplies and services	Single tender action authorised by Chief Executive AND Director of Finance following consultation with Procurement services
				OJEU threshold for supplies and services to £1m	Single tender action prohibited	OJEU threshold for supplies and services to £1m	Single tender action prohibited
				Above OJEU threshold for works	Single tender action prohibited	Above OJEU threshold for works	Single tender action prohibited
				Over £1m (Other than D4L)	Welsh Government	Over £1m (Other than D4L)	Welsh Government



Agenda Item

8.1.5

CTM Health Board

SAFEGUARDING ANNUAL REPORT 2022/2023

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Claire O'Keefe – Head of Safeguarding
Cyflwynydd yr Adroddiad / Report Presenter	Claire O'Keefe – Head of Safeguarding
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Approval
-------------------------------------------------	--------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Safeguarding Executive Group	26/10/2023	Endorsed for Approval
Quality & Safety Committee	21/11/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 Each year the corporate safeguarding team provides an annual report to demonstrate the progress and accomplishments made within safeguarding across Cwm Taf Morgannwg University Health Board. This report identifies areas of work undertaken through care groups during April 2022 – March 2023 in respect of child and adult safeguarding. In addition captures work undertaken with regards to domestic abuse and other public protection matters.

2. Specific Matters for Consideration

- 2.1 This annual report is in addition to the CTMUHB annual report and Cwm Taf Morgannwg Safeguarding Board annual report that the team have contributed to.
- 2.2 Clinical nurse specialists along with the corporate safeguarding team have contributed to work undertaken with the health board services. This is demonstrated within the child safeguarding section.
- 2.3 During this year focus has been given to sharing and embedding learning with respect to child and adult practice reviews. Ongoing work is reflected in the health boards Safeguarding maturity Matrix.

<i>Name Title</i>	<i>Date Consulted/Completed</i>
<i>Equality Impact Assessment</i>	01/11/2023
<i>Informal Consultation with interested parties</i>	July and August 2023
<i>Formal Consultation</i>	October 2023
<i>Committee – For approval</i>	Safeguarding Executive Group 26/10/2023

The document has been reviewed and is consistent with the approach across NHS Wales / legislation.

3. Key Risks / Matters for Escalation

- 3.1 The results and subsequent actions of the inspections will be included within the 23/24 annual report. However, assurance is provided that these recommendations form part of the health board's improvement plan.
- 3.2 In response to Child T's practice review, work has been undertaken jointly with partner agencies and the safeguarding board to drive improvements in all services. Much of the work undertaken this year has focussed on sharing learning from this review and strengthening the health board's recognition

and response to physical injuries in children. This work continues and will be reflected within the 23/24 annual report.

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)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	Safe, timely and effectiveness is required to safeguard the community accessing our services.
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: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Quality Impact screening has identified no indicators for a full QIA.	If no, please include rationale below:



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This report is designed to provide assurance to CTMUHB colleagues and those accessing its services that safeguarding is given priority in all of its services.
Cyfreithiol / Legal	Yes (Include further detail below)	
	The health board and its employees have a 'duty to report' in line with the Social Service and Wellbeing (Wales) Act 2014.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <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 Approve the Safeguarding Annual Report.

6. Next Steps

6.1 Once approval is sought the author will share the Annual Report with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site



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Cwm Taf Morgannwg
University Health Board



Safeguarding & Public Protection Annual Report 2022 /2023



Claire O'Keefe, Head of Safeguarding
Annual Report 2022/2023

Social Services & Well-being (Wales) Act 2014



Well-being of Future Generations (Wales) Act 2015



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Cwm Taf Morgannwg
University Health Board

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The report demonstrates the effective leadership, commitment and operational support in all aspects of Safeguarding and Public Protection across Cwm Taf Morgannwg University Health Board and how the UHB complies with legislation, external standards and good practice guidance.

Assurances:

- To ensure that UHB meets its duties under Part 2 of the Well-being of Future Generations (Wales) Act 2015, in that the Sustainable Development Principle is applied and consideration is given to the impact of current decision making on people living their lives in Wales in the future.
- To ensure the UHB discharges its duties under the Social Services & Well-being (Wales) Act 2014 and the related Codes of Practice; Part 6 [Looked After Children] & Part 7 [Safeguarding Children & Adults at Risk].
- To ensure the UHB complies with section 47 [child protection investigations] of the Children Act 1989 and sections 25,27 and 28 [duty to cooperate to safeguard & promote welfare children] of the Children Act 2004;
- To ensure the UHB complies with the requirements as the Supervisory Body and Managing Authority for the Deprivation of Liberty Safeguards (DoLS) as outlined in the Mental Capacity Act 2005, amended in the Mental Health Act 2007 and Mental Capacity (Amendment) Act 2019;
- To ensure the UHB discharges its duties as a Multi-Agency Public Protection Arrangement (MAPPA) Duty to Co-operate Agency under s325 Criminal Justice Act 2003;
- To ensure the UHB discharges its duties under the Violence Against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015 [develop and implement a local strategy with the Local Authority] and Domestic Abuse Act 2021
- To ensure the UHB complies with s5B of the Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015) [mandatory reporting of FGM in under 18s to the police].
- To ensure the UHB discharges its duties under the Counter Terrorism & Security Act 2015 [to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour].
- Oversee an on-going process of self-assessment and improvement against Safe Care Standard 2.7 of the Health & Care Standards in Wales;
- To provide assurance to the Board that arrangements to secure governance, risk management & internal control are suitably designed and applied effectively.

What does Safeguarding & Public Protection look like in CTMUHB?

Since April 2019 Cwm Taf Morgannwg Health Board incorporates the local authority areas of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf with a total population of almost 440,000. Services are also provided to those living within neighbouring authorities.

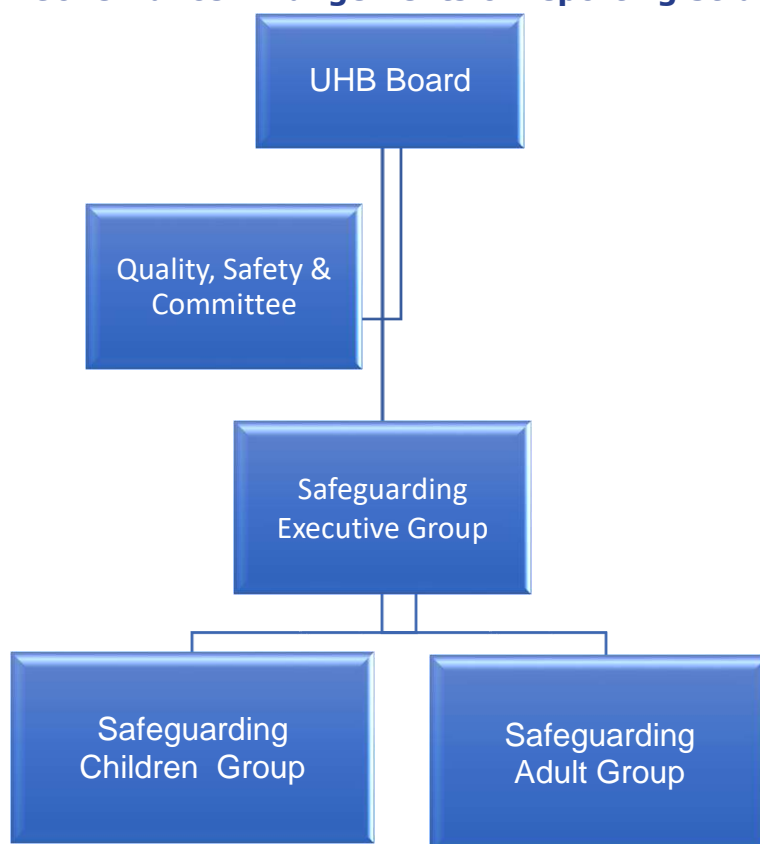
- **Safeguarding** in Cwm Taf Morgannwg involves working with our partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm and actively prevent them from becoming at risk of abuse, neglect or other kinds of harm.
- **Public Protection** seeks to protect, promote and improve the health, safety and well-being of our population across Cwm Taf Morgannwg.

Strategic Objectives for Safeguarding and Public Protection:

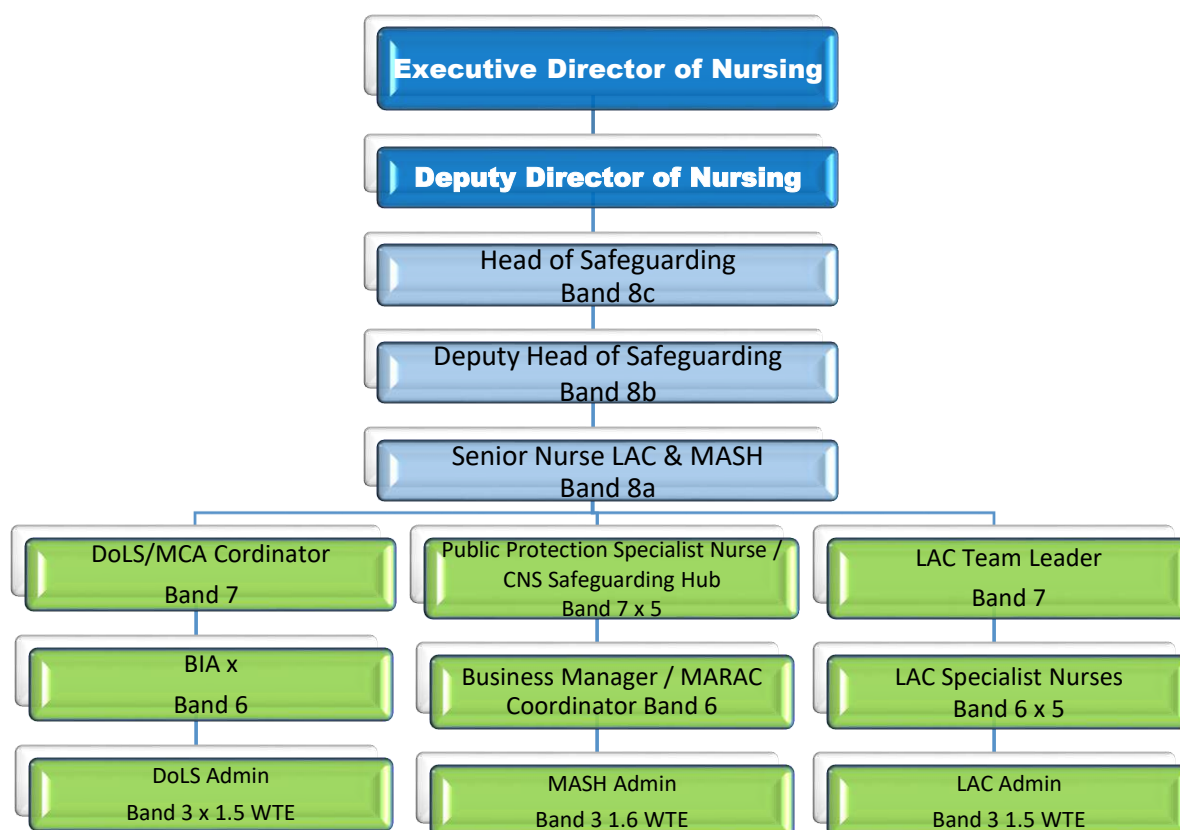
- There are effective measures in place to safeguard people and protect children and adults at risk.
- There is effective inter-agency co-operation in planning and delivering safeguarding and public protection services and in sharing information.

The UHB works within regional partnership arrangements.

CTMUHB Governance Arrangements & Reporting Structure UHB Board



Corporate Safeguarding Team



Lead Roles in Safeguarding within CTMUHB

Executive Director of Nursing: UHB Executive lead for safeguarding

Deputy Director of Nursing: Assistant to the Director of Nursing and UHB executive lead for quality, patient safety and safeguarding.

Head of Safeguarding: Strategic lead responsibility for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities

Deputy Head of Safeguarding: Operational lead responsibility for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities

Senior Nurse Children Looked After Team & MASH: Oversee and line manage senior staff within both the Looked After Children's team and Multi-Agency safeguarding Hub.

Nurse Specialists Public Protection & MASH Business Manager: Work within the Cwm Taf Morgannwg Multi-Agency Safeguarding Hubs (MASH) in RCT and Bridgend.

Deprivation of Liberty Safeguards Team: Oversee the process within the UHB and undertake the responsibilities of the Supervisory Body.

Independent Board Member/Children's Champion: A member of the Safeguarding Executive Group.

Independent Board Member/Vulnerable Adults: A member of the Safeguarding Executive Group.

Other staff have specific responsibilities for safeguarding have clinical supervision by the Head or Deputy Head of Safeguarding.

Safeguarding Midwife: Midwife for Safeguarding Children.

Clinical Nurse Specialists: Child Protection Medical Hub at Royal Glamorgan Hospital.

Clinical Nurse Specialist for adoption.

Localities: Health visitors and school nurses receive their child protection supervision from six locality-based specialist nurses for safeguarding children.

Named Doctor Child Protection: The Named Doctor is supported by two locality-based consultant paediatricians who have dedicated sessions for child protection and who ensure peer supervision/review is available to their colleagues.

CAMHS: The Head of Nursing and the Senior Nurses across the Network have lead safeguarding responsibilities for their areas. CAMHS colleagues also receive ad hoc supervision and safeguarding support from the corporate safeguarding team.

Mental Capacity Act Team: To teach and underpin the principles and application of the Mental Capacity Act into daily working practice.



Safeguarding Children

Our Aim

To ensure that children and young people in Cwm Taf Morgannwg, up to the age of 18, are protected from abuse, neglect or other kinds of harm and are prevented from becoming at risk of abuse, neglect or other kinds of harm and they live in an environment that promotes their wellbeing.

To ensure that the UHB complies with the related legislation and Procedures:

- Social Services & Wellbeing (Wales) Act 2014 – Part 7
- Children Acts 1989 & 2004
- Wales Safeguarding Procedures

How Will We Do This?

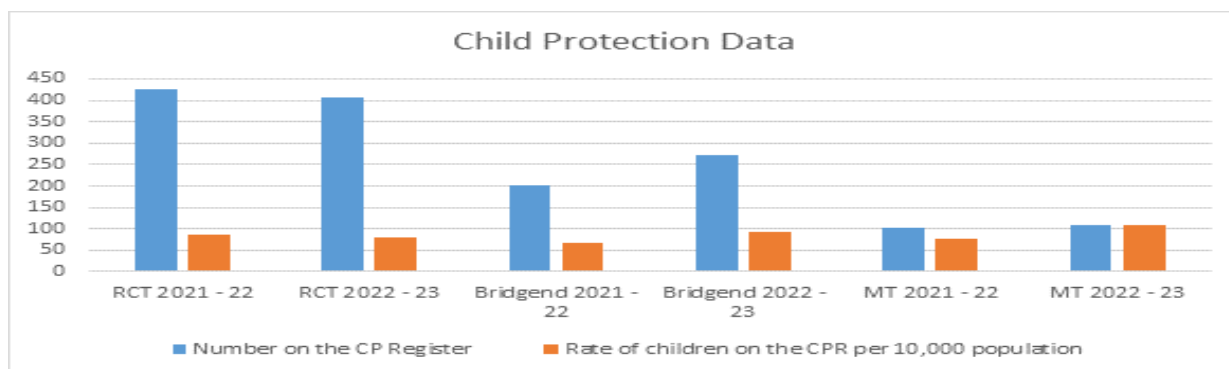
By ensuring that there are effective interagency safeguarding processes and practice in place, supported by robust quality assurance and information sharing systems.

Good communication across all disciplines of health and joined up working in respect of identifying learning.

What Did We Do?

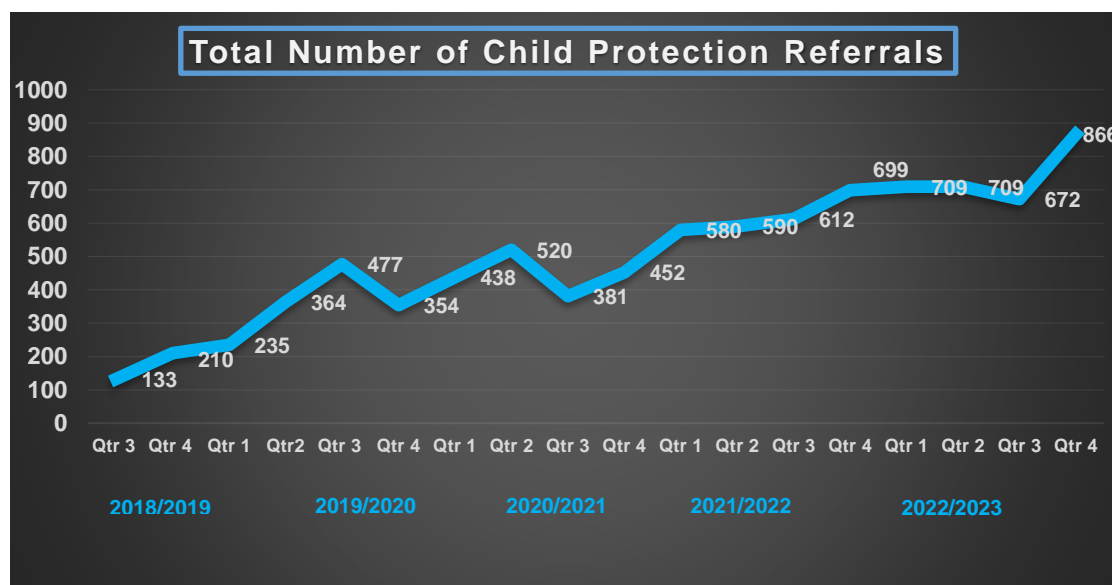
All three Local Authorities have reported an increase in safeguarding activity at front door services and those families accessing Local Authority early help services.

Bridgend has seen a significant increase in demand in child protection assessments, enquiries and cases proceeding to an initial conference. This is reflective of the increased professional and public awareness following the publication of the Child T Child Practice Review and factors associated with the increased cost of living crisis.



Data for 2022-2023 above is taken from local performance reports provided on a quarterly basis from the Local Authority to the Regional Safeguarding board.

All areas within CTM have seen an increase in referrals and strategy meetings. There have been 2956 health referrals submitted to Children Services, this is a 19% increase from 21/22. A large proportion of the referrals continue to be submitted from Emergency departments across the three general hospital sites. It is considered that this may be attributed to additional training and awareness in respect of children/young people presenting with physical injuries and concerns with their mental health and wellbeing.



In 2022/23, 293 child protection medicals were undertaken compared to 270 in the previous year, this is consistent with the increase in safeguarding activity observed across CTM. The Child Protection Medical Hub undertakes approximately two thirds of the overall medicals. Children aged 2 – 17 years are seen at the Hub, all children under two years old or those accessing health care through Accident and Emergency are seen on Paediatric wards.

This year has tragically seen fourteen cases of unexpected child deaths, whereby the Procedural Response to Unexpected Deaths in Childhood (PRUDiC) has been initiated. The process has been utilised to ensure effective information sharing and partnership working to support those families and professionals affected by the sad passing of these infants and children.

In response to sudden infant deaths, the health board's safeguarding midwife led on the revision of the regional safe sleep policy, developed a 7 minute briefing and video to support practitioners and families in reducing the risks of sudden infant death.

What Did We Learn?

From multi-agency audit and reviews, the following learning themes were identified and shared through communications and learning forums:

- The importance of effective multi-agency working and effective communication between professionals when there are concerns for suspicious or unexplained injuries in children.
- The importance of professional curiosity when working with children and families where there are safeguarding concerns.
- The importance of escalating concerns regarding inter-agency safeguarding practice. When children are identified as being at a continued risk of harm despite professional involvement.
- The importance of capturing the voice of the child and young person in safeguarding and utilising this to shape the health board's services.

Good Practice themes identified:

- Increased awareness and appropriate referral among frontline staff to recognise children who are suffering with poor mental health or at risk of self-harming behaviours.
- The emergency department safeguarding meetings have consistent attendance from both medical and nursing colleagues across CTMUHB three emergency departments. There is a commitment to delivering safe care and a consistent approach to managing safeguarding concerns.
- Lunch and learn session utilised by Clinical Nurse Specialists to share learning and themes from reviews.

Next Steps

Maintain effective safeguarding practice in Cwm Taf Morgannwg:

- To continue to embed learning from past and current child practice reviews, this will ensure that improvements in practice are sustained.
- Development of an audit plan that ensure quality improvement in all community and acute settings.
- Continue to work closely with frontline services and facilitate improved information sharing in a timely manner.
- The revision of the current bruising and injuries in immobile children will be reviewed and strengthened to ensure it guides all frontline practitioners in the management of concerns. In addition, in response to Child T's practice review, this policy will include guidance on the management of bruises and injuries in older, mobile children.
- Opportunities to capture the voice of children and their families who experience child protection processes will be gathered to further enhance services provided to them.



Child Sexual Exploitation (CSE)

Our Aim

To tackle the coercion or manipulation of children and young people into taking part in sexual activities. CSE is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

How Will We Do This?

Prevent and protect children and young people from sexual exploitation;

- Provide responsive, appropriate and consistent support to those identified as being subject to or at risk of Child Sexual Exploitation
- Contribute to the identification, disruption and prosecution of perpetrators.
- Provide education and training to health professionals in a position to identify children at risk.

What Did We Do?

The lead for CSE within the Corporate Safeguarding Team has developed partnerships with other professionals and agencies. Attending regional multi-agency exploitation meetings.

As a partner in the work of Cwm Taf Morgannwg Safeguarding Board:

- Undertaken an audit in respect of referrals assessed within the Multi-Agency Safeguarding Hub, to ensure appropriate action and support was provided from agencies in response to exploitation, child sexual abuse and harmful sexual behaviour.
- Contributed to Individual Risk Management plans within Multi-Agency CSE meetings.
- Participated in the planning and implementation of the multi-agency process for pooling intelligence in relation to perpetrators, and contextual safeguarding with view to enhancing the focus of criminal and safeguarding interventions.

- Through the Emergency Safeguarding Group established links to explore the use of the Child Sexual Exploitation Risk Questionnaire (CSERQ) assessment tool within all three general hospitals.
- Working with partners of the Cwm Taf Morgannwg Safeguarding Board to develop a regional exploitation strategy.

What Did We Learn?

- Sharing of identified 'hot spots', trends & individuals of concern across Cwm Taf Morgannwg.
- The importance of recognising the increase in online exploitation following the COVID pandemic.
- Exploitation is now seen more widely; it is no longer a forum for reviewing only sexual Exploitation. This facilitates wider networking and joined up working with statutory and third sector services to recognise and respond to all forms of exploitation.

Next Steps

- Further encourage the use of the CSERQ across all services in CTMUHB, to aid in identification and risk assessment for those at risk of CSE.
- Ensure consistent health representation at all CSE strategy meetings, to include representation from Child and Adolescent Mental Health Services (CAMHS) and Emergency Departments.



Looked after children

Our Aim

To ensure that Children Looked After have their physical, emotional and mental health needs met, through timely assessments, referral and access to health care services that they may need.

To ensure compliance with related legislation:

- Social Services & Well-being (Wales) Act 2014 – Part 6
- Toward a Stable Life and Brighter Future 2007 [statutory health assessments]
- The Care Planning, Placement and Case Review (Wales) Regulations 2015

How will we do this?

Undertake timely assessments and health planning for children within CTMUHB footprint

- Ensuring equal access to relevant universal and specialist health services and meeting statutory requirements for health provision.
- Supporting and participate in effective interagency CLA processes and practices in place to support health needs
- Robust quality assurance and information systems

What do we know?

The ONS latest figures indicate that November 2022 there were 7,080 children 0-18 years of age in Wales who were Looked after by Local Authority. CTMUHB had approximately 1446 children who were looked after during 22/23, covering three local authorities within its footprint, this number also includes children placed by other local authorities. Following a change in the law, every local authority will now have unaccompanied asylum-seeking children placed with them. This has resulted in CTMUHB providing a variety of additional services to support these young people.

The social services and well-being act (2014) places a statutory duty to provide health services for care experienced children this included completion of statutory Health Assessments. All assessments for children over 5 years of age are undertaken by the specialist nursing team, or are commissioned from the placing health authority. CTMUHB undertake all assessments for children and young people placed within CTMUHB, irrespective of local authority of origin.

Children and young people who have been exposed to adverse childhood experiences and trauma are at an increased risk of poor mental health. CTMUHB Looked after children's team and CAMHS are working collaboratively to develop a process that supports timely and seamless transition when children and young people are moving across different health boards.

What did we learn?

- The team continue to make every attempt to ensure health assessments are undertaken within statutory timescales. Where there are service pressures, the team prioritise those most vulnerable utilising a risk assessment. Ensuring their physical, emotional and mental health needs are met through services.
- Unaccompanied asylum-seeking children and young people require a coordinated health response as they may not have had access to health care for a long period of time. CTMUHB services are working together to ensure their provision of care is holistic and meets the needs of this cohort of young people.
- This year has seen an increase in the movement of placements for children and young people, this has been evidenced by the increased use of the notification

pathway. The notification pathway ensures effective information sharing between areas, ensuring that health needs are identified timely and seamless delivery of care.

Next Steps

- To consider the development of clinics to undertake review health assessments. This will ensure that any backlog is kept to a minimum and children/young people are seen within statutory time frames.
- To develop opportunities for children and young people to express their views and have their voice included in health decisions. This feedback will be utilised to develop the service.
- Develop a standard operating procedure jointly with CAMHS to reduce inequalities and provide a seamless transition when children/young people are moving between health boards.
- To collate meaningful data that can be shared with partners and analysed to identify themes and the needs of the children/young people.



Adult at Risk

Our Aim

To ensure that adults in Cwm Taf Morgannwg, over the age of 18, are protected from abuse, neglect or other kinds of harm and are prevented from becoming at risk of abuse, neglect or other kinds of harm and they live in an environment that promotes their wellbeing.

To ensure that the UHB complies with the related legislation:
Social Services & Wellbeing (Wales) Act 2015 – Part 7

How Will We Do This?

By ensuring that there are effective inter-agency safeguarding processes and practice in place, supported by robust quality assurance and information sharing systems.

What Did We Do?

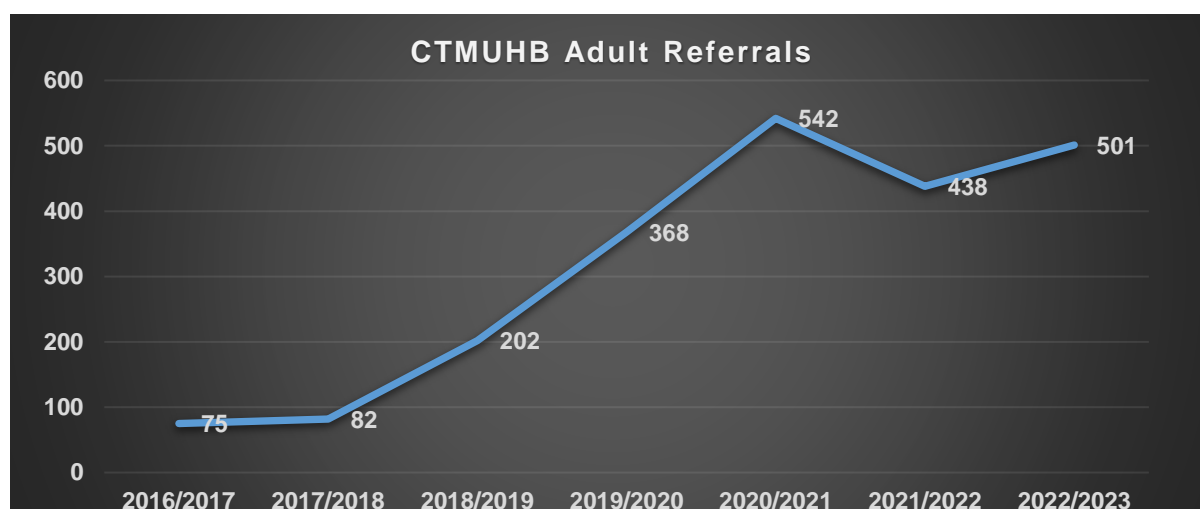
- All Adult Safeguarding Reports are made to the Local Authority to decide if the threshold for enquiries is met.

- There have been 501 adult at risk referrals in 2022/2023. This is a significant increase on the previous year.
- The highest category of abuse reported continues to be Neglect. Pressure Damage being the highest percentage of all neglect safeguarding referrals. The second highest is for physical abuse.

Avoidable Pressure Damage

- There has been a reduction of Grade 3 or above referrals submitted. The quality of referrals has improved, now including action plans to overcome any issues, allowing the Local Authority to be able to threshold without any delays. This may be due to shared learning within training and discussion within scrutiny panels. The Royal Glamorgan Hospital have also appointed Pressure Ulcer champions for each ward, which appears to be working well.
- Tissue Viability Nurses (TVN) in Bridgend have devised a booklet around Pressure Damage for Agency staff in order that they are familiar with pressure ulcers management within CTM. This together with the ward workbooks that have been designed and distributed by TVN's for general use throughout CTMUHB for Registered Nurses and Health Care Support Workers, is welcomed.

Number of referrals received from CTMUHB



Cwm Taf Morgannwg Safeguarding Board published two Adult Practice Reviews during the year 22/23, these are available on the Cwm Taf Morgannwg Safeguarding Board website.

What Did We Learn?

From the multi-agency reviews undertaken, the following learning themes were identified:

- CTMUHB to review the arrangements in place for Mental Health Clinical Services to comply with the National Reportable Incidents process, to ensure that they are aware of Nationally and Locally reportable incidents and comply with the

agreed timescales.

- A review of the arrangements for offering individuals timely Independent Professional Advocacy.
- Agencies to review the arrangements for risk assessments for those with developing dementia to ensure there is an understanding of the potential harm and emerging risks.
- Evidenced based practice and intervention should always be adopted to ensure a consistent approach and provide the appropriate evidence to support step downs from care delivery. This approach will also support the individual and support to manage and minimise any areas of risk.

Next Steps

Maintain effective safeguarding practice in Cwm Taf Morgannwg:

- CTMUHB are key partners in the multi-agency suicide prevention group, learning from these groups needs to be disseminated across the health board. Work is ongoing to learn from 'near misses', this will enable services to work together to provide ongoing support to those identified at risk.
- To continue to drive improvements in the management of pressure damage across the health board, ensuring timely, effective referral pathways to Local Authorities in line with the Wales Safeguarding Procedures.
- The Self-neglect policy was implemented across all authorities in CTM, continued awareness of this forum needs to be raised within the health board.



Violence Against Women Domestic Abuse Sexual Violence (VAWDASV)

Includes Honour Base Violence/Female Genital Mutilation/ Sexual Exploitation/ Human Trafficking/Modern Slavery.

Our Aim

Individuals who are victims of violence against women, domestic abuse and sexual violence are treated and supported in a way that optimises their potential and life chances.

To ensure the UHB complies with the related legislation:

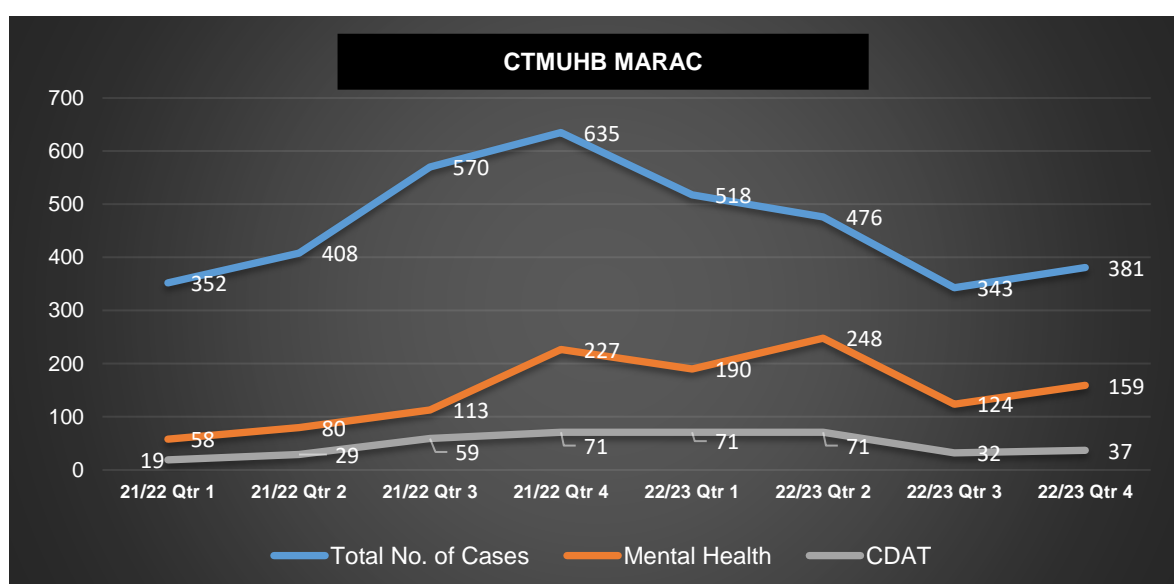
- Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015
- Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015)
- Domestic Abuse Act 2021

How Will We Do This?

- Continue to develop and implement the Cwm Taf Morgannwg Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) strategy with regional partners.
- Ensure compliance and reporting in line with the VAWDASV National Training Framework.
- Ensuring that there are effective interagency processes and practice in place throughout health services, to safeguard both women and men who experience domestic abuse.

What Did We Do?

- 1718 cases have been assessed at daily domestic abuse discussions held in the Multi Agency Safeguarding Hub as opposed to 1965 in 2021/2022. Through the implementation of the Multi Agency Risk Assessment Conference (MARAC) Coordinator role, CTMUHB ensures it has appropriate health representation at daily and MARAC discussions to enable effective information sharing and development of safety plans.
- Although the number of cases discussed at MARAC is lower for 22/23 than 21/22. There is an increase in those children linked to incidents discussed at MARAC. In addition, there is a significant increase in those victims and perpetrators open to mental health services. 721 adults identified with mental health issues as opposed to 478 in 2021/2022.



- In February 2022 a new Health Independent Domestic Violence Advisor (IDVA) was appointed, funded by the Police Commissioners office until April 2025. The appointment of this IDVA has enabled both staff and patients to access timely, appropriate advice and support. Ensuring the safety of those experiencing domestic abuse is prioritised, with victims having opportunities to access services to reduce risks on discharge.

- In March 2023 Mental Health services commenced attendance at MARAC for Rhondda Cynon Taf County Borough Council (RCTCBC). This ensures that CTMUHB are compliant with Safe Lives guidance and are able to respond appropriately to the increasing numbers of victims and perpetrators discussed at MARAC. The expertise of Mental Health practitioners will also facilitate a wider safety plan for victims of domestic abuse.
- Training packages have been reviewed and amended to include learning from practice reviews and domestic homicides.

What Did We Learn?

- Evidence suggests that there is an association between domestic violence and deprivation; with areas of deprivation experiencing higher numbers of incidents than less deprived areas.
- There is an increase of 21.4% in those persons 60 years and older experiencing domestic abuse and being discussed at MARAC. With increasing numbers and the added health and social care concerns within this age group, there needs to be an increased awareness in those health practitioners working with them.
- This year saw an increase of 38.1% in health referrals, with the highest number being referred from A & E and the Health IDVA. This evidences the benefits of a health IDVA within the emergency departments, raising awareness and identifying those at risk of harm.
- Routine enquiry audits across Health Visiting and Midwifery services demonstrate evidence of the health board's compliance with the All Antenatal Domestic Abuse Pathway.

Next Steps

- Mental health representation at MARAC for all three regions within CTMUHB.
- Bespoke training will be delivered to mental health colleagues across CTMUHB services. This will ensure that themes from practice reviews are shared and influence an increased awareness in the safety planning of those affected by domestic abuse.
- CTMUHB will contribute to the ongoing commissioned Domestic Homicide Reviews. Incorporate the learning from practice reviews and Domestic homicides into future learning.

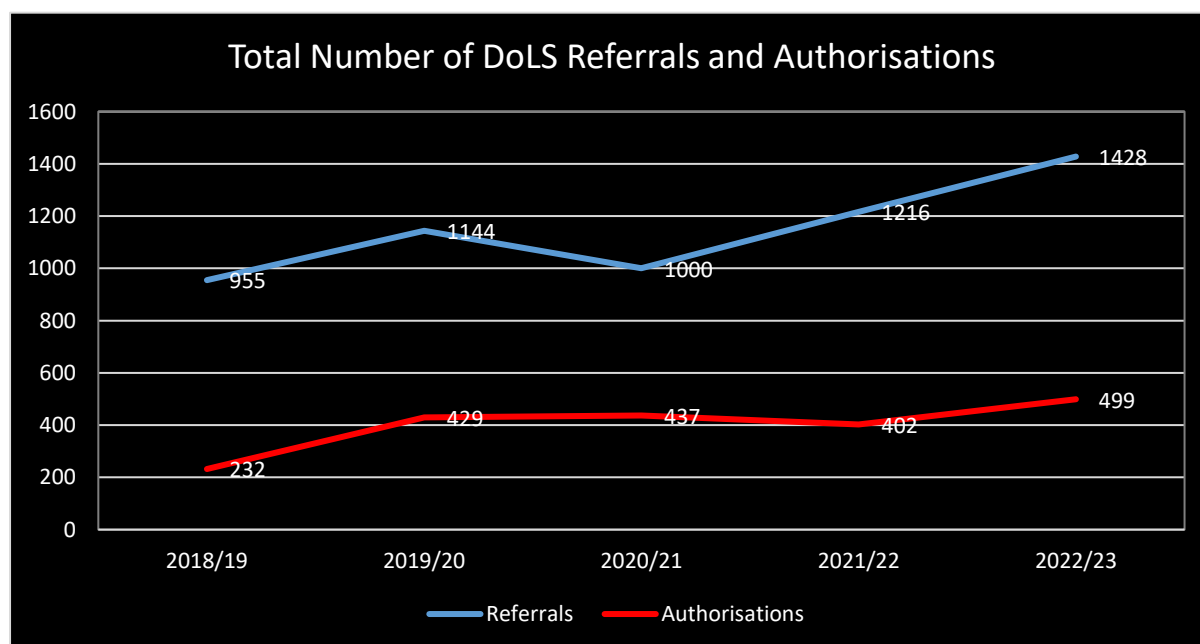


Deprivation of Liberty Safeguards (DoLS)

Our Aim

Ensure that the UHB follows the defined legislative processes and discharges the functions of the Supervisory Body and the Managing Authority. To protect people who for their own safety and in their own best interests need care and treatment that may deprive them of their liberty but who lack the capacity to consent and where detention under the Mental Health Act 1983 is not appropriate at that time.

What Did We Do?



- 1428 DoLS Applications were made. An increase of 15% on the previous year.
- 499 DoLS authorisations were completed.
- CTMUHB has been represented in All Wales Liberty Protection Safeguards (LPS) Steering Group and LPS National Minimum Dataset Group. As well as the regional steering group for Cwm Taf which included Merthyr Tydfil, Bridgend and Cwm Taf County Borough Councils.
- Utilising Welsh Government funding the health board has appointed and trained additional Best Interest Assessors to reduce the backlog of authorisations.

What Did We Learn?

- 539 applications were withdrawn – linked to patients regaining capacity, detention under the Mental Health Act 1983, transfer to another Managing Authority, discharge of patients or sadly patient's death. This evidences how changeable the wait lists are for patients awaiting assessment.
- The waiting list this year has increased by 25%, this is reflective of the increased awareness and subsequent referrals. Performance management has allowed the team to identify themes, trends and barriers, assisting in the quality improvement of service delivery.
- The team has been working consistently to raise awareness and reduce the backlog in readiness for the implementation of the Liberty Protection Safeguards. However on the development of this report the government had announced their intention to step away from the introduction of the Liberty Protection Safeguards (the LPS) and the implementation of the Mental Capacity (Amendment) Act 2019 (the 2019 Act).
- As training compliance improves, the numbers of applications increase resulting in the waiting list increasing and capacity for the Best Interest Assessor's to respond within the legislative timescale reduces.

Next Steps

- To continue to reduce the DoLS waiting list, further funding will be utilised to commission an agency to clear the current backlog, allowing the health board to further explore what resource is required to provide a sustainable model that reduces the risk of further backlogs.
- Working towards an improved process for the management of Court of Protection that will result in an improved identification of responsible professionals and gathering of Court Ordered evidence.
- In partnership with the Mental Capacity Act team, provide workshops to colleagues and improve the information provided on share point to assist wards with Mental Capacity Assessments, Court of Protection cases and how to manage their DoLS authorisations.



Mental Capacity Act

Our Aim

MCA: To ensure staff understand the implications of Mental Capacity Act 2005 and can implement it in their practice.

To ensure that the UHB complies with the related legislation:
Mental Capacity Act 2005 (amended in Mental Health Act 2007)

How will we do this?

By embedding the five key principles of the **Mental Capacity Act (MCA)**:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- An act done or decision made, for on behalf of a person who lacks capacity must be done, or made in their best interests.
- Before a decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

What Did We Do?

- The implementation of a Mental Capacity Act team that will be available to all clinical areas throughout the hospitals, will assist in further embedding the MCA into everyday practice and support staff with complex MCA issues that arise on the ward.
- Participation in focus groups designed to improve and raise awareness of the importance of the Mental Capacity Act and its delivery to patients that are currently in hospital.
- Using Welsh Government funding a Mental Capacity Act Practice facilitator was employed to oversee MCA awareness and Liberty Protection safeguards (LPS) transition. Due to the delay in LPS implementation this role has focussed on

embedding the MCA into everyday clinical practice, through bespoke training and support in many speciality areas.

- Mental Capacity Act principles resources; including banner pens, posters and leaflets have been designed and distributed across all sites to raise awareness amongst staff and community sites.

What Did We Learn?

- CTMUHB employs in excess of 12,000 people. All levels of staff have been assessed and an appropriate level of competency assigned to each role for MCA training. Training has been combined with DoLS to ensure a comprehensive learning experience that demonstrates how the key principles should be applied to practice.
- Awareness raising needs to be delivered in a variety of forms to ensure all staff and patients have a clear understanding. Resources need to be provided to carers and colleagues to promote MCA.

Next Steps

- CTMUHB will continue to embed the Mental Capacity Act principles across services. This will be achieved through training, education and awareness raising.
- In collaboration with the training department staff will be allocated to groups dependent on their roles. These competencies will be allocated on ESR in three levels.
- MCA training compliance will be monitored through the safeguarding operational and executive groups.



Allegations Made Against Professionals

Our Aim

To ensure that patients/clients are safe in our care. To ensure that staff understand they have a duty to report concerns about the behaviour of other staff members.

Raise awareness with our staff that their behaviour outside of work can directly impact on their working role.

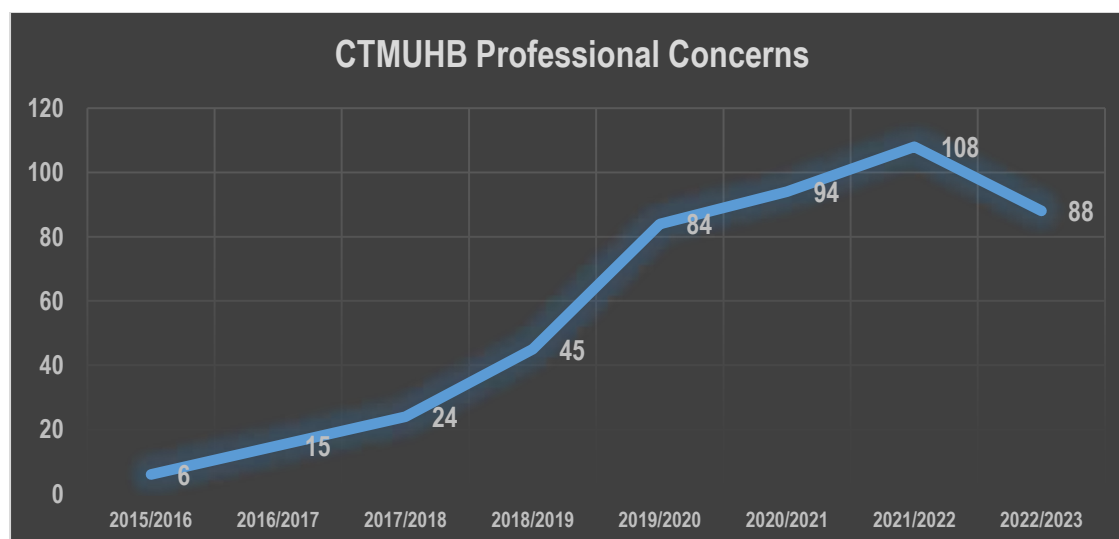
How Will We Do This?

Ensuring that there are effective inter-agency safeguarding processes and practice in place. That these are supported by robust workforce processes and risk assessments to ensure a proportionate response to concerns whilst safeguarding our patients/clients.

What Did We Do?

There were 88 health board staff implicated in allegations of abuse or cause for concern about a person who works with children or adults at risk, this is compared to 108 in 2021/2022.

- 17 related to child protection concerns
- 31 related to adult protection concerns
- 33 were due to professional conduct concerns
- Training has been delivered to managers and workforce colleagues by the Disclosure Barring Service (DBS) to ensure the health board makes appropriate referrals when the criteria is met.



What did we learn?

- Many of the professional concerns raised have been in regard to both professional and personal conduct. There has been a decrease in referrals in 2022/23.
- Several professional concerns have also been in relation to incidents of domestic violence. There has been a national increase in cases of domestic violence, alcohol misuse and poor mental health since the COVID pandemic. Since many of our CTMUHB workforce also reside within the CTM footprint, it is not unreasonable to consider the impact of the community issues identified, including the increased cost of living and pressures presenting in line with this.

Therefore, those involved in professional concerns are always offered support from occupational health, wellbeing and third sector services.

Next Steps

- All risk management documentation and guidance to be reviewed in line with the new Cwm Taf Morgannwg Safeguarding Board Professional Concerns Policy. A CTM standard Operating Procedure will be developed to streamline the process across the Health Board.
- The revision of the CTM Domestic Abuse Policy to ensure the process for supporting staff identified of experiencing domestic abuse, is consistent and robust within the workplace.
- Development and delivery of bespoke training to managers throughout the health board to ensure appropriate and consistent management of concerns for professionals.



Training & Learning

Our Aim

To ensure CTMUHB staff are sufficiently trained and competent to be alert to the potential indicators of abuse, including concerns about behaviour of staff, and know how to act and report on those concerns in order to fulfil statutory safeguarding duties under the Children Act 1989 & 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women, Domestic Abuse and Sexual Violence Act 2016 and the Counter-Terrorism and Security Act 2011.

How Will We Do This?

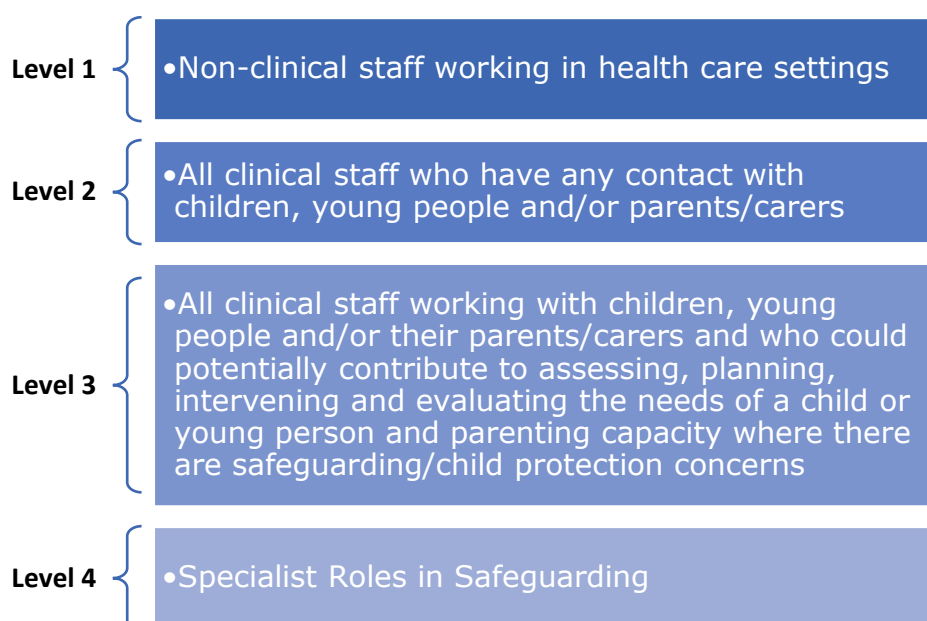
Safeguarding and Public Protection training is vital in protecting our service users, their families and our communities from harm. Safeguarding Children and Safeguarding Adult training is identified as two of the Mandatory training requirements in the NHS UK Core Skills Training Framework. All staff must have achieved the competency level required to their role in relation to children, young people or adults who are at risk.

VAWDASV and PREVENT training are also statutory for all staff in Wales.

- There are four key dimensions of Safeguarding Training:



- The CTUHB Safeguarding Training Strategy has been updated in light of the new **National safeguarding training, learning and development standards**. It describes the level of training competency required for each role in relation to children or adults at risk & these have been assigned to each role on ESR. The strategy is in line with the Royal Colleges Intercollegiate Safeguarding Children Training Document and Adult Safeguarding Levels and Competencies for Health Care Professionals 2019. This strategy incorporates both medical and nursing staff competencies.



Violence Against Women, Domestic Abuse and Sexual Violence

- The Act places a statutory duty on the UHB to train all staff in VAWDASV in line with the National Training Framework and there is an e-learning package available to staff on ESR.

- The Group 2 Ask and Act package is regularly reviewed to ensure it reflects identified learning from practice reviews and domestic homicides. The Group 2 Ask and Act has been revised in an all Wales group for use across Wales health boards. This training is delivered monthly, with additional bespoke sessions provided to areas such as emergency departments and mental health.

What Did We Do?

- Training continues to be delivered by virtual means to enable health board staff to have an ease of accessibility. In addition, bespoke training has been delivered to several services groups, particularly those working with children. This has included emergency departments, CAMHS, acute and community children's teams, General Practitioners and students.
- Monthly training sessions were delivered in partnership with tissue viability nurses to raise awareness of the safeguarding implications and management of avoidable pressure damage.
- Learning events have been delivered across health visiting and midwifery to share learning from child practice reviews, leading to improvements in processes and practice.
- The learning from Child T's practice review, a young 5 year old who died in July 2021 has been shared through a multitude of forums, to both nursing and medical staff. Particular emphasis has been given to the recognition of suspicious physical injuries, professional curiosity and the importance of multi-agency decision making.
- 7 minutes briefings have been shared through the health board's intranet, listening and learning forums, operational groups and care group meetings in respect of safeguarding learning and practice.
- Safeguarding training in the UHB is managed via the Electronic Staff Record. Population of the safeguarding competencies on ESR enable the Learning & Development team to develop both the UHB training needs analysis for safeguarding and to provide quarterly activity reports to the Safeguarding Children Group and Safeguarding Adult Group.

What Did We Learn?

- From available data reviewed Children and Adult at risk safeguarding compliance is increasing slowly. Safeguarding training compliance was significantly impacted by the pressures of the COVID pandemic and subsequent training priorities associated with infection control and re-deployments.
- Compliance for medical colleagues accessing level 3 training outside of the health board is not currently reflected on the health board's ESR.
- Level 3 training compliance is much lower than national requirements. The challenge for the next year is to achieve above 85% compliance.

- Safeguarding Children & Adult training continues to be well evaluated. However, many groups have expressed their preference for bespoke training specific to their area of work.

Next Steps

- All clinical nurse specialists for safeguarding will be delivering level 3 training to become confident and competent in delivering training across children and young people services. This will widen the availability of trainers for level 3 safeguarding.
- To continue to target key areas who work with children, parents and carers, this will ensure colleagues are trained to contribute to the assessing, planning, intervening and evaluation of the needs of the child or young person and parents capacity.
- All new CTMUHB staff to be assigned a competency level for Adult and Children's Safeguarding and compliance to be monitored through Electronic Staff Record (ESR).
- In order to firmly embed a safeguarding culture and practice within the organisation it is imperative that alternative methods of raising awareness and learning are utilised appropriately, therefore webinars and short videos will be developed to enhance learning.
- Monitoring the uptake of safeguarding training of CTMUHB staff and targeting areas of low engagement and departments making high numbers of safeguarding referrals.
- Improved monitoring of training compliance for Doctors and Registrars. ESR is not currently used by Doctors, resulting in difficulties in identifying those that require updates.



Multi-Agency Safeguarding HUB (MASH)

Our Aim

Through collaborative working with our partner agencies, that children and adults at risk in the Cwm Taf Morgannwg area are able to live safe lives.

How Will We Do This?

- MASH facilitates safeguarding by working together, in one place, sharing information and making collaborative decisions. Through MASH, a more timely

and proportionate approach to the identification, assessment and management of safeguarding, child and adult protection enquiries can be achieved.

- Cwm Taf Morgannwg has two MASH one based at Pontypridd Police Station and the other in Bridgend. The success of these Hubs has been developed through a co-location of key statutory partners, including the police, health, probation, education and local authorities. Cwm Taf Morgannwg MASH is the 'front door' for all adult and child safeguarding referrals, including high risk domestic abuse.
- COVID required changes in practice, with partner agencies moving to home working through periods of lockdown and in line with Government guidance. The MASH within Cwm Taf region continues to be facilitated on a virtual platform.

What Did We Do?

- The involvement of health professionals in MASH is seen as particularly important. Their information and perspective are crucial to decision making for all safeguarding and particularly in multi-agency teams.
- Following the rapid review report and due to Cwm Taf MASH continuing with a virtual approach, all public protection nurse were co-located at Bridgend MASH. This enabled them to support new social work teams and develop good working relationships. Whilst ensuring a consistent response to health referrals across the three local authorities.
- There is a Business Manager and four full time Specialist Nurses for Public Protection, with considerable experience in safeguarding and multi-agency working. The seniority of the posts reflects the high-level decision making required and confidence in challenging and negotiating with other professionals and agencies.
- Through the MASH operational group, health have participated in joint audits, task and finish groups to identify areas of good practice and learning.

What Did We Learn?

- MASH focuses on sharing intelligence and information to provide better informed decisions about risks to individuals without delay. This early intervention aims to prevent or offset the risks to individuals and reduce repeat referrals.
- Following the Bridgend Rapid Review and subsequent audits, work has commenced to improve information sharing within the Bridgend MASH. Several information sharing platforms are being explored with partners for implementation across both MASH.
- Co-location has facilitated improved working relationships within the Bridgend region, with timely communication and information sharing with partners.
- The significant increase in safeguarding activity has resulted in an increase in strategy meetings. Sharing information is a key priority for all partners based in

MASH. To meet the demand the public protection nurse have invited key health professionals working with the child to strategy meetings. This has ensured that health have been part of multi-agency decision making.

Next Steps

- To continue to facilitate the contribution of key UHB staff in strategy discussion, information sharing and decision making.
- To streamline the work of health staff within MASH to ensure that the information shared with partners on behalf of the UHB is of good quality. This will form part of the ongoing work to develop improved information sharing throughout agencies.
- To participate in forums to improve the quality of child protection referral forms submitted by health to MASH.



Radicalisation and PREVENT

PREVENT Terrorism Strategy

Preventing someone from being radicalised, is no different from safeguarding individuals from other forms of abuse or exploitation.

Prevent does not require health staff to do anything outside of what is required during the course of their usual duties.

The challenge is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly, and is aware of and can locate available support through their organisation.

What Did We Do?

- Referrals are made to Channel Panel, the government's anti-radicalisation programme, by Cwm Taf Morgannwg University Health Board. The Head of Safeguarding or Deputy Head of safeguarding attend Channel panel to ensure information is shared.
- Channel accepts referrals for anyone who displays a vulnerability to violent extremism, regardless of age. Sharing information about suspected radicalisation should be seen as no different to sharing concerns for vulnerable people subject to grooming or exploitation.

- Members of the corporate safeguarding team have developed lead roles around radicalisation and attend Channel Panel.

What did we learn?

- Following the explosion outside of Liverpool Women's Hospital in November 2021, CTMUHB have continued to work with the training department to ensure the Wales online training is accessible to colleagues through the Electronic Staff Record (ESR) system.
- A 7-minute briefing has been developed to highlight risks and signs of concerns that would assist colleagues in recognition to response. This has been disseminated across CTMUHB and is available in the Health Boards Intranet site.

Next Steps

- There is a requirement for all NHS staff to be trained in PREVENT and be able to act on concerns.
- An e-learning package is available to CTMUHB to allow for all staff to complete training. This will support the identification and referral of those individuals at risk of radicalisation.
- Colleagues will be encouraged to attend this training through briefings, the Health Boards level 3 training and the Intranet pages.



Offender Management

Our Aim

To create safer communities and reduce crime by planning, commissioning and delivering community safety related services and activities as a statutory member of the Cwm Taf Community Safety Partnership.

To ensure the UHB complies with the related legislation:

Criminal Justice Act 2003 – duty to cooperate in Multi-Agency Public Protection Arrangements (MAPPA)

How Will We Do This?

Ensuring that there are effective inter-agency offender management processes and practice in place, supported by robust quality assurance and information sharing

systems.

Participate in MAPPA meetings and implement health actions.

Participate in the work of the relevant regional partnerships:

- Community Safety Partnership
- Offender Management Board
- Serious & Organised Crime Board
- MAPPA Senior Management Board – Violent & Sexual Offenders

Next Steps

Maintain effective inter-agency offender management practice in Cwm Taf Morgannwg, ensuring appropriate representation from CTMUHB at all level 2 and 3 MAPPA meetings.



Cwm Taf Morgannwg Safeguarding Board

Our Aim

Safeguarding in Cwm Taf Morgannwg is overseen by the regional multi-agency Cwm Taf Morgannwg Safeguarding Board with responsibility for:

- Safeguarding Children & Adults at Risk
- Deprivation of Liberty Safeguards
- The Multi-Agency Safeguarding Hub (MASH)

The responsibilities and functions of the Board are set out in the statutory guidance under Part 7 of the Social Services and Wellbeing (Wales) Act 2014.

How Will We Do This?

The Board has an overall responsibility for challenging relevant agencies so that:

- There are effective measures in place to protect children and adults at risk who are experiencing harm or who may be at risk as the result of abuse, neglect or other kinds of harm.

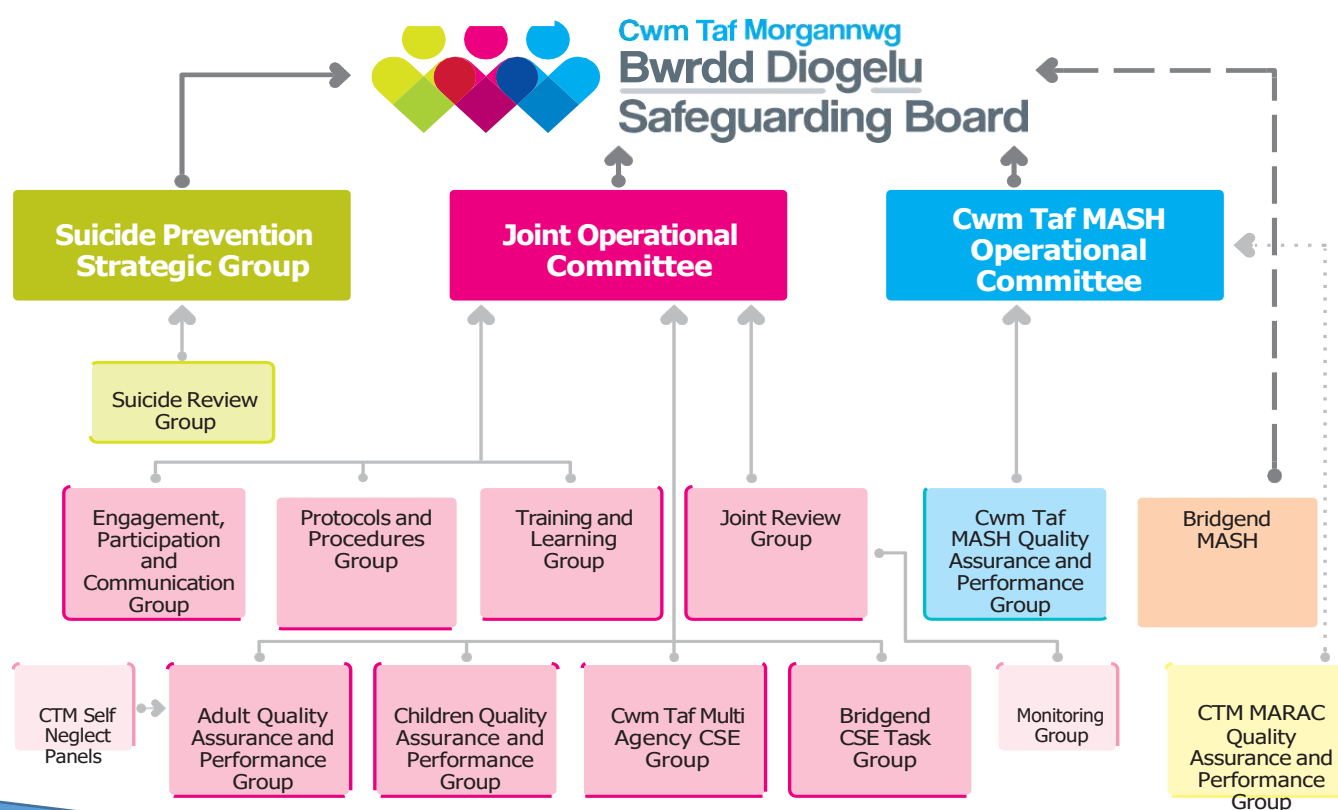
- There is effective inter-agency co-operation in planning and delivering protection services and in sharing information.
- The functions of the Board are implemented via a number of committees and sub groups which sit within the overall structure. A performance and risk management framework is in place to enable these groups to report on key issues to the Board.

What Did We Do?

- The UHB is represented on the Safeguarding Board by the Deputy Director of Nursing and the Head of Safeguarding.
- Individuals from the Corporate Safeguarding Team represent the UHB on the committees and subcommittees that implement the functions of the Safeguarding Board.
- The collaborative work undertaken between Health, partner agencies and the Regional Safeguarding Board is documented in the Cwm Taf Morgannwg Safeguarding Board Annual Report.
- The UHB makes a financial contribution to supporting the effective working of the Board as required in the statutory regulations.

The Board has published its Annual Plan for 2022/23. These priorities were agreed by all Board partner agencies at a Board Development Day earlier in 2022. The Annual Plan can be accessed at;

www.cwmtafmorgannwgsafeguardingboard.com





Agenda Item

8.1.6

CTM Health Board

**AMENDMENT TO STANDING ORDERS – COMMITTEE / ADVISORY
GROUP TERMS OF REFERENCE (SCHEDULE 3.9)**

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
Remuneration & Terms of Services Committee	30/11/2023	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Cwm Taf Morgannwg University Health Board Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

2.1 Terms of Reference Review

- Standing Orders Schedule 3.9 – Remuneration & Terms of Services Committee
The Terms of Reference were reviewed with changes identified in red as outlined in Appendix 1

3. Key Risks / Matters for Escalation

- 3.1 If approved, the Standing Orders will be uploaded to SharePoint and the Health Board's Internet site.
- 3.2 The Standing Orders will be further strengthened in year as and when required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 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>)	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 (<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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1 The Board is being asked to **APPROVE** the Amendments to the Health Board's Standing Orders as outlined on section 2 of this report.

6. Next Steps

- 6.1 Once approved the Terms of Reference will be uploaded to the Health Board's website.

Schedule 3.9

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the
University Health Board Standing Orders

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Terms of Reference & Operating Arrangements

**Reviewed at the Remuneration & Terms of Services Committee on 30
November 2023**

INTRODUCTION

The Cwm Taf Morgannwg University Health Board (CTMUHB) standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with standing orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service (RATS) Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

CONSTITUTION & PURPOSE

The purpose of the Remuneration & Terms of Service Committee “the Committee” is to provide:

- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government
- **assurance** to the Board in relation to the CTMUHB’s arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales
- as appropriate the Committee will receive reports relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers (VSMs) of hosted bodies, e.g. Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

The Committee shall have no powers to exercise on behalf of the UHB (except where explicitly delegated in the Scheme of Reservation and Delegation of powers).

SCOPE AND DUTIES

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) (including any interims or consultants appointed into these roles); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently
- objectives for Executive Directors and other VSMs and their performance assessment
- performance management system in place for those in the positions mentioned above and its application
- proposals to make additional payments to consultants (Medical and Dental); and
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

In developing remuneration packages the Remuneration and Terms of Service Committee will ensure that there is:

- A clear statement of responsibilities of the individual posts and their accountabilities of meeting objectives of the organisation
- A means of assessing the comparative job weight
- Comparative salary information from the NHS, other public sector organisations and industrial service organisations.

DELEGATED POWERS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
 - Any other committee, or group set up by the Board to assist in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements
- Approve policies relevant to the business of the Committee as delegated by the Board.
- Initiate referrals to other Board Committee for further review and consideration as well receiving such referrals from other Board Committees. Such referrals may also be made by individuals who feels that issues need to come to the attention of the Committee.

Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

MEMBERSHIP

MEMBERSHIP

Chair	The Chair of the Health Board
Vice Chair	The Vice-Chair of the Health Board
Members	All Independent Members

Attendees:

- The Executive Director ~~of Workforce and Organisational Development for People~~
- The Deputy Director ~~of Workforce & Organisational Development for People~~ or the ~~Assistant Director of Workforce~~ Assistant Director of Policy, Governance and Compliance will attend to present papers and provide professional advice in order to facilitate the Committee deliberations.
- Apart from the issue of the Chief Executive's personal salary and remuneration, the Chief Executive will be invited to attend meetings when the remuneration of Executive Directors and other members of the Senior Management Team is on the agenda for discussion.

By Invitation:

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director (except when issues relating to their personal remuneration and terms and conditions are being discussed).
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, taking account of the balance of skills and expertise necessary to

deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure succession planning arrangements are in place.

Support to Committee Members

The Director of Governance / Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director ~~of Workforce & Organisational Development.~~ for People

COMMITTEE MEETINGS

Quorum

At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

Frequency of Meetings

Meetings shall be held as and when required and at least once per year.

Withdrawal of individuals in attendance

The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

Circulation of Papers

The Director of Governance / Board Secretary will ensure that all papers are distributed at least 7 calendar days prior to the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity and the submission of written highlight reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee
- ensure appropriate escalation arrangements are in place to alert the LHB Chair, Chief Executive or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of the UHB.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through the Committee Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the CTMUHB Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

CHAIR'S ACTION ON URGENT MATTERS

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

REVIEW

These Terms of Reference shall be adopted by the Committee and subject to review at least on an annual basis thereafter, with approval ratified by the Health Board.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item 8.2.1

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. Now March 2024
Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Additional Item	Armed Forces Covenant	Director of Strategy & Transformation	In progress Director for People to advise on future reporting requirements moving forwards.
Email request received from the Assistant Director of Governance & Risk	Additional Item	Critical Care – Framework Model of Care Proposal	Medical Director	Planned for 28 September 2023. Deferred to the 30 November 2023. An update on this matter will be shared at the Board Briefing scheduled for the 29 February 2024

Agenda Item 8.2.1

Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Assistant Director of Governance & Risk	Additional Item	Estates, Facilities Performance Management System annual report	Director of Finance	Planned for 28 September 2023 – Now 30 November 2023 – To be deferred from November – date to be confirmed
Email request from the Assistant Director of Governance & Risk	Additional Item	Structured Assessment 2023	Director of Corporate Governance	Planned for 30 November 2023 – Now January 2024 – On agenda
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	Planned for January 2024 – Now 28 March 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.

Agenda Item 8.2.1

Completed Requests:				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request from the Head of Corporate Governance and Board Business	Additional Item	All Wales Individual Patient Funding Request Policy	Director of Strategy & Transformation	Completed Received and approved at the meeting held on 30 November 2023
Email request received from the Assistant Director of Digital Systems	Additional Item	Hospital e Prescribing and Medicine Administration (HEPMA) Business Case	Director of Digital	Completed Received and approved at the In Committee Board held on 30 November 2023.
Email request from the Assistant Director of Governance & Risk	Additional Item	Amendment to the Standing Financial Instructions	Director of Corporate Governance	Completed Received and approved at the Board meeting held on 30 November 2023.

Agenda Item
8.2.2

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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 November 2023.

3. Key Risks / Matters for Escalation

- 3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board is being asked to NOTE the following Highlight Reports:

- Quality & Safety Committee 21 November 2023 (Appendix 1);
- Clinical Advisory Group (On main agenda);
- Remuneration & Terms of Services Committee 30 November 2023 (Appendix 2);
- Local Partnerships Forum 5 December 2023 (Appendix 3);
- Mental Health Act Monitoring Committee 6 December 2023 (Appendix 4);
- Stakeholder Reference Group 7 December 2023 (Appendix 5);
- CTMUHB Audit & Risk Committee 19 December 2023 (Appendix 6);
- Hosted Bodies Audit & Risk Committee 19 December 2023 (Appendix 7);
- Planning, Performance & Finance Committee 11 January 2024 (On main agenda).

Agenda Item

8.2.2 Appendix 1

CTM Health Board

Highlight Report from the Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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, Independent Member/Chair of the Quality & Safety Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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 21 November 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

Highlight Report

Alert / Escalate	There were no issues requiring escalation on this occasion.
Advise	<ul style="list-style-type: none"> • A report from the Clinical Executives was received and noted. Members were encouraged to provide feedback on the content of the first iteration of the report; • The Committee received and discussed the following Care Group Highlight Reports: <ul style="list-style-type: none"> ○ Planned Care; ○ Primary & Community Care; ○ Children & Families; ○ Mental Health & Learning Disabilities; ○ Unscheduled Care;

	<ul style="list-style-type: none"> ○ Diagnostics, Therapies, Pharmacy & Specialties. • The Organisational Risk Register report was received. Members requested that future reports include greater detail on the actions being taken to address some of the risks; • The Healthcare Inspectorate Wales Tracker report was received. Members requested that future iterations of the report were strengthened to include rate of progress made since the last meeting against the open recommendations, how many actions had been completed and identification of clear delivery and completion dates against each open recommendation; • The Health, Safety & Fire Sub Committee report was received. Members noted the item contained within the alert/escalate section which related to the boarding of patients and the need to undertake a risk assessment of the areas patients were being placed whilst being boarded. Members were provided with assurance that the practice of boarding patients in fire exits had now ceased; • The Patient Safety & Quality Dashboard report was received. A discussion was held in relation to Falls and Pressure Ulcers and Members were provided with assurance that the falls where there was significant harm of moderate and above were being investigated as part of a process and outcomes and appropriate learning were being seen from this; • The Mental Health In-Patient Improvement Progress Report was received. Members noted that positive progress was being made in relation to the completion of recommendations that had been identified by Healthcare Inspectorate Wales; • Under Any Other Business, Members were provided with an update in relation to the outcome of the Coroner's Report that had recently been issued in relation to a Neonatal death in 2019 at the Royal Glamorgan Hospital, which identified that this would have been a preventable death and had resulted in the Health Board being issued with an Article 2.
Assure	<ul style="list-style-type: none"> • Members received and welcomed a Listening & Learning Story which related to Bereavement Services. Members recognised the significant changes that had been made within the service within the last year and recognised how valuable the service was to both families and staff; • Members received and welcomed a spotlight presentation on Frailty Services which touched on a number of issues that had resonated with the Committee, for example patient falls and maintaining independence; • The Stroke Services Progress Report was received. Members welcomed the report which they found to be helpful and provided Members with clarity and assurance over the

	<p>plan being followed and the roles of the different governance groups that were in place;</p> <ul style="list-style-type: none"> An update report on the Mental Capacity Act was received by Members. Members welcomed the report which identified the significant amount of work being undertaken in this area.
Inform	<p>The following items were received for approval via the Consent agenda:</p> <ul style="list-style-type: none"> Minutes of the meeting held on 21 September 2023; Minutes of the In Committee held on 21 September 2023; Violence Against Women, Domestic Abuse and Sexual Violence Policy; Measles Policy; Meningitis Policy; Safeguarding Annual Report. <p>The following items were received for noting via the Consent agenda:</p> <ul style="list-style-type: none"> Action Log; Committee Annual Cycle of Business; Forward Work Programme; Infection, Prevention & Control Mid Year Update; Prescribing Annual Report; RADAR Committee Annual Report; Clinical Audit Quarterly Report; Clinical Education Annual Report; Covid 19 Inquiry Preparedness; Human Tissue Act (2004) Compliance and Progress Report; Organ Donation Committee Annual Report; Cwm Taf Morgannwg Maternity Metrics - An update in comparison to Welsh Government (WG) Maternity and Birth Statistics 2022.
Appendices	<ul style="list-style-type: none">

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

4. Recommendation

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



Agenda Item

8.2.2 Appendix 2

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	C Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	J Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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 Remuneration & Terms of Service Committee at its meetings on 30th November 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of this Committee is to provide:
- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government.
 - 1. **assurance** to the Board in relation to the UHB's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
 - 2. **receive reports** relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers of hosted bodies.

3. Highlight Report

Alert / Escalate	Nil
Advise	<p>The Committee APPROVED the remuneration and appointment to the substantive Executive Director of Public Health position.</p> <p>The Committee APPROVED an extension to hours and length of term to the contract of employment for the Chief Ambulance Services Commissioner.</p>
Assure	The Committee were alerted to concerns relating to the handling of a couple of governance and employment matters within the Welsh Health Specialised Services Committee (WHSSC). The Committee endorsed the action to be taken to resolve any outstanding issues, ensure that due process is followed and identify any learning for future.
Inform	The Terms of Reference review were ENDORSED FOR BOARD APPROVAL.
Appendices	Nil



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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	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> <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>	Effective
	If more than one applies please list below: All domains of quality apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

5. Recommendation

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

Agenda Item

8.2.2 Appendix 3

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Nerys Heightley, Business Support Manager
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	05/12/2023	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 5 December 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. **Purpose of this Meeting**

- 2.1 The purpose of the LPF is to provide regular and formal dialogue between the Executive Directors and trade union / staff organisation colleagues. The meetings allow all parties to engage with each other to inform, debate and to seek to agree local priorities on workforce and health service issues.
- 2.2 The meeting agenda is structured in two parts. Part 1 is the Business Part focused on operational matters primarily with members of the People Directorate. Part 2 provides opportunity for engagement on Health Board strategic matters

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	<ul style="list-style-type: none"> • No issues to alert or escalate on this occasion.
Advise	<p>Care Group Updates were provided by the relevant Head of People regarding the progression of the Care Group Partnership meetings. It was agreed that a highlight report from each care group will be brought to LPF in future.</p> <p>An overview of the month 7 finance report was provided. The key points raised in the report were discussed and noted by the forum.</p> <p>A Retention update was provided, and future focus and action plan was shared with the forum. Four areas were highlighted as potentially having the biggest impact on staff leaving CTM and were noted by the forum. They are: Flexible working; Lateral moves into roles across the Health Board; Showcase of good examples of retention work and: Career progression and development and an update will be provided to future meetings.</p>
Assure	<p>An update was provided for the internal funding request process for high-cost learning. A review of the current processes has been undertaken. As a result, the Learning and Development Policy has been updated and an electronic internal funding request form designed which ensure requests are aligned to PDR's ensuring a more robust and fairer process for staff to access learning.</p>
Inform	<p>Workforce Policies</p> <p>The below policies were endorsed and noted by the group.</p> <ul style="list-style-type: none"> • Disclosure and Barring (DBS) Policy • Fixed Term Contract Policy • Personal Relationships at Work Policy • Retirement Policy <p>A Workforce Metrics was provided outlining the improvements made and future work plans which will support and help to support and improve workforce planning and retention across the Health Board.</p> <p>An update on the Recruitment Process for the Phase 2 introduction of a new Leadership and Management structure was discussed with a fuller update being shared at a future meeting. A formal evaluation for all those involved in the phase two</p>

	<p>process will be undertaken at the end of December to understand what has worked and what has not.</p> <p>An IMTP updated was provided and key dates recorded.</p> <p>Key dates:</p> <ul style="list-style-type: none"> • October to December: plan development (care group plans and corporate plan) • December: Planning Performance and Finance Committee • January: Board assessment and approval • Submission to Welsh Government -TBC
Appendices	<ul style="list-style-type: none"> • 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 (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 (Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred
	If more than one applies please list below:
	No - Not Applicable

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

If more than one applies please list below:

5. **Recommendation**

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



Agenda Item

8.2.2 Appendix 4

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE MENTAL
HEALTH ACT MONITORING COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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
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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 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 6th December 2023.
- 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	<p>Organisational Risk Register, Committee members were updated on the following items:</p> <ul style="list-style-type: none"> - Risks around the elements of 'Right Care, Right Person' might need to be added to the Organisational Risk Register as certain elements cause concern. Further work is taking place to understand the potential risks. <p>MHA Operational Group update report, Committee members were updated on the following items:</p> <ul style="list-style-type: none"> - The reviewed Section 135 and Section 136 Policy. - Issues around accommodating ward 14 patients whilst in tribunal due to the complications around distance to the ward and the meeting room used in the Princess of Wales Hospital. Escorting patients could be considered a risk. - A process has been put in place for record tracking between Health Board and Local Authorities, any issues arising will be considered. <p>Mental Health Act Quarterly Activity Report / Breaches Analysis of Unlawful Detentions, Committee members were updated on the following:</p>

- There has been a decrease of 33% in the total number of detentions from 126 in Q1 2023/24 to 84 in Q2 2023/24. The number of detentions under S5(2) decreased by 36% from 22 to 14. Section 2 detentions decreased by 41% from 74 to 44 and Section 3 detentions decreased by 19% from 27 to 22.

Risks Related to the Monitoring of the Mental Health Act,
Committee members were updated on the following items:

- Item 3.1, the lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports and the wards across CTM using different types of health records remains a concern and patient safety concern.
- The Supreme Court Judgement on Section 117 Aftercare could have financial implications for both the Health Board and Local Authority partners so changes in aftercare responsibility, both those where responsibility by CTM partners ceases or where the change involved sees new packages needs close monitoring.

Strategic Update from South Wales Police (SWP), Committee members were updated on the following items:

- For CTMUHB the number of detentions under s136 has decreased by 19% from 73 to 59. In Q2 of 2022/23 there were nine admissions (12% of detentions) compared with fifteen admissions in Q2 2023/24 (25% of detentions).
- **Right Care Right Person** South Wales Police aim for an implementation date of late February 2024. It was suggested that a briefing was provided to the Board on Right Care Right Person and the Head of Corporate Governance will discuss with the Health Board Chair to obtain agreement for scheduling this in for discussion.
- Q2 of 2023/24 had seen thirty-four suspected suicide occurrences. This is an increase of 17% (five occurrences) when compared with Q1 and a decrease of 24% (eleven occurrences) when compared with Q2 of 2022/23. In Q2 of 2023/24 thirteen suspected suicide occurrences occurred in Mid Glamorgan BCU. This is an increase of 44% (four occurrences) when compared with Q1 of 2023/24 and a decrease of 13% (2 occurrences) when compared with Q2 of 2022/23. The level seen when viewed over a year is still within the typical numbers seen in CTM.

ASSURE	<p>Crisis Care Concordat National and Local Update, Committee members were updated on the following items:</p> <ul style="list-style-type: none"> - A new interim Crisis Care National Action Plan had been developed and shared across all regions. This replaces the current national Action Plan 2019 - 2022. This new interim plan has 8 actions with each regional forum expected to oversee delivery. - Increased operational demands on all partners are contributing to slower than anticipated progress within some work streams.
INFORM	<p>Unconfirmed Minutes of the Meeting held on the 6 September 2023</p> <p>The minutes were APPROVED as a true and accurate record</p> <p>Consent to Treatment Procedure Section 58 & 58A – Code of Practice for Wales Chapters 24-25</p> <p>The Committee APPROVED the code of Practice</p> <p>Community Treatment Order Protocol / Policy Mental Health Act 1983</p> <p>The Committee APPROVED the protocol / policy</p> <p>Section 5(2) Doctors Holding Power Policy Mental Health Act 1983</p> <p>The Committee APPROVED the policy</p> <p>Section 5(4) Nurses Holding Power Policy Mental Health Act 1983</p> <p>The Committee APPROVED the policy</p> <p>Joint Policy For Section 117 Mental health Act 1983 - Aftercare Arrangements</p> <p>The Committee APPROVED the policy</p>



	<p>ITEMS FOR NOTING</p> <p>Action Log</p> <p>The Committee NOTED the Action Log</p>
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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)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment



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

5. Recommendation

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

Agenda Item

8.2.2 Appendix 5

CTM Health Board

Highlight Report from the Cwm Taf Morgannwg University Health Board Stakeholder Reference Group Meeting

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Ann Morris Chair, Stakeholder Reference Group
Cyflwynydd yr Adroddiad / Report Presenter	Ann Morris Chair, Stakeholder Reference Group
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
SRG	Stakeholder Reference Group
IMTP	Integrated Medium Term Plan
RPB	Regional Partnership Board

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 7th December 2023.
- 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 / Escalate	<ul style="list-style-type: none"> There were no matters requiring escalation on this occasion.
Advise	<ul style="list-style-type: none"> There were no matters to include in this section.

Assure	<ul style="list-style-type: none"> There were no matters to include in this section
Inform	<p>STAKEHOLDER REFERENCE GROUP SELF EFFECTIVENESS SURVEY</p> <p>The Business Support Manager, Strategy and Transformation Team gave a presentation to members on the findings of the annual SRG Self Effectiveness Survey. A draft action plan had been developed and members were asked to submit actions in relation to findings. The possibility of an SRG Workshop in the Spring was considered to review findings of the survey and agree actions to take forward. A poll around frequency of meetings and whether members would like a workshop held in the Spring will be sent to members.</p> <p>Integrated Medium Term Plan (IMTP) and Finance Update</p> <p>The Director of Transformation and Strategy gave a further update to members around the progress and work ongoing in relation to the IMTP. Work is currently ongoing to identify priorities, plans have been developed and are with the Executive Steering Group for agreement, these will be shared with SRG at a future meeting. Guidance documents are awaited from Welsh Government, the NHS Framework, minimum data set and ministerial templates are expected during December 2023. A draft plan will be in place early January 2024.</p> <p>As previously requested by SRG members a finance update was presented to members, the Health Board's original IMTP had a deficit position of £79.6m and the Health Board were forecasting to meet this at month 6. Further funding had been allocated from Welsh Government, the month 7 position and year end forecast includes the confirmed additional funding of £62.5m plus assumed additional energy funding of £8.9m. The control target for 23/24 is now a break even position, provided there are no significant risks relating to the Welsh Government funding assumptions the plan is to break even by month 8. A further update in relation to finance will be brought to the next SRG meeting.</p> <p>REGIONAL PARTNERSHIP BOARD (RPB) ENGAGEMENT</p>

The Communications and Engagement Manager from the RPB gave a presentation to members around the engagement and co-production work which had been undertaken by the RPB. Detail was shared around the structure, role, vision and programme of work of the RPB, an overview of the Regional Integration Fund and the RPB Engagement Model which includes relationship building, workforce support, joining up and trust. An overview of engagement work using 'Hackathons' was shared and an inspiring video was shown about a recently held Neurodevelopmental Hackathon bring professionals and people with shared experience together with the aim of creating a neurodiversity friendly CTM, which feeds into the neurodiversity improvement programme which is currently taking place.

Details were also shared around other pieces of work currently ongoing as part of the RPB's Engagement Model following Population Needs Assessment feedback in relation to building trust and relationships, resulting in a number of shows across communities entitled 'Hear Our Voices' where songs and stories which had been written during 'Hackathons' were shared along with key priorities.

In relation to the workforce support part of the model, information was shared around a training programme which had been developed called 'In This Together' aimed at upskilling professionals in coproduction and meaningful engagement. In addition in relation to coproduction which is a statutory requirement in the Social Services and Wellbeing Wales Act, a project has been developed called 'Our Voice Matters' which involves 7 different recommendations in order to improve coproduction.

REGIONAL EYE SERVICES ENGAGEMENT

The Head of Service for Planning and the Senior Programme Manager for ophthalmology, from Aneurin Bevan University Health Board who were leading work on Regional Eye Services Engagement gave a presentation to members. An overview of the Regional Ophthalmology Strategy 2022 – 2025 was given, the vision and the case for change outlined, high level milestones had been established and a three phased approach developed which was outlined to members. Objectives and progress was shared. The engagement period is between November 2023 and February 2024. Members were invited to share comments and views and also to participate in the engagement survey and asked to share widely within their organisations. Engagement feedback will be reported to Llais between February 2024 and March 2024. The determination of preferred future service configuration and communication with stakeholders and

	<p>determination of consultation requirements will be undertaken in April 2024.</p> <p>Work Programme Going Forward and Issues Raised</p> <p>Members asked for any Work Programme items or any emerging issues.</p>
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 <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</i> <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)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below:
	No - Not Applicable

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

If more than one applies please list below:

5. Recommendation

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

Agenda Item

8.2.2 Appendix 6

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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 19 December 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

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

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

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

Highlight Report

Alert / Escalate

- There were no items to include in this section.

Advise

- The **Internal Audit Progress Report** was received. Members noted that the Health Board was achieving a target of 50% against an 80% target rate for the time taken for management response to draft report within 15 days as per the Internal Audit Charter and had improved since the last meeting. Members noted that since the last meeting five reports had been finalised, two were in draft and there was ongoing fieldwork in relation to seven reviews.
- The **Local Counter Fraud report** was received. Members noted the detail on the tasks and actions undertaken with the four strategic counter fraud work areas;
- The **Procurement and Scheme of Delegation report** was received. Members Endorsed for Board Approval the proposed changes to the Scheme of Delegation which related to the additional delegations linked to the SFI's
- The **Losses and special Payment Report** was received and discussed. Members noted the losses and special payments Made for the period August – October 2023 and noted the increase in the Medical Negligence provision due to increase in number and value of claims highlighted in the report, noted the consequent overspend on net claim expenditure and the impact of this on the in-year revenue position.
- A report on the **Consultant Job Planning** was received and discussed;
- A report was received and noted on **Medical Rostering**. Members noted the progress made to date;
- The **Organisational Risk Register Report** was received. Members noted that a new risk was currently in development for escalation relating to the Community Brain Injury Service in Bridgend. It was anticipated that this risk would be escalated to the January 2024 iteration of the Organisational Risk Register. In response to discussions at the Population Health and Partnerships Committee on the 7th November 2023, the Interim Executive Director of Public Health is developing a new risk in relation to vaccination uptake;
- The **Audit Recommendations Tracker report** was received and discussed;
- A verbal update on the progress to date in relation to the **Audit Tracker Automation** was noted;
- The **Audit Wales Audit & Risk Committee Update** was received and noted;
- The **Audit Wales Structured Assessment 2023 Report** was received. Members noted that the audit report had found that overall the Health Board had generally effective arrangements in place to ensure good governance but that there were opportunities to improve some of these arrangements further. Addressing the financial challenges currently facing the Health Board and preparing a long-term

	<p>Clinical Services Plan and an approvable Integrated-Medium Term Plan remain key priorities for the Board.</p> <ul style="list-style-type: none"> • The Internal Audit Review – Arrangements for Financial Savings 2022-23 was received. Members noted that due to the three separate assurance opinions for each of the areas reviewed which were as follows: <ul style="list-style-type: none"> ○ Centralised processes for determining savings targets, disseminating and monitoring – Substantial assurance ○ Care Group processes for allocating targets, identifying, planning and monitoring schemes – Limited assurance ○ Enabling schemes governance structures, workplans and monitoring arrangements – Reasonable assurance; • The Internal Audit Review – Deprivation of Liberty Safeguards was received. Members noted that the review was based on process not outcome and had been allocated a Substantial Assurance rating; • The Internal Audit Review – PCH Quality – Site Supervisor role was received. Members noted that the review had been allocated a Substantial assurance rating; • The Internal Audit Review – PCH Validation of Management Actions was received. Members noted that the review had been allocated a Substantial assurance rating; • Committee Members received an update on the following items during the In Committee session of the Committee. <ul style="list-style-type: none"> ○ Cyber Security Risks ○ Financial Control Procedure – Medical Variable Pay;
Assure	<ul style="list-style-type: none"> • There were no items to include in this section.
Inform	<ul style="list-style-type: none"> • The Unconfirmed Minutes of the meetings held on 24 October 2023 were APPROVED; • The Annual Cycle of Business for 2024-25 was APPROVED; • The Forward Work Programme was received and noted; • The Declarations of Interest and Gifts and Hospitality Report was received and noted; • The Clinical Audit Annual Report was received and noted;
Appendices	<ul style="list-style-type: none"> •

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

4. Recommendation

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



Agenda Item

8.2.2 Appendix 7

CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	25/01/2024
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	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
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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 19 December 2023.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

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

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

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

Highlight Report

Alert / Escalate

- There were no matters requiring escalation on this occasion.

Advise	<ul style="list-style-type: none"> The Welsh Health Specialised Services Committee (WHSSC) Corporate Risk Assurance Framework and Risk Register was received. Members noted the update on Risk 54 in relation to CAMHS service specification for environmental and workforce issues and the work that had been undertaken to date. Members requested that assurance be provided in relation to Risk 57 that referred to 'Insufficient theatre bed causing delays' and sought clarity on the scale of the problem. Members requested that at the next meeting the Risk Register would include changes on the recommendations for target risk scores. The WHSSC Audit Recommendations Tracker was received. Members noted the update on progress with the recommendations made by WHSSC Internal Auditors and the progress made against the Welsh Government responses to Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; The Emergency Ambulance Services Committee Update was received. Members made reference to Risks 4506 and 5370 (red calls and ambulance capacity), both of which had a risk score of 25 with no signs of improvement and requested an update at the next meeting on mitigating actions.
Assure	<ul style="list-style-type: none"> The Internal Audit Review for WHSSC – Integrated Commissioning Plan Process was received. Members noted that a substantial assurance rating had been allocated to the review.
Inform	<ul style="list-style-type: none"> The Unconfirmed Minutes of the meeting held on 24 October 2023 were APPROVED.
Appendices	<ul style="list-style-type: none"> 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:
	A Healthier Wales



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

4. Recommendation

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