



Agenda

09:00 - 09:05 1. PRELIMINARY MATTERS
5 min

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

09:05 - 09:05 2. CONSENT AGENDA BUSINESS
0 min

Information Jonathan Morgan, Health Board Chair

The Chair will ask if there are any items from the Consent Agenda (Item 9) that Board Members wish to bring forward to the Main agenda for discussion

09:05 - 09:20 3. STAFF AND SERVICE USER EXPERIENCE
15 min

3.1. Shared Listening & Learning Story - End of Life Care

Discussion Rhian Mannings

📄 3.1 Shared Listening Learning Story- Kindness and Compassion.pdf (6 pages)

09:20 - 09:40 4. SETTING THE SCENE
20 min

4.1. Chair's Report

Discussion Jonathan Morgan, Health Board Chair

📄 4.1 Chairs Report to Board UHB 25 Sept 2025.pdf (7 pages)

4.2. Chief Executive's Report

Discussion Paul Mears, Chief Executive

📄 4.2a CEO Board Update Report UHB 25 September 2025.pdf (11 pages)

📄 4.2b App 1 Cwm Taf Morgannwg University Health Board - Escalation Framework - August 2025 - Final.pdf (9 pages)

📄 4.2c App 2 Written statement on Establishment of Maternity and Neonatal Oversight Panel ENG.pdf (3 pages)

09:40 - 10:00 5. ESTABLISHMENT OF THE SOUTH EAST WALES REGIONAL JOINT COMMITTEE
20 min

5.1. Establishment of the South East Wales Regional Joint Committee - Context and Terms

of Reference

Decision Claire Thompson, Executive Director of Strategy & Transformation & Gareth Watts, Director of Corporate Governance/Board Secretary

 5.1a SEWRJC UHB 25 September 2025.pdf (10 pages)

 5.1b SERJC_TORs_Final UHB 25 Sept 2025.pdf (14 pages)

10:00 - 10:30

30 min

6. BOARD GOVERNANCE ARRANGEMENTS

6.1. Action Log

Discussion Jonathan Morgan, Health Board Chair

 6.1 Board Action Log UHB 25 September 2025.pdf (4 pages)

6.2. Matters Arising not Contained within the Action Log

Discussion Jonathan Morgan, Health Board Chair

6.3. Board Assurance Framework

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 6.3a BAF UHB 25 September 2025.pdf (4 pages)

 6.3b Appendix 1 BAF Report UHB 25 September 2025.pdf (65 pages)

6.4. Board Committee and Advisory Group Highlight Reports

Discussion Committee Chairs

6.4.1. Quality, Safety & Experience Committee Highlight Report 22 July 2025

Discussion Carolyn Donoghue, Independent Member/Committee Chair

 6.4.1 QSEC Highlight Report to Board UHB 25 September 2025.pdf (7 pages)

6.4.2. Operational Delivery Committee Highlight Report 29 May 2025

Discussion Patsy Roseblade, Independent Member/Committee Vice Chair

 6.4.2 ODC Highlight Report 29.07.25 UHB 25 September 2025.pdf (6 pages)

6.4.3. Mental Health Act Monitoring Committee 20 August 2025

Discussion Kath Palmer, Vice Chair

 6.4.3 MHAMC Highlight Report 20.8.2025 UHB 25 September 2025.pdf (6 pages)

10:30 - 11:40

70 min

7. DELIVERING OUR PLAN

7.1. Strategic Clinical Services Plan

Discussion Claire Thompson, Executive Director of Strategy & Transformation

 7.1a SCSP Update UHB 25 Sept 2025.pdf (4 pages)

 7.1b SCSP Presentation UHB 25 September 2025.pdf (12 pages)

7.2. Community Based Healthcare Plan - Presentation

Discussion Claire Thompson, Executive Director of Strategy & Transformation & Gethin Hughes, Chief Operating Officer

 7.2 PCCT Board Presentation v2 GTH.pdf (27 pages)

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

Discussion Claire Thompson, Executive Director of Strategy & Transformation

 7.3 HB IPD 25.9.2025.pdf (41 pages)

7.4. Month 5 Financial Performance Report

Discussion Sally May, Executive Director of Finance

 7.4 M5 Finance Report Final UHB 25 September 2025.pdf (23 pages)

11:40 - 12:40 8. STRATEGIC PLANNING

60 min

8.1. Outline Business Case - Llantrisant Health Park

Decision Claire Thompson, Executive Director of Strategy & Transformation & Gethin Hughes, Chief Operating Officer

-  8.1a CTM Board LHP OBC UHB 25 Sept 2025.pdf (8 pages)
-  8.1b LHP OBC - CDH only version 07e.pdf (135 pages)
-  8.1c Appx 1 - Strategic Overview Case V2G Final.pdf (56 pages)
-  8.1d Appx 2 - Imaging D&C Detail.pdf (3 pages)
-  8.1 Phase 1 OBC.pdf (13 pages)

12:40 - 12:45 9. CONSENT AGENDA

5 min

9.1. FOR APPROVAL

Discussion

9.1.1. Unconfirmed Minutes of the meeting held on 31 July 2025

Decision Jonathan Morgan, Health Board Chair

 9.1.1 Unconfirmed Minutes Public Board 31 July 2025 UHB 25 Sept 25.pdf (17 pages)

9.1.2. Board Committee Annual Reports

Decision Committee Chairs

-  9.1.2a Board Committee Annual Reports UHB 25 September 2025.pdf (4 pages)
-  9.1.2b App 1 ARAC Annual Report 2024-25 UHB 25 Sept 2025.pdf (14 pages)
-  9.1.2c App 2 RTSC Cmt AR 24-25 - Final UHB 25 Sept 2025.pdf (6 pages)

9.1.3. Putting Things Right Annual Report

Decision Greg Dix, Executive Director of Nursing/Deputy CEO

-  9.1.3a PTR Annual Report 2024-2025 UHB 25 September 2025.pdf (4 pages)
-  9.1.3b PTR Annual Report 2024-2025 UHB 25 Sept 2025.pdf (15 pages)

9.1.4. Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards/Annual Review of Standing Orders

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

-  9.1.4a Update to SFI Chapter 11 HB 25925.pdf (3 pages)
-  9.1.4b Appendix 1 - Chapter 11 - Procurement and Contracting.pdf (19 pages)

9.1.5. Annual Duty of Quality Report

Decision Greg Dix, Executive Director of Nursing

 9.1.5 DOQ Annual Report 2025 UHB 25 September 2025.pdf (4 pages)

9.2. FOR NOTING

Discussion

9.2.1. Non-Routine Board Business (Forward Plan)

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 9.2.1 Non Routine Board Business Forward Plan 2025 UHB 25 September 2025.pdf (4 pages)

9.2.2. Annual Cycle of Business

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 9.2.2 CTMUHB Board Cycle of Business 2025 UHB 25 Sept 2025.pdf (5 pages)

9.2.3. Board Committee and Advisory Group Highlight Reports

Information Committee Chairs

 9.2.3a Board Committee and Advisory Group Highlight Reports UHB 26 September 2025.pdf (4 pages)

 9.2.3b App 1 ARAC HB Highlight Report 14.8.2025 UHB 25 September 2025.pdf (5 pages)

 9.2.3c App 2 ARAC Highlight Report 14.8.2025 UHB 25 Sept 2025.pdf (7 pages)

 9.2.3d App 3 RTSC Committee Highlight Report -5 Sept 2025 UHB 25 Sept 25.pdf (4 pages)

9.2.4. Annual Unpaid Carer's Report

Information Greg Dix, Executive Director of Nursing/Deputy CEO

 9.2.4a Unpaid Carers Report UHB 25 September 2025.pdf (6 pages)

 9.2.4b Appendix 1 CMTRPB-ShortBreaks-Booklet-2025.pdf (11 pages)

9.2.5. Infection Prevention & Control Annual Report

Information Greg Dix, Executive Director of Nursing/Deputy CEO

 9.2.5a IPC Annual Report 2024-2025 UHB 25 September 2025.pdf (5 pages)

 9.2.5b IPC Annual Report 2024-2025 UHB 25 Sept 2025.pdf (58 pages)

9.2.6. Confirmed Minutes of the NHS Wales Joint Commissioning Committee Meeting held in public on Tuesday 15 July 2025

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 9.2.6 JC Public Minutes - 15.07.25 UHB 25 Sept 2025.pdf (12 pages)

12:45 - 12:50
5 min

10. CLOSE OUT BUSINESS

10.1. Any Other Business

Discussion Jonathan Morgan, Health Board Chair

10.2. Meeting Feedback

Discussion Jonathan Morgan, Health Board Chair

Is there anything we should do more or less of?

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

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

Have we maintained a strategic focus?

Have we received sufficient assurance from a range of sources?

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

12:50 - 12:50 **11. Private/Closed Session Business**

0 min

The following items will be received In Committee:

- Full Business Case - PCH Ground & First Floor Phase 3
- South East Wales Regional Orthopaedic Plan
- Joint Controller Agreement Verbal Update
- Mental Health Electronic Patient Record Business Case Verbal Update
- Unconfirmed Minutes of the In Committee Board held on 31 July 2025

12:50 - 12:50

0 min

12. Date and Time of the Next meeting

The next Public Board Meeting takes place on Thursday 27 November at 9:00am



My Dad Our Didi



Kindness and Compassion - Time to care

Patient Focused

- Review of open visiting policies - recognising carers as essential partners in care, actively involving them in decision-making and care planning.
- Introduction of carers passport - enable carers to be more involved in practical aspects of care, such as mealtimes, mobilisation, and rehabilitation
- Visibility of volunteers - offering companionship, conversation, and emotional reassurance, helping to reduce loneliness and anxiety for patients who may feel isolated during their stay
- Patient Advisory Liaison Support officers (PALS) – offering support to discuss the experience of services from a holistic aspect, and providing feedback to drive service improvement and shared learning.
- Increase awareness of Multi-Faith Chaplaincy service – offering compassionate companions for patients and relatives at any time, especially at the end of life or bereavement support
- Activity Coordinators – explore the role of an activity coordinator to support social activities in ward areas

Ownership and Leadership

- Provide training, mentoring, and reflective practice sessions focused on compassion in care
- Senior Nurses back the floor shifts-Lead by example with empathy and visible support for compassionate care
- High performing teams train the trainer training
- Development of Clinical leadership programme
- Roll out training for Professional Standards and Civility
- Embedding patient story digital toolkit
- Embedding and reviewing the needs of our community against the All Wales People's Experience Framework

Bereavement support

- Clinical Lead for Bereavement care reviewing current practice across community and primary care to explore areas for improvement.
- Working in partnership with the CTMUHB Palliative and End of Life Strategic Implementation Group and the National Palliative and End of Life Care program (PEOLC)
- Support implementation of the National Standards and Frameworks for Palliative and End of Life Care and Health Care Professionals Competency PEOLC framework. Also, the Children's Bereavement Framework.



Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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 Approval

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

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
MS	Members of the Senedd
MP	Member of Parliament
Q&A	Question and Answer
EMRTS	Emergency Medical Retrieval Service

1. Background

- 1.1 This report provides an update to the Board on relevant matters in my capacity as Chair of CTMUHB. 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. The report also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

Tonight, we celebrate our staff!

The Board will be aware that we have been running a monthly staff award recognising the contribution of our staff across the organisation. The Seren Awards have become popular with our staff who have been nominating their colleagues each month. This evening, however, we are getting together for our first Annual Seren Awards dinner and celebration honouring all those who have been nominated in a range of categories, celebrating their achievements and announcing the winners for 2025.

As we publicly acknowledge and celebrate what our staff do, this event is a timely reminder of the amazing people who work for us, who each day do the best for our patients and families and who individually and in their teams find new ways of delivering improvements in patient care. We will be highlighting what people do as professionals and what they do as part of a team collaborating with others to improve how we deliver improvements in patient care and patient experience.

Today is also the last Board meeting for Professor Greg Dix, our Deputy Chief Executive and Executive Director of Nursing who leaves next month to take up a new role as Chief Nurse at NHS Professionals. On behalf of the Board, I want to say thank you for all he has done for CTM, for his leadership of our nursing profession and for his engagement with the whole Board. I know how much people have appreciated all that he has achieved working with all of us to build better services and patient experiences, and we all wish him well for the future.

Working better together is a core feature of our ambition as a Board, reimagining what we do and how we do it, and by thinking across organisations to improve the range of services we are responsible for.

A further example of this in today's Board meeting is the request to approve the Terms of Reference to establish the new South East Wales Regional Joint Committee. Here is a significant opportunity to boost the existing

regional working, and to find new areas of collaboration across the three Health Boards covering a population of 1.5m people. We know that despite our efforts some services are hard to deliver at the pace and quality that we would like. Working with Cardiff and Vale Health Board and the Aneurin Bevan Health Board provides a significant opportunity to define our ambition beyond our own organisational boundaries for the benefit of our patients.

2.2 Independent Member Recruitment Update

2.2.1 I can confirm that the recruitment process has commenced to appoint a new Independent Member (LA) for Cwm Taf Morgannwg UHB. In order to progress arrangements for this appointment, the Health Board's, 'Constitution, Membership and Procedures) (Wales) Regulations 2009 ('The Constitution Regulations')' requires that we seek an elected member of the Local Authority to join our Board and therefore we are seeking up to two nominations from each of our Local Authorities. Given this is a local authority Independent Member position, nominees will need to be an elected member of a local authority whose area is within the CTMUHB. The closing date for these nominations is by the 6 October 2025.

2.3 Associate Member Recruitment Update

2.3.1 Associate Member – Chair of the Clinical Advisory Group

I am pleased to confirm that I have received a letter from the Cabinet Secretary approving the Board's recommendation to appoint Alex Brown as the new Associate Board Member for Cwm Taf Morgannwg UHB. The appointment is initially for 2 years from 1st September 2025 until 31st August 2027. I would like to congratulate Alex on his appointment and welcome him to his first Board Meeting.

2.3.2 Associate Member – Primary Care

We decided not to advertise this new role over the summer holiday period. However, the job description and advert are fully drafted and approved by the Board. The Corporate Governance team will work with colleagues in recruitment to get this advertised in the coming weeks and collectively they will also work with colleagues in Primary Care to ensure that it is promoted in the appropriate areas.

2.4 Board Briefings

2.4.1 The Board Briefing held on the 21 August 2025 covered the following key areas:

- PCH Phase 3 Business Case
- HIW Unannounced Visit
- Paediatric Dentistry - General Anaesthetic (GA) theatre list

2.4.2 The Board Briefing held on the 5 September 2025 covered the following key areas:

- Establishment of the South East Wales Regional Joint Committee

2.4.3 The Board Briefing held on the 18 September 2025 covered the following key areas:

- Regional Orthopaedic Plan and LHP Business Case
- Development of the CTMUHB Charity brand

2.5 Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- Chair Peer Group Meeting
- Leadership Group
- CTMUHB Public Board Meeting and In Committee Board Meeting
- Visit to 19 Hills Health & Wellbeing Centre
- Chief Medical Officer Visit
- Shortlisting RCN Awards
- Aspiring Board Members Meeting
- End of Year Review with Chief Executive
- Unsung Hero Panel Meeting
- Organ Donation Committee
- Lifetime Achievement Award panel (RCN Wales Nurse of the Year Awards 2025)
- Wales HFMA Conference Panel
- Regional Partnership Meeting
- Meeting with Internal Audit
- Vanguard Opening Day
- Meeting with Doccla - Proactive Care in CTM
- South East Wales Regional Planning Briefing - Regional Joint Committee
- Community Leaders' Network
- Princess of Wales Visit with Sarah Murphy MP & Chris Elmore MP
- Value Based Healthcare Showcase Event
- Digital Health and Care Wales and Llais event at the Senedd
- Remuneration Committee
- Catch up meeting with Kath Palmer – Vice Chair

2.6 Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3 Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

- **Deed of Easement – Underground Services between Cwm Taf Morgannwg University Health Board and Rhondda Cynon Taff County Borough Council of Building 3 Floor 3 Llys Cadwyn, Pontypridd** in relation to Solar Cabling Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun.
- **Lease between Rhondda Industrial Estates Limited whose registered office is PO Box 3730 Sherborne Dorset DT9 5YT and Cwm Taf Morgannwg University Health Board** in relation to Unit 22 Treorchy Industrial Estates, Treorchy, Rhondda 11 October 2025 to 10 October 2030
- **Lease between Rhondda Industrial Estates Limited whose registered office is PO Box 3730 Sherborne Dorset DT9 5YT and Cwm Taf Morgannwg University Health Board** in relation to Unit 20-21 Treorchy Industrial Estates, Treorchy, Rhondda 11 October 2025 to 10 October 2030.
- **Lease between Cwm Taf Morgannwg University Health Board and Dr Jonathan Thomas Finnegan, Dr Kathryn Adele Scullion, Dr Lara Aimee D’Arcy and Dr Thomas Richard Rees for and on behalf of the partners of Taff Vale Practice Partnership of Taff Vale Practice, Duffryn Road, Rhydyfelin, Pontypridd, CF37 5RW** in relation to GMS Premises at 2nd Floor Dewi Sant Health Park, Albert Road, Pontypridd.

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

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality	Learning, Improvement & Research
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: 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

5.4 Members of the Board are asked to:

- **NOTE** the report.
- **RATIFY** the Affixing of the Common Seal as captured in section 3.1



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
DTPS	Diagnostics, Therapies, Pharmacy & Specialties
EMB	Executive Management Board
FAQ	Frequently Asked Question
HCSW	Healthcare Support Worker
HRT	Hormone Replacement Therapy
HTA	Human Tissue Act
ODC	Operational Delivery Committee

PCOS	Polycystic Ovarian Syndrome
PMDD	Premenstrual Dysphoric Disorder
POI	Premature Ovarian Insufficiency
PSOW	Public Services Ombudsman Wales
RTT	Referral to Treatment
SCP	Single Cancer Pathway
TU	Trade Union

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 time of the July Board meeting, the 2025/26 Escalation framework was under review by Welsh Government, following the de-escalation of strategy, planning and finance to Level 1 'routine arrangements'.

I am pleased to include the final version of the framework as Appendix 1 to this report. Progress against the trajectories set out in the agreed framework will continue to be reported at our Executive Management Board (EMB) on a monthly basis via the Chief Operating Officer's report, and through to the Operational Delivery Committee (ODC) on a regular basis.

As a reminder for colleagues, our current escalation status is summarised in the table below:

Area	Escalation Status
Performance: Urgent and Emergency Care	Targeted Intervention
Performance: Planned Care	Enhanced Monitoring
Performance: Cancer	Enhanced Monitoring

I am pleased to advise colleagues that the improvements seen in our ambulance patient handover times, and therefore reduction in ambulance lost hours, has continued over the summer period. Improvements have been seen across all three acute sites and the performance of the sites is regularly reported in the top performance across Wales. In July we hosted the Cabinet Secretary for Health and Social Care at the Royal Glamorgan Hospital Emergency Department, to give an overview of the improvements and provide the opportunity to share good practice and lessons learned. I extend my sincere thanks to the operational, medical, nursing and site-based teams that have contributed to the sustained success of this area of work.

The planned care (and where required, diagnostics, therapies, pharmacy, and specialties) care groups continue to concentrate efforts on ensuring positive progress towards the required suspected Single Cancer Pathway (SCP) measure of >65% compliance by the end of the calendar year, and maintaining ≥70% by the end of March 2026. I recognise there is still some further work to do in this domain, both internally within CTM and working with neighbouring Health Boards on tertiary pathways.

To assist with progress towards maintaining zero patients waiting >104 weeks from referral to treatment (RTT), I am pleased to advise colleagues that we have centralised cataract and in-patient orthopaedic arthroplasty cases at the Princess of Wales hospital, utilising the new facilities recently recommissioned following a significant programme of capital works on the site. Specifically, we have three dedicated orthopaedic theatres on this site, supported by a 28-bed ward. This allows us to make the most efficient and effective use of our operating teams and recovery areas, positively contributing towards the reduction of wait times for our patients.

In summary, I have again included the following breakdown of our escalation improvement requirements in the table below to retain focus:

Area	Improvement Priority
Planned Care	• Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment. • Provide outpatient appointments within 26 weeks for 75% of patients, and within 52 weeks for 100% of patients. • Ensure maximum wait time for diagnostic imaging and endoscopy does not exceed 8 weeks.
Cancer	• Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days). • Link to above diagnostics – 8 weeks maximum wait time.
Urgent and Emergency Care	• Ambulance conveyed patients completing handover to emergency departments within one hour of arriving at a hospital site. [45 mins MAG recommendation]. • Ensure maximum patient wait time from arrival at an emergency department for treatment, admission or discharge does not exceed 12 hours.

2.2 Women's Health Hub

The NHS Wales Women's Health Plan was launched last December, which outlined a 10-year vision for improving health outcomes for women in Wales. A key component to this plan is the development of Women's Health Hubs across Wales.

These Hubs are required to be:

- Based in the community
- Work at the interface between primary and secondary care, and voluntary sector and beyond (where relevant).
- Offer more than a single service (with provision of both gynaecological and contraception services) or demonstrate plans to.
- Have more than one organisation involved in design, commissioning and/or provision of care, beyond simply referring-in.

The priority areas for scoping the Women's Health Hubs project in Wales, are three of the eight priorities within the Women's Health Plan, and the main stages of a woman's life course:

- Priority 1 Menstrual Health: To include Endometriosis, Dysmenorrhea, Heavy Menstrual Bleeding, PMDD and PCOS)
- Priority 3 Contraception, Post-natal Contraception and Abortion Care: To include preconception health, abortion care and initial fertility assessments.
- Priority 6 Menopause: To include Premature Ovarian Insufficiency (POI), management of unscheduled bleeding on HRT and Testosterone.

In terms of CTM progress to date, the phase one of the central funding secured appointment to clinical leadership roles and our phase two submission (c.£250k) will support implementation of a wider programme plan including waiting list review, workforce review, community engagement initiatives and a communications plan, ultrasound provision, training and development, and nursing led working groups to support the future development. A proposed site for the pathfinder hub has been visited and scoping works are in progress. A further update will be delivered to the Board later this year.

2.3 Shift Pattern Consultation

In May this year, the Board considered several options for shift pattern alignment amongst our nursing, midwifery, and healthcare support worker (HCSW) communities. The Board's decision in principle was to consult on a consistent 12.5-hour shift pattern, with two unpaid 30-minute breaks across nursing, midwifery and HCSW roles. This decision in principle was made based on patient safety, staff wellbeing, workforce availability and

financial impact. It was acknowledged by the Board that the evidence in this area is complex and inconclusive, and that a judgement call was required, which balanced the available evidence.

The initial staff consultation period commenced during week commencing 30 June and was originally projected to run for 7 weeks, until 18 August. In agreement with Trade Union colleagues, and considering peak Summer leave, this was extended this until 5 September.

During the initial consultation phase, a dedicated SharePoint page for staff has been established, together with consultation materials and a live FAQ document. A central mailbox has been used to facilitate queries and suggestions as part of the consultation exercise with staff. In addition, over 750 consultation meeting slots have been facilitated for more complex and individual queries.

1,144 responses to the consultation have been received. Just under half of the responses were received from RGH and PCH staff, with HCSW and Band 5 Registered Nurses accounting for almost 70% of responses. Following analysis of the questionnaire, the key themes are;

- Overall Response: Staff raised strong concerns against the proposed shift pattern, opposing a fourth 12.5 hour shift as a result of additional unpaid breaks
- Personal Impact: Staff expressed concern that unpaid breaks and the proposed additional 12.5 hour shift would negatively impact work-life balance, particularly in relation to childcare and other care giving roles suggesting personal financial implications. Increased shifts with fewer rest periods during the roster period, were considered detrimental to both physical and emotional wellbeing with staff highlighting fears of increased sickness absence, burnout and attrition. Some staff suggested that reducing hours would be required for them to balance their work and home life.
- Operational realities: Staff reported that current break arrangements were inconsistent in practice, sometimes not taken and frequently interrupted due to service pressures. Access to suitable facilities for breaks varied with some staff required to stay in the work area, increasing the possibility of interruptions. Staff also reported concerns on the availability of staff, within the current establishment to cover increased breaks.

Trade Unions do not support the proposed shift pattern, for the reasons outlined above. Senior members of the team continue to meet with local

Trade Union colleagues on a fortnightly basis, in addition to meeting with regional officers. In discussion with Trade Union colleagues, the questionnaire also provided opportunity for staff to set out alternative proposals for consideration. A number of responses to this have been received.

I recognise this is a complex and emotive proposal, impacting on a large proportion of our workforce. The Board will receive a further update in November, with a fuller overview of the outcomes of the initial consultation period, alternative suggestions and proposed next steps.

2.4 HTA Inspection

I am delighted to report that a recent HTA (Human Tissue Act) inspection into our mortuaries and human tissue samples handling has been very positive. For context, in 2021 a previous inspection highlighted several concerns which gave us areas to focus improvement activity. Since then, the teams have worked hard to transform and as a result have recently had an excellent service review from the HTA. This is the second review showing consistency in lessons learned and implementing recommendations, and as a result, I am pleased to report that we now have a sustainable high-quality service in CTM.

We have been informed during feedback that our teams should be very proud of the service and the HTA will be using CTM as an exemplar to other organisations. My thanks go to the whole team, but particularly recognising the efforts of Paul Davies (HTA Designated Individual), the mortuary team and DTPS Care Group.

2.5 Maternity and Neonatal Oversight Panel

In May this year, the Cabinet Secretary for Health and Social Care announced the commissioning of an all-Wales assurance assessment of maternity and neonatal services to assess the safety and quality of these services across Wales. Earlier this month, a further announcement by Welsh Government took place, confirming the appointment of the panel members and Chair. Professor Sally Holland has been appointed as the Chair, along with six further members.

The panel will undertake their assessment activity commencing this month, running until December this year, with initial advice being delivered to the Cabinet Secretary by 31 December 2025.

A copy of the Welsh Government statement with further details relating to the scope and individual panel members is attached to this report as Appendix 2.

The findings and report of the oversight panel will be discussed at a public Board meeting early next year, when published.

2.6 Seren awards

Since my last report to Board, I have been pleased to present two further Seren of the month awards.

The June Seren of the month winner was Danielle Hill, Deputy Ward Manager, for being a “kind, compassionate and outstanding role model to other health care professionals.”

Her colleagues said: “She is the epitome of CTM's core values demonstrating them consistently on a daily basis. Recently I witnessed first-hand how she went above and beyond for a patient on her ward. The patient was assessed as requiring long term care and medication support on discharge to enable them to be discharged to their own home. She came up against several barriers to this but never once gave up trying to get the support the patient deserved and needed. She listened to all healthcare professionals involved in the patients care, the patient themselves and their family. She challenged decisions that were preventing the discharge in an appropriate way until she managed to get the patients case taken back to a panel where the original decision was overturned and a long-term package of care was approved. Throughout the complex discharge process her communication was excellent and at the heart of everything she did was the patient and their wishes. Her care and determination resulted in the patient being able to return back to their own home to live as independently as possible. This was a complex case but throughout she listened and respected the wishes of both the patient and their family. She is a credit to the nursing profession. Thank you, Danielle, for going above and beyond for our patients, you are exactly the kind of nurse I would want looking after a member of my family.”

The July Seren of the month winner was Ashleigh Davies, Pathology Clinical Training Manager.

Ashleigh's colleagues said: “Ashleigh has been a huge support in progressing training and education for laboratory staff, always bringing positivity and drive to the team. Her collaborative work with People Services and Learning and Development has strengthened our approach to recruitment and retention. She's also gone the extra mile to promote Pathology across the Health Board and in local schools—helping to inspire the next generation of scientists. Feedback from her training sessions, both within CTM and beyond, has been glowing. Thank you, Ashleigh, for your dedication and enthusiasm. We're lucky to have you on the team.”

Congratulations to both Danielle and Ashleigh on their awards and I thank them for their continued hard work and commitment to patient safety, experience and development of our staff.

2.7 Executive Director of Nursing, Midwifery and Patient Care

This board meeting is the last meeting for Greg Dix our Executive Director of Nursing before he leaves CTM to join NHS Professionals as their Chief Nurse. I want to place on record the organisation's thanks to Greg for his significant contribution to CTM in the six years he has been with the Health Board.

Greg has been responsible for a number of transformational changes within CTM most notably the response to the maternity and neonatal review in 2019. Greg led much of the engagement with the stakeholders, families and staff and was the lead executive for ensuring the implementation of the recommendations of the independent review. He has also overseen the establishment of iCTM, our quality improvement function within the Health Board, built strong relationships with nurse and midwifery leaders across the organisation and is a well-respected nurse leader in CTM and across Wales.

We wish Greg well for his new role and thank him for his huge contribution to the nursing and quality agenda for our organisation.

I am pleased to say that we have appointed Richard Hughes as the interim Executive Director of Nursing, Midwifery and Patient Care for an initial period of six months whilst we progress the process for the permanent appointment.

3. Key Risks / Matters for Escalation

As outlined within the report.

4. Assessment

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



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

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

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

5. Recommendation

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

Contents

1. Introduction 2

2. Escalation history..... 3

3. NHS Wales oversight and escalation framework 4

4. Roles and responsibilities 5

5. Performance and outcomes..... 6

 5.1 Urgent and emergency care..... 6

 5.2 Planned care and cancer 7

6. Version control..... 9

1. Introduction

Following an assessment against the NHS Wales oversight and escalation framework in February 2025, Cwm Taf Morgannwg University Health Board escalation levels are as follows:

- Level 4 for performance and outcomes related to urgent and emergency care.
- Level 3 for performance and outcomes related to planned care and cancer.

Cwm Taf Morgannwg University Health Board is in two levels of escalation:

Level 4 (targeted intervention) is the second highest level of escalation within the NHS oversight and escalation framework. It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. The Welsh Government will take and co-ordinate action and direct intervention to support the health board to strengthen its capability and capacity in order to drive improvement. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. The interventions will normally be undertaken by the NHS Wales Performance and Intervention directed by Welsh Government. If appropriate, external support will be agreed with the organisation.

Level 3 (enhanced monitoring) occurs when Welsh Government has identified serious concerns related to the NHS organisation. Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data. The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

2. Escalation history

In November 2022

- Planning and finance was escalated to enhanced monitoring as the health board had been unable to produce an approvable balanced three-year plan.
- Quality related to performance and long waiting times were escalated to targeted intervention following concerns around urgent and emergency care, planned care and cancer and CAMHS.

In April 2024

- Quality and governance domains were de-escalated from enhanced monitoring (level 3) to routine arrangements (level 1).
- Maternity and neonatal services were de-escalated from enhanced monitoring (level 3) to routine arrangements (level 1).

In November 2024

- Performance and outcomes related to child and adolescent mental health services (CAMHS) measures was de-escalated to level 3 (enhanced monitoring).

In March 2025

- Performance and outcomes related to child and adolescent mental health services (CAMHS) measures was de-escalated to level 1 (routine arrangements).
- Performance and outcomes related to planned care and cancer was de-escalated to level 3 (enhanced monitoring).

In July 2025

- Finance, strategy and planning was de-escalated to level 1 (routine arrangements).

3. NHS Wales oversight and escalation framework

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Wales Performance and Improvement.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- Quarterly escalation meetings will be chaired by the Director General of the Health, Social Care and Early Years Group / Chief Executive NHS Wales – these will cover both the level 4 and 3 progress, but with a greater scrutiny on level 4 actions and impact.
- The monthly Integrated Quality, Planning and Delivery meetings led by Welsh Government will be utilised to ensure effective ongoing oversight against the concerns related to performance and outcomes domain. This will incorporate the monthly oversight for UEC.

4. Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on action plans.
5. Undertake and share relevant analysis and deep dives of national data.
6. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
7. Direct the NHS Performance and Improvement to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
8. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Cwm Taf Morgannwg University Health Board

1. Appoint an SRO(s) for all areas of escalation.
2. Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. To produce an escalation intervention plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide progress reports and evidence against the escalation plan to Welsh Government.
5. Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements.

5. Performance and outcomes

5.1 Urgent and emergency care

The performance and outcomes **level 4** intervention and focus for urgent and emergency covers the following areas, and the health board will be required to action and demonstrate:

Sustainable services

- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.
- Patients can access safe, timely and effective unscheduled care services.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.
- Demonstrate how the health board responds and handles concerns, complaints, incidents and patient experience feedback related to UEC. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.
- Delivery of the UEC enabling actions in the 2025/28 planning guidance
- Ensure that patients are clear where they can and should access support, signposting away from emergency services.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the GIRFT and the national programme reviews opportunities.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

De-escalation criteria

- A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on agreed baseline).
- Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.
- Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.
- A continuous reduction in delayed pathways of care (with a focus on those caused by assessment issues) of 5% for three consecutive months and then maintained (based on agreed baseline).

5.2 Planned care and cancer

The performance and outcomes **level 3** intervention and focus for planned care and cancer covers the following areas and the health board will be required to action and demonstrate:

1. Sustainable planned care and cancer services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Improved access to planned care and cancer services with reduced waiting times in line with the de-escalation criteria.
- Delivery of the planned care and cancer enabling actions in the 2025/28 planning guidance.
- Ensure compliance with all aspects of the cancer national optimum pathways and maintain cancer performance in line with the agreed standards and ensure that the backlog of patients waiting over 62 and 104 days is kept to a minimum agreed level.
- Demonstrate how the health board responds and handles concerns, complaints, incidents and patient experience feedback related to planned care.
- Implementation of an outpatient's transformation plan in line with the requirements of the planned care programme.
- Utilise regional working arrangements to improve outcomes and improved access to services.

2. Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Planned Care Improvement, Cancer Recovery Programme and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, the CIN optimisation programmes and related national improvement recommendations.
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendations, developing and completing action plans that demonstrate sustainable evidence.

3. Communications and engagement

- Effective and meaningful engagement with patients related to service changes, waiting times policies and the provision of appropriate support that keep patients well whilst waiting.
- Ensure that patients are clear where they can and should access support.
- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria

- To maintain a minimum of 63% compliance for 3 months against the suspected cancer target.

- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
- Continuous improvement towards 80% of all open pathways waiting less than 36 weeks.
- 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (based on agreed baseline.)
- 68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.
- 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
 - 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
 - 85% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.

6. Version control

April 2025	Document created following de-escalation of: CAMHS to level 1 Planned care and cancer to level 3
May 2025	Document revised following comments from the health board
July 2025	Document revised following de-escalation of finance, strategy and planning to level 1

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE **Establishment of a Maternity and Neonatal Oversight Panel**

DATE **4 September 2025**

BY **Jeremy Miles MS, Cabinet Secretary for Health and Care**

In May 2025, I announced I was commissioning an all-Wales assurance assessment of maternity and neonatal services to assess the safety and quality of our services.

This nationally commissioned assurance assessment is part of a suite of interventions which the Welsh Government is committed to ensure that the maternity and neonatal safety support programme remains contemporary and responsive to changing evidence for improved outcomes. It will focus on assessing maternity and neonatal services across Wales against the criteria within the National Quality Statement and Quality Standards. It will identify areas of good practice and those where there may be residual risk or concern within maternity and neonatal care.

I appreciate that many families want a full review of all maternity services to be launched as the next step, rather than the assurance assessment which I have initiated. I understand these concerns; however, I need real time assurance about the safety of our units and this assessment is the best way to gain that. If the Maternity and Neonatal Assurance Assessment Oversight Panel recommends further reviews at either a site or national level then I will consider those recommendations carefully. I propose to offer families an opportunity to meet with me when the Panel makes its recommendations so that we can discuss next steps.

I am today announcing the appointment of a Maternity and Neonatal Oversight Panel, which will be a time limited group to provide an independent assessment of Wales maternity and neonatal services.

This is a group of individuals with national expertise in their respective fields who will support us in our work to improve the quality and safety of maternity and neonatal services.

It will provide Welsh Ministers with external assurance on the quality and safety of maternity and neonatal services and make recommendations for the future development and improvement of services. This is a structured process by which the panel members will

assess, judge, and evaluate the quality of services across Wales, against a defined standard.

The timescale for this assessment is deliberately tight as I need immediate assurances.

At the heart of this assurance assessment will be the voices and experiences of women and families, whose perspectives are central to understanding the quality, safety, and culture of our services. We have appointed a well-respected and experienced patient experience lead who will ensure the voices of women and families are integral to this assessment.

I am pleased to announce the following appointments:

Professor Sally Holland (Chair)

Sally is a leading social care academic, with expertise in child and family welfare, child protection, public involvement and equality, diversity and inclusion. From 2015 to 2022 she was Children's Commissioner for Wales. She was the founding Director of the CASCADE Children's Social Care Research Centre in Cardiff University, which is now the largest centre of its kind in the UK. She is a registered social worker and in her early career worked in the statutory and voluntary sectors.

Heidi Smoult (Member)

Heidi has expertise in quality review, incident investigations, regulatory matters to drive improvements in healthcare, safety, improvement and leadership development. She was Chief Executive at Northampton General Hospital NHS and prior to that was Deputy Chief Inspector at the Care Quality Commission (CQC) where she was accountable for the effective regulation of the NHS and independent healthcare providers. Heidi has a wealth of health and care experience preceding this, beginning her career as a midwife before moving into operational roles.

Sue Holden (Member)

Sue is chair of Advancing Quality Alliance (Aqua), having previously been its Chief Executive Officer. Prior to this, she was the National Director for Intensive Support at NHS England and NHS Improvement and has occupied several national improvement leadership roles in her NHS career and brings an energy and drive for continuous improvement. She trained as a nurse and then midwife and worked clinically for over 15 years before developing her interest in operational development and learning.

Dr Edile Murdoch (Member)

Edile is a consultant neonatologist of 25 years in NHS Lothian Edinburgh and previously Addenbrooke's Hospital Cambridge. She has been a clinical director of obstetric and neonatal services in NHS England and Scotland and a neonatal network lead. She is one of the national specialty advisors for NHSE maternity and neonatal programme and clinical lead for the maternity outcome signal system programme. She chaired the Scottish perinatal network adverse event review group and co-chaired the BAPM perinatal palliative care working group. She is a communications tutor and is a trained mediator.

Ken Sutton (Member)

Ken has held senior roles at the Home Office including as a Director for Crime and Policing. He served as Secretary to the Hillsborough Independent Panel and was Secretary to the Independent Investigation into Maternity and Neonatal Services in East Kent. He was an adviser to an independent Review of forensic pathology.

Dr Jo Mountfield (Member)

Jo has recently retired having been a consultant Obstetrician for over 20 years. She was Director of Education within University Hospital Southampton since 2006. She is a past chair of the specialty education advisory committee at the Royal College of Obstetrics and Gynaecologists. She was a Health Foundation Leadership Fellow and past Vice President at the Royal College of Obstetricians and Gynaecologists.

Professor Mary Renfrew (Member)

Now retired, Mary is a leading health researcher, with a clinical background in midwifery. She has spent over 40 years researching infant feeding, nutrition, midwifery and maternity care, influencing policy, practice and public understanding across the UK and internationally. She has advised government departments and global organisations including the WHO and UNICEF and was the Lead Advisor for The Nursing and Midwifery Council for the standards of proficiency for midwives. She recently led the Independent Report on midwifery and wider maternity services in Northern Ireland.

The group brings a wealth of experience from across other national health services and will meet for the first time in September 2025. It will provide me with initial advice by 31 December 2025.

This statement is being issued during recess to keep Members informed. Should Members wish me to make a further statement or to answer questions on this when the Senedd returns I would be happy to do so.



Agenda Item

5.1

CTM Health Board

Regional Joint Committee

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Jonathan Watts, Regional Planning Programme Director & Chris Dawson-Morris, Director of SE Wales Regional Collaborative Directors of Planning & Corporate Governance from Aneurin Bevan, Cardiff & Vale and Cwm Taf Morgannwg University Health Boards
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy & Transformation Gareth Watts, Director of Corporate Governance & Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Regional Portfolio Delivery Board	June-September 2025	Development and refinement of terms of reference

Regional Portfolio Oversight Board	August & September 2025	Amendment and endorsement
Regional Chairs and Chief Executives	August & September 2025	Amendment and endorsement
Board Briefing	5 September 2025	Board was briefed about the purpose and functions about the Regional Joint Committee in advance of receiving the Terms of Reference.

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
LHB	Local Health Board
MWPM	Managing Welsh Public Money
OD	Organisational Development
RJC	Regional Joint Committee
UHB	University Health Board

1. Situation / Background

- 1.1 Partnership and collaborative working have been progressing across the south-east Wales Health Boards and Velindre NHST since September 2022 in the guise of a South-East Wales Regional Planning portfolio. Good progress has been made during this time.
- 1.2 The South-East Wales Regional Joint Committee (RJC) represents an evolution of and step change in the potential for these existing arrangements and is a strategic collaboration established by direction of the Cabinet Secretary for Health and Social Care. It more formally brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this.
- 1.3 The RJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.
- 1.4 The attached Terms of Reference provides a comprehensive framework for its operation and governance, ensuring that regional health needs are met effectively and efficiently.

2. Specific Matters for Consideration

2.1 Status and Authority

- 2.1.1 The RJC is formed under the powers of the Welsh Ministers pursuant to the National Health Service (Wales) Act 2006. It is not a separate legal entity but a joint committee accountable to the Boards of the three constituent health boards. Each board delegates certain functions to the RJC, which is bound by these decisions under the schedule of delegated powers. The health boards retain ultimate responsibility for the planning and delivery of health services to their populations but may choose to be bound by a majority view at the joint committee.
- 2.1.2 The RJC's Terms of Reference includes a schedule of reserved and delegated powers which clarifies the division of responsibilities between the health boards and the RJC, ensuring clear governance and accountability.
- 2.1.3 Chief Executives of the health boards serve as Accountable Officers with personal responsibilities for financial propriety, sustainability, value for money, risk management, and accurate accounting. Their membership

in the RJC ensures decisions respect these duties, avoiding conflicts between personal responsibilities and board roles.

2.2 Purpose and Objectives

The RJC seeks to transform regional collaboration by providing collective leadership for planning, commissioning, and delivering health services. It focuses on aligning clinical service development with population health needs, addressing service and financial challenges, and reducing unwarranted variation in outcomes and access. Specific objectives include developing a regional work programme, reviewing baseline activities for efficiency and quality, prioritizing capital projects, approving business cases, and ensuring integrated impact assessments for service change.

2.3 Chairing and Membership

Upon establishment, the RJC will appoint a Chair from the Health Board Chair representatives and rotate annually thereafter between the three health board Chairs. Membership of the RJC includes representatives from each health board, including Chairs, Vice Chairs, Chief Executives, and nominated Executive Directors. Associate membership is extended to representatives from Powys Teaching Health Board and Velindre University NHS Trust, who attend meetings without voting rights. The committee may invite additional attendees to assist its work, including representatives from the wider health and care system and community sectors.

2.4 Values, Behaviours and Principles

- 2.4.1 The RJC will operate under four core partnership principles:
 - 2.4.1.1 A system-focused partnership aiming for agreed population outcomes.
 - 2.4.1.2 A system enabler fostering collaboration.
 - 2.4.1.3 A low-bureaucracy, high-trust environment.
 - 2.4.1.4 A culture of constructive behaviours.
- 2.4.2 RJC members will be expected to adhere to their respective health board policies, NHS Wales values, Nolan Principles, and agreed partnership principles. They must consider equality, diversity, and inclusion in decision-making and prioritize regional population interests over individual health board interests.
- 2.4.3 The RJC will promote openness and transparency by holding public meetings where possible, while safeguarding confidential information as necessary. Conflicts of interest will be managed per health board policies, with declarations required at meetings and appropriate actions determined by the RJC Chair or Vice-Chair.
- 2.4.4 Disputes between health boards related to RJC operations will follow a structured resolution process beginning with discussions among involved parties, escalating to chief executives, then chairs, and ultimately to the Welsh Government Director General and Cabinet Secretary if

unresolved. This process emphasizes cooperative resolution in line with the agreed partnership principles.

2.5 Meetings and Decision-Making

- 2.5.1 The RJC will typically meet quarterly, with a minimum of three meetings per year. A quorum requires at least six members, including an Independent Member and an Executive member from each health board.
- 2.5.2 Decisions will be reached by consensus or, in exceptional circumstances, by vote among RJC members or referral to respective health boards. Meeting notices and papers are distributed in advance, and meetings are conducted with transparency, including public sessions when appropriate.
- 2.5.3 Governance support to the RJC will rotate annually among the health boards based on the chairing arrangement in place.

2.6 Review and Reporting

- 2.6.1 The effectiveness of the RJC will be reviewed annually, with reports submitted to the health boards. The Terms of Reference will also be reviewed regularly to ensure they remain relevant and effective with an initial review planned to take place six months after establishment.
- 2.6.2 RJC meeting minutes and summary reports will be shared with the health boards for assurance and transparency.

2.7 Creating the wider conditions for success

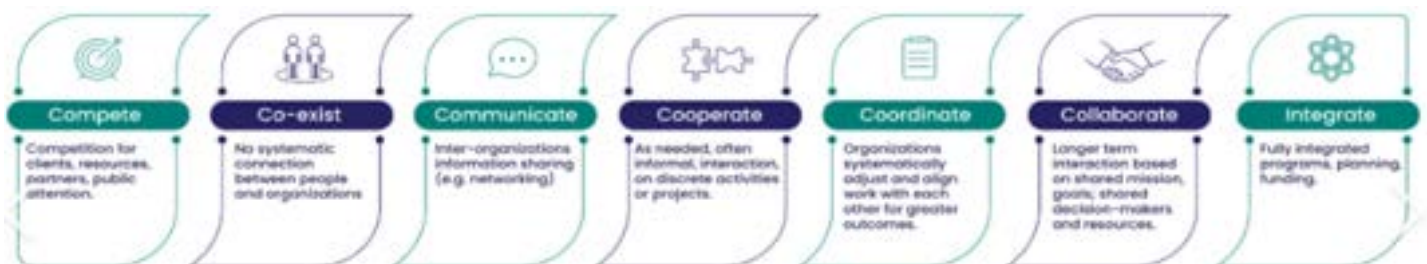
- 2.7.1 There is an abundance of evidence however which suggests structural change by itself is not a likely route to successful or sustainable regional service delivery / improvement.
- 2.7.2 Establishing successful partnerships between organisations requires shared objectives and demands the engagement of 'hearts and minds' across all levels of the system.
- 2.7.3 Emotional and cultural alignment will be essential to build trust, foster collaboration, and ensure that joint working is sustained through periods of change and challenge. Trust and psychological safety will also be foundational to an effective partnership. When individuals and teams believe in each other's intentions and feel safe to express concerns or ideas, they are more likely to engage openly and constructively. This environment will also support shared problem-solving and reduce the risk of siloed thinking or defensive behaviours.
- 2.7.4 Creating these wider conditions will require a number of actions / considerations to be progressed in the early phase of the RJC -

2.7.4.1 *Development of a value proposition and shared sense of purpose that goes beyond that laid out by the Minister.*

Aligning purpose alongside further developing and embedding values (described above) across the RJC and constituent partners will help to create a unified direction. While partners will have different operational pressures ensuring that all partners are committed to a common vision for patient care and system improvement will translate into stronger ownership of shared goals and greater resilience in the face of operational or financial pressures.

2.7.4.2 *Assessment of the spectrum of collaboration.*

The extent to which any partnership collaborates can vary considerably (as shown in the spectrum of collaboration below). Ensuring a collective acknowledgement on both where the current partnership is and where the RJC does, and does not, strive to get to will be vital in building trust and transparency. It will guard against any particular partner being unfairly labelled 'difficult' merely because their expectations of the partnership differs from others but has not been fully understood from the outset.



The Tamarack Institute. (June, 2017). The collaboration spectrum - tool [illustration]. The Tamarack Institute. <https://www.tamarackcommunity.ca/library/collaboration-spectrum-tool>



Figure adopted by The Center for Implementation

2.7.4.3 *Exploration and agreement of the partnerships 'sweet spot' in terms of responsibility at scale v's at-site.*

The more 'at scale' the partnership operates the more diluted the benefits of strong local/organisational leadership. The stronger the local/organisational leadership the less likely the partnership will achieve benefits at scale.

The choice of 'at scale' or 'at site' need not be a binary one but a transparent conversation between partners as to where the collective 'sweet spot' is for the RJC will enable progress at a pace that all partners are comfortable with.

Trust and a willingness to work in collaboration can often be eroded through frustration at the perceived pace of progress, or lack of. Learning and reflections on regional working over the past three years has shown that too often partners have focused, too heavily, on specific regional models of care that need deploying compared to other foundational elements that also need time and attention. These would ultimately support delivering those service models at greater pace. Further consideration thus needs to be given to;

2.7.4.4 *Wider enablers of effective collaboration.*

A focus on achieving collective consensus at an RJC level on the approach towards a number of key enablers will provide the foundations for collective service delivery at scale.

These enablers will include how clinical leadership is embraced, how digital (including data sharing) solutions are best exploited across organisational boundaries and also how regional approaches to workforce are best developed.

2.7.4.5 *'Alignment versus assimilation'*

An equal focus on building trust through considering an early emphasis on aligning and stream-lining pathways, standardising clinical policies, joint management / clinical leadership models as opposed to moving directly to regional delivery of service (assimilation of services) will also help build confidence within the RJC.

- 2.7.5 In creating the wider conditions for success and to ensure the RJC meets from a position of strength points 2.7.4.1-5 above should be considered through the development of a regional Organisational Development (OD) programme that is wrapped around the emerging RJC and its partners.

3. Key Risks / Matters for Escalation

- 3.1 None beyond those articulated above

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: All strategic goals are potentially affected - Inspiring People, Creating Health, Sustaining our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: All life course areas are potentially affected – starting well, growing well, aging 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: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible 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: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and our delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

5. Recommendation

- 5.1 **Approve** the establishment of the South-East Wales Regional Joint Committee (RJC) and its associated terms of reference and operating arrangements as attached;
- 5.2 **Note** the RJC will appoint a Chair from its membership followed by a rotating period of appointment. Governance support will be provided by the Health Board of the Chair appointed as RJC Chair;
- 5.3 **Determine** membership from each respective health board to join the RJC, in-line with the membership requirements;
- 5.4 **Note** the wider determinants for the RJC's long term sustainable success and;
- 5.5 **Approve** the development of a regional OD programme for the RJC and its partners.

6. Next Steps

- 6.1 A Regional Director has been appointed to support the work of the RJC and the postholder will commence in November
- 6.2 Dates are being identified for the first meeting during Q3 of 2025/26
- 6.3 A review of the current regional architecture and programmes of work will be undertaken in these initial stages, whilst also focussing on delivery of ongoing programmes of work

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

Introduction	1. On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers' power in section 12(3) of the National Health Service (Wales) Act 2006. 2. For the purpose of these terms of reference, the three organisations comprising the RJC will be referred to as the health boards. 3. To enhance collaboration in integrated care, representatives from Powys Teaching Health Board and Velindre NHS Trust will be Associate Members of the RJC. 4. Additionally, a Welsh Government Official is to receive a standing invitation to observe all meetings of the Committee. This will usually be a member of the Health, Social Care, and Early Years Executive Directors Team. This will provide the Cabinet Secretary with confidence that there is an appropriate level of oversight and assurance from the Welsh Government in place. 5. The RJC is expected to bring greater focus on: • regional planning and delivery of service models. • improved outcomes and a reduction in inequalities in access. • potential for service transformation, including new workforce models. • establishing new relationships and/or resetting existing relationships. • exploring regional solutions to advance sustainable service provision • providing coordinated support to the health boards.
Status	6. The RJC is to be established under the powers vested in Welsh Ministers under Section 12 of the National Health (Wales) Act 2006 which allows: (1) Welsh Ministers to direct a Local Health Board to exercise in relation to its area: (a) functions which were transferred to the National Assembly of Wales (now Welsh Government following the Government of Wales Act 2006) by the Health Authorities (Transfer of Functions, Staff, Property, Rights and Liabilities and Abolition) (Wales) Order 2003 (S.I. 2003/813 (W.98)), (b) such other of their functions relating to the health service as are specified in the direction. (2) The functions which may be specified in directions under subsection (1) include functions under enactments relating to mental health and care homes. (3) The Welsh Ministers may give directions to a Local Health Board about its exercise of any functions.

Accountability, Responsibility and Authority	7. The RJC is established by, and ultimately accountable to, the Boards of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB. 8. As a joint committee of the three Health Boards, the RJC is not a separate legal entity from each of the LHBs. 9. The RJC shall report to each Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. 10. Ultimately, the three Health Boards remain accountable for planning, securing and delivering health services to their respective populations. 11. Each Health Board has delegated authority to the RJC for the exercise of certain functions, as set out within these Terms of Reference. 12. These RJC Terms of Reference form a schedule of each Health Board's own Standing Orders and have effect as if incorporated within them. 13. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC (Appendix A).
Purpose of the RJC	14. The RJC has been established to: (a) Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards. (b) Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations. (c) Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability. (d) Identify priorities for the three health boards, where a regional approach will deliver benefit. (e) Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million. (f) Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level. (g) Be cognisant of the wider environment of health services in Wales, including the needs of those who use health services in the south-east Wales region but are from populations which are outside of the responsibility of the three health boards.

Objectives of the RJC

15. In-line with delegated levels of authority and accountability (**Appendix A**), the RJC will specifically:
- Develop a regional programme of work, aligned to individual Health Board plans, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.
 - Review baseline activity, based on individual Health Board clinical services plans, focusing on cost efficiencies, quality, and service fragility.
 - Develop and oversee an approach to prioritisation of capital programmes which underpin the regional health economy approach.
 - Consider and prioritise the regional projects included within the regional programme of work, approving Business Cases and identifying and agreeing to any further projects to be included in the regional programme.
 - Seek assurance that projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
 - Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
 - Seek assurance that integrated impact assessments are undertaken of all planned service change programmes and embedded in the ways of working of the RJC.
 - Develop, implement and evaluate the required governance framework to deliver the regional programme of work, underpinning the RJC.
 - Consider any audit and review related activity relevant to the work of the RJC to inform learning and improvement.

Partnership Principles

16. As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:
- A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
 - A partnership that is a system enabler.
 - A low bureaucracy, high trust partnership.
 - A partnership of constructive behaviors.



Chairing Arrangements	17. The Chair of the RJC will be drawn from one of the Chairs of the three health boards and this position will rotate amongst the three chairs on an annual basis at the meeting of the RJC in April of each year. The RJC will be established in October 2025 and the first appointed Chair will serve until March 2027. 18. The other two health board Chairs will jointly become vice chairs of the RJC and will agree who deputises and presides at a meeting in the absence of the Chair.
Membership	19. The RJC shall have the following members drawn from the three health boards, as follows: • Chairs of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Vice Chairs, or 1 nominated Independent Member, of each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Chief Executives of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • 1 nominated Executive Director from each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) 20. With the permission of the Chair of the RJC, the members of the RJC set out above may nominate a substitute, equivalent Board Member (as defined above) to attend a meeting that they are unable to attend. The substitute may speak and vote on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.
Associate Membership	21. The RJC shall have the following associate members, attending meetings on an ex-officio basis, without voting rights: a) A nominated Board Member of Powys Teaching Health Board (1) b) A nominated Board Member of Velindre NHS Trust (1) 22. With the permission of the Chair of the RJC, the associate members of the RJC set out above may nominate a substitute to attend a meeting that they are unable to attend. The substitute may speak on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.

In Attendance	23. At the discretion of the Chair of the RJC, the RJC may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This may include, but is not limited to: a) Employees of the three Health Boards as appropriate. b) The Senior Responsible Officers of RJC programmes. c) Representatives from the Health and Care system, including NHS Bodies and Local Authorities. d) Representatives from the Voluntary, Community and Social Enterprise sector. e) Representatives of Llais. 24. The RJC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the RJC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business. 25. A Welsh Government Official will receive a standing invitation to observe all meetings of the RJC.
Accountable Officers	26. Chief Executives of Health Boards are designated Accountable Officers, in-line with Managing Welsh Public Money, and hold several personal responsibilities. Accountable Officers have a personal responsibility for: propriety and regularity of the public finances delegated to them; affordability and sustainability; value for money; management of opportunity and risk; learning from feedback; and accounting accurately. 27. The Chief Executive, as the Accountable Officer (Accounting Officer), of each respective Health Board is included within the membership of the RJC to ensure any decisions delegated from Boards to the RJC do not undermine the personal responsibilities Accountable Officers hold. 28. Accountable Officers will need to be cognisant of their responsibilities, as set out within Managing Welsh Public Money (MWPM) and their respective Accountable Officer Memorandums, ensuring principles are applied to decision making, including: a) MWPM 3.8.5 – “There are sensitivities about the role of the Accounting Officer in a public body which is governed by an independent board, e.g. a charity or a company. The Accounting Officer, who will normally be a member of the board, must take care that his or her personal responsibilities do not conflict with his or her duties as a board member. In particular, the Accounting Officer should vote against any proposal which appears to cause such a conflict; it is not sufficient to abstain.” b) MWPM 3.8.6 – “Moreover, if the chair or board of such a public body is minded to instruct its Accounting Officer to carry out a course inconsistent with the standards in box 3.1, then the Accounting Officer should make his or her reservations clear, preferably in writing....”

**Working with
Llais (Citizen
Body for Health
and Social Care)**

29. In exercising its responsibilities, the RJC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
30. Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on Local Health Boards and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the RJC.
31. The RJC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change, in-line with delegated levels of authority.

**Delegated
Functions and
Powers**

32. When exercising any Delegated Functions, the RJC will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the three health boards to support those functions and to inform the commissioning, provision and delivery of any relevant services.
33. Within the framework approved by each Health Board and set out within these RJC Terms of Reference, and subject to any directions that may be given by the Welsh Ministers; the RJC may make arrangements for certain functions to be carried out on its behalf, so that regional planning and delivery may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the RJC must set out clearly the terms and conditions upon which any delegation is made.
34. The RJC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in **Appendix A**:
- a) Schedule of matters reserved for the RJC; and a
 - b) Scheme of delegation to joint sub-Committees and others;
- all of which must be formally adopted by the RJC and approved by Health Boards as a schedule to their own Standing Orders.

**Sub-
Committees,
Groups and
Panels**

35. The RJC may and, where approved by the LHB Boards jointly, or directed by Welsh Ministers, must appoint joint sub-Committees of the RJC either to undertake specific functions on the RJC's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
36. This may also extend to:
- a) Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.
 - b) Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.
 - c) Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.

37. The RJC shall determine a governance structure that meets its own advisory and assurance needs and in doing so the needs of the three Health Boards. These would be set out within agreed Terms of Reference and Operating Arrangements, agreed by the RJC.

Meetings

Scheduling meetings

38. The RJC will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
39. The three Health Boards may ask the RJC to convene further meetings to discuss issues on which they want RJC advice, subject to the agreement of the Chair.

Quoracy

40. In order for a meeting to be quorate there must be at least six members in attendance, which shall include:
- a) An Independent Member (Chair or Vice Chair) and an Executive member (CEO or other executive) from each of the three health boards.
41. If any member of the RJC has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum.
42. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

43. The RJC will ordinarily reach conclusions by consensus. If this is not possible, the Chair may call a vote. Only members of the RJC Committee (or nominated substitute as set out in section 20) may vote; each Member is allowed one vote. The result of the vote will be recorded in minutes
44. Where there is no consensus and the likelihood of no consensus at a subsequent meeting, the Chair of the RJC will refer the decision to each Board of the three respective Health Boards for further consideration. If the same decision is not made by each of the three Health Boards, the dispute process (**Appendix B**) will be enacted.
45. Should a decision be referred to the three respective Health Boards as set out in section 44, the outcome of all three decisions will be reported to the next meeting of the RJC and recorded in minutes.

Papers and notice

46. A minimum of seven clear days' notice of all meetings is required, which

shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

DRAFT

47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

48. It is for the Chair to decide whether the RJC will meet virtually. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such a meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings

49. Except with the permission of the Chair, no person admitted to a meeting of the RJC shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Minutes

50. The minutes of meetings will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the RJC together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting.

Governance support

51. Governance Advice and Secretariat support for the RJC will be provided by the organisation from which the Chair is elected and will therefore rotate between the three Health Boards on an annual basis.

Interpretation

52. Where there is doubt as to the applicability or interpretation of the RJC's terms of reference and operating arrangements, the Chair of the RJC, with advice from the nominated Governance Advisor, shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

Confidential information

53. Where confidential information is presented to the RJC all attendees will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.

Openness and Transparency

54. As far as is practicably possible and appropriate, the RJC will meet in public to promote openness and transparency. A public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on each Health Boards website, where the papers supporting the public part of the agenda will be available.

	55. There will be occasions when some of the RJC's business is more appropriately considered in private session; this is to ensure that any business considered is not prejudicial to public interest, commercial sensitivities and data protection. 56. The final decision on whether business should be discussed in private or public session shall be made by the RJC Chair, having taken advice from the nominated Governance Advisor.
Conflicts of interest	57. Conflicts of interest will be managed in accordance with relevant policies and procedures and shall be consistent with the three health boards' respective statutory duties and applicable national guidance. 58. Where individual RJC members identify an interest in relation to any aspect of RJC business set out in the meeting agenda, that member must declare an interest at the start of the meeting. RJC members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. 59. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes. 60. It is the responsibility of the Chair, on behalf of the RJC, to determine the action to be taken in response to a declaration of interest declared. Where the Joint Committee Chair declares a personal interest, any decision on the action to be taken shall be made the Vice-Chair designated for that meeting.
Disputes	61. Where a dispute arises between the three health boards, which is connected to the operation of the RJC and its work, this shall be resolved in accordance with the dispute resolution procedure at Appendix B.
Behaviours and Conduct	62. Members will be expected to behave and conduct business in accordance with: a) The policies, procedures and governance documents that apply to their respective Health Board. b) Any collectively developed procedures or codes. c) The Values and Standards of Behaviour Framework of NHS Wales. d) The Nolan Principles e) Agreed partnership principles. 63. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make. 64. Within the constraints of these Terms of Reference, RJC Members will act in the best interests of the population of the south-east Wales region, rather than representing the individual interests of an individual health board.

Reporting Arrangements	65. A copy of the meeting minutes of each meeting of the RJC, along with a summary report, shall be shared with the three Health Boards for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.
Review	66. The RJC will review its effectiveness at least annually on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The outcome of this will be included within the standing report to the three Health Boards set out in 65. 67. These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required. 68. Any proposed amendments to these terms of reference will be submitted to the three Health Boards for approval.

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

SCHEME OF DELEGATION AND RESERVATION OF POWERS

The tables below set out a Framework of Reservation and Delegations anticipated in respect of RJC business.

Unless explicitly set out within the RJC's Terms of Reference and this Framework, everything is retained by the three Health Boards respectively. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC

This Framework will be kept under active review and, where appropriate, will be revised to take account of developments, review findings or other changes.

A. MATTERS RELATING TO THE RJC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approve the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC)
A2.	Strategy & Planning	Approve the annual priorities and programme of work for regional developments, as recommended by the RJC
A3.	Strategy & Planning	Approve a Regional Commissioning Strategy, if recommended by the RJC, for inclusion in Health Board Integrated Medium-Term Plans
A4.	Strategy & Planning	Approve the overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A2 and A3)
A5.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: • The agreed annual priorities and programme of work for regional developments (A2) • The agreed Regional Commissioning Strategy (A3) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A4)
A6.	Strategy & Planning	Approve the commencement of formal engagement and consultation on significant service change proposals
A7.	Strategy & Planning	Approve significant service change proposals for implementation

B. MATTERS RELATING TO THE RJC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC) for Health Board approval
B2.	Operating Arrangements	Develop and Approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to support the RJC in the exercise of its functions:

		• Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects. • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B3.	Strategy & Planning	Develop and approve, prior to Health Board approval, the annual priorities and programme of work for regional developments, in line with the RJC's purpose and responsibilities
B4.	Strategy & Planning	Develop and approve, prior to Health Board approval, a Regional Commissioning Strategy, for inclusion in Health Board Integrated Medium-Term Plans, where it is required
B5.	Strategy & Planning	Determine, for Health Board approval, the required financial commitment and financial framework to enable delivery of the priorities set for the RJC (A2 and A3)
B6.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: • The agreed annual priorities and programme of work for regional developments (B3) • The agreed Regional Commissioning Strategy (B4) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (B5)
B6.	Strategy & Planning	Develop significant service change proposals which relate to regional developments, for Health Board approval
B7.	Strategy & Planning	Develop arrangements for the commencement of formal engagement and consultation on service change proposals, for Health Board approval
B8.	Performance & Assurance	Receive reports from Senior Responsible Officers on progress and performance in the delivery of the RJC's priorities and programme of work, and approve action required, including improvement plans where required
B9.	Performance & Assurance	Receive assurance reports from the RJC's sub-Committees and groups on the delivery of those delegated programmes of work
B10.	Performance & Assurance	Receive audit and review reports related to the work of the RJC (in addition to consideration through Health Boards)

C. MATTERS RELATING TO THE RJC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEES, GROUPS AND OTHERS

REF.	AREA	MATTER
		<i>To be determined upon establishment of the RJC</i>

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)**PROCESS FOR DISPUTES AND ARBITRATION**

1. In accordance with the Terms of Reference for the RJC, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board (the Health Boards) will seek to work cooperatively with each other as constituent members of the RJC and with the RJC as a whole. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.
2. In the event of any dispute between Health Boards relating to RJC business, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.
3. If a dispute cannot be resolved in accordance with the provisions of paragraph 2, the respective Health Board Chief Executive should have a further meeting with the two other Chief Executives of the RJC to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference.
4. If a dispute cannot be resolved in accordance with the provisions of paragraph 3, the respective Health Board Chair should have a further meeting with the two other Health Board Chairs to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference. The Health Board Chairs may wish to engage their respective wider Boards on this matter.
5. If a dispute still cannot be resolved in accordance with the provisions of paragraph 5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Services for resolution.

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
30.05.2024	3,1		Listening & Learning Story	Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.	Director of Social Services	Director of Social Services	25-jul-24	Open	In progress Discussion held with the Care Group Nurse Director for Mental Health & Learning Disabilities where it has been agreed that the Regional Partnerships Board Care Home Group would review the position, with an aim to establish a system of multi-agency learning from placement breakdowns Further review to be undertaken of the response provided in relation to action log entry 3.1 to determine whether the Board would be provided with an update on what systems of shared learning had been put into place with Local Authorities. Response to be shared outside the meeting.
30.05.2024	3,1		Listening & Learning Story	Report to be presented to a future meeting outlining the key actions required that needed to be taken forward	Care Group Nurse Director, Mental Health & Learning Disabilities	Executive Director of Nursing/Deputy CEO	28/11/2024 Was September 2025 Now November 2025	Open	In progress Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, this will now be presented to the November 2025 Board meeting
28.11.2024	4,2		Chief Executives Report	National piece of work being undertaken in relation to CAMHS service to be presented to the Childrens Board to ensure there was multi-agency oversight in place on the plan	Chief Executive Officer	Chief Executive Officer	To be confirmed	Open	Proposed for Closure Completed
28.11.2024	5,1		Update Report on the Princess of Wales Hospital	Discussion to be held at a future Board Briefing session on risk log and backlog position of the estates issues across all Health Board premises Regular updates to be provided to the Board at future meetings on progress being made in this area.	Executive Director of Finance	Executive Director of Finance	30.01.2025	Open	Proposed for Closure Discussion held at the Board Development Session held on 15th May in relation to risk and the estates backlog position across all Health Board premises. Regular updates on progress on the works being undertaken at the Princess of Wales Hospital have been provided to the Board
30.01.2025	6,5	Page 13	Primary Care & Community Development	Further update on progress in regards to Primary Care and Community Development to be presented to a future Board meeting at the most appropriate time.	Chief Operating Officer	Chief Operating Officer	31.07.2025	Open	Completed - Proposed for Closure This item was received and discussed at the Board meeting held on 31 July 2025

30.01.2025	6,5	Page 14	Primary Care & Community Development	Consideration to be given to receiving some listening and learning stories at future meetings in relation to patients who had been part of preventative programmes for example, and how this had made a difference	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	25/09/2025 Now 18 December 2025	Open	In progress This is in the process of being considered by the Executive Director of Strategy & Transformation. Consideration being given to a story related to the work being undertaken on Housing to be shared at the December 2025 Board Development Session
27.03.2025	3,1	Page 3	Listening & Learning Story - Planned Care	Discussion to be held with the team outside this meeting to determine how the story could be shared more widely	Director of Communications, Engagement and Fundraising	Director of Communications, Engagement and Fundraising	mar-25	Open	In progress Awaiting confirmation that discussion has been held
29.05.2025	3,2	Page 7	Shift Patterns	Updates on progress in regards to the consultation exercise with staff and trade union colleagues to be presented to the Board at the July and September 2025 meetings.	Executive Director for People	Executive Director for People	31/07/2025 Now 27 November 2025	Open	Ongoing Update provided to Board on progress being made at Board Briefing session held on 10 July 2025. An update has been included in the CEO report to September 2025 Board and a further update will be presented to the ~~November 2025 Board~~
29.05.2025	5.5.2	Page 10	Quality, Safety & Experience Committee Highlight report	Report to be presented to the July Board in relation to the national consultation being undertaken on the new dental contract which would have implications for the Health Board.	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Completed - Proposed for Closure Report discussed at the Board meeting held on 31 July 2025
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Future board briefing session to be held to provide more detailed insights into the specific areas of focus and the strategies being implemented to improve cancer performance (to be triangulated back to the MAG report)	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Proposed for Closure Topic has been scheduled into the forward plan for Board Briefing sessions
31.07.2025	3,1	Page 4	LISTENING & LEARNING STORY – Transition of Care from Paediatrics to Adult Services	Update to be presented to the Board in 12 months' time outlining the progress made in this area. Update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	jul-26	Open	In progress This will be scheduled for discussion at the July 2026 Board
31.07.2025	5,2	Page 7	Board Assurance Framework	Board Assurance Framework report to be amended to reflect that the 45 minute target was an interim target.	Assistant Director of Governance & Risk	Chief Operating Officer	31-jul-25	Open	Proposed for Closure - Completed Report amended
31.07.2025	5.4.1	Page 8	Quality, Safety & Experience Committee 20 May 2025	Clear updated plan to be presented to the Board in relation to Paediatric Dental General Anaesthetic Waiting Lists once these issues highlighted had been addressed.	Chief Operating Officer	Chief Operating Officer	sep-25	Open	Proposed for Closure Update provided to Board members at Board Briefing session held on 21 August 2025. Associated email shared with Board members by email on 16 September containing a further update on the the mitigating actions being taken to reduce the Paediatric Dentistry GA Theatre List

31.07.2025	6,3	Page 13	Primary Care & Community Transformation Board Work	The ambition for out-of-hospital services at a high level to be captured in a single document which describes the vision for delivering services away from principal hospital sites and incorporating the work around community teams. Report to be presented to September Board	Chief Operating Officer	Chief Operating Officer	25-sep-25	Open	Proposed for Closure This is on the agenda for discussion at the September 2025 Board

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
30.01.2025	6,3	Page 13	Stroke Services Update	Update to be presented to a future meeting on the progress being made on regional discussions regarding stroke services.	Chief Operating Officer	Chief Operating Officer	29.05.2025	Open	Completed Update shared with Board Members by email on 28 May 2025
27.03.2025	3,2	Page 6	Staff Survey Results 2024 and People Plan	Thematic results of the staff survey to be share with Board Members once available	Executive Director for People	Executive Director for People	mai-25	Open	Completed Thematic results of the staff survey received at the July meeting of the Operational Delivery Committee
29.05.2025	4,1	Page 8	Chairs Report	Update to provided to the Board outside the meeting in relation to progress being made regarding the appointment of a fourth Associate Board Member	Director of Corporate Governance	Director of Corporate Governance	31-jul-25	Open	Completed Update included in Chairs Report which is on the agenda for discussion at the July 2025 Board meeting
29.05/2025	4,2	Page 8	Chief Executives Report	Discussion on Enhanced Community Care to take place at a future meeting of the Board. Consideration to be given as to whether this discussion is held at formal Board, Board Briefing or Board Development session	Director of Corporate Governance	Director of Corporate Governance	24-jul-25	Open	Completed Item received and discussed at a Board Briefing session held on 24 July 2025
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Plan for urgent care performance to be presented to the July Board	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Completed This item was received and discussed at the Operational Delivery Committee scheuled for 29 July 2025
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Plan to be shared with Board in regards to the Health Board's ambitions regarding waiting time targets	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Completed This item was received and discussed at the Operational Delivery Committee scheuled for 29 July 2025



Agenda Item

6.3

CTM BOARD

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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	August / September 2025	Reviewed and signed Off
Executive Leadership Group	15 September 2025	Risks reviewed and management sign off received.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework

1. Situation /Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
- the four strategic goals of the Health Board;
 - assurance reporting that supports a streamlined and effective committee and reporting structure;
 - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
 - international best practice; and
 - the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.
- 3.2 The following new risk was escalated to the BAF in September 2025:
- Strategic Risk 9 - Failure to plan and manage revenue resources within the Resource limits set by Welsh Government.

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

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

5. Recommendation

5.1 The Board is asked to:

- **Approve the escalation** of Strategic Risk 9 – ‘**Failure to plan and manage revenue resources within the Resource limits set by WG**’
- **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
1.	Improving Care, Sustaining our Future   Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
2.	Improving Care, Sustaining our Future   Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
3.	Sustaining our Future, Improving Care and Inspiring People    Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation (Including Culture, Values and Behaviours)	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat
4.	Creating Health, Sustaining our Future   Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication , Engagement & Fundraising	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
5.	Improving Care, Sustaining our Future   Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat
6.	Improving Care, Sustaining our Future   Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
7.	Sustaining our Future, Creating Health   Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
8.	Creating Health, Sustaining our Future   Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	No change to risk scores this period. ↔	Treat
9.	Sustaining our Future  Click Here for Risk 9	Failure to plan and manage revenue resources within the Resource limits set by WG	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	New risk escalated to the BAF in September 2025	Treat
10.	Sustaining our Future, Improving Care   Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
11.	Creating Health, Sustaining our Future, Improving Care    Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	No change to risk scores this period. ↔	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

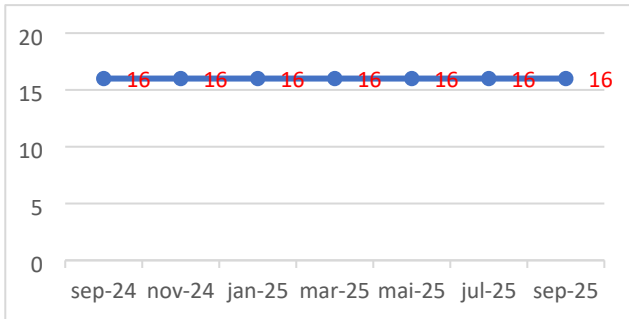
Target risk scores in *grey italic*

Consequence	5				8	
	4		3,4,6,7,8,10	1a,1b,2,5,11,9	1a,2,3,4,5,6,7,10,11	1b, 9
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):  Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care  Sustaining Our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future			Risk score 16
Strategic Risk: Enough capacity to meet elective demand - (Risk No.1a)			
If the Health Board is unable to meet demands for services at all points in the patient journey.		Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

Risk Lead	- Chief Operating Officer - Executive Director of Strategy & Transformation	Assurance committee	- Quality, Safety & Experience Committee - Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	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>				• Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics. • Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities • The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds. • Princess of Wales Theatres fully opened on the 1st September 2025. • All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC. • Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further. • The Vascular Network INNU process has been adopted by CTMUHB. • 8 theatres across CTMUHB remain closed • Endoscopy moved back to Princess of Wales Hospital in June 2025. With the Endoscopy recovery plan commencing August 2025 to December 2025.

	• PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS. • 4 Mobile theatres opened Mid-April • 2 Prince Charles Hospital (PCH) theatres opened end of April 2025 • 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025 • Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident. • Planning continues recovery phase following critical incident with the impact not yet quantified. • There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. • Regional working continues and the positive and negative impact of this will be continuously reviewed. • It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures	
Productivity, improvement and transformation programme (PIT) • Increase Planned Care Capacity • Transform the way Planned Care is delivered • Prioritise both diagnosis and treatment • Provide better information and support to patients Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve. In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are:	

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

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

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

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

Additional 'South Theatre' at the Royal Glamorgan Hospital - An old obstetric theatre has been recommissioned to support the SBUHB disaggregation and increase capacity and efficiency. This alongside the 'Snowdrop Centre' has transformed the delivery of Breast services across CTMUHB.

Specific Improvement Groups/Boards

- PIT programme
- Planned Care recovery
- Service Improvement Groups

- Cross Cutting Improvement Groups – Theatre, Pre assessment, Diagnostics, Outpatients and therapies.

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

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

Governance Structures

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

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.
- Weekly performance tracking.
- Robust Demand and Capacity with mitigating actions.
- Service improvement and transformation

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Harm Reviews
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme reports
- Planned Care Recovery Update report
- Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing a Planned Care Audit in August 2024.
- Audit Wales commencing a Health Protection Audit in August 2024.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. CTMUHB digitally based enabling systems	- Manual processes in areas of no system. - Scope of digital Pre-assessment system - Digital dictation consolidation and standardisation - Theatre system update - Need for digital outpatient system - Consultant connect implementation - Attend anywhere use for virtual activity - WPRS full roll out	- Increased utilisation - Reduction in patient attendances - Reduction in patient follow up appointments - Reduction in demand - Reduced paper and manual process - Increase in data information	- Decreased CAN/DNA rate - Increased utilisation - Decreased missed opportunities - Reduction in referral demand - Reduction in waiting list
2. Robustness of cancer tracking and specialty-specific elective data	- Weekly performance meeting - Implementation of online escalation process for all patients outside of agreed component waiting times. - Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets - Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance	- Performance monitoring - Patient identification - Improved pathway monitoring	- Increase in performance SCP - Decrease in waiting list back log
3. Improvements being made in elective care trajectories albeit not fully embedded.	- Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 - Regional Ophthalmology service with increased activity across the region for CTMUHB patients. - Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. - Reconfiguration of Trauma ongoing assessment - In sourced additional staff to open additional theatre activity until theatre plan fully recruited to. - Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). - In Development – Clinical Services Plan.	- More capacity - Reduced waste - Consolidated pathways - Increase in workforce - Increased utilisation	- Increase in activity - Reduced fellow sessions - Reduction in waiting times - Reduction in >104 week wait

Linked National Priority Measures

Access to Timely Planned Care

- Number of patients waiting more than 104 weeks for treatment;
- Number of patients waiting more than 36 weeks for treatment;
- Percentage of patients waiting less than 26 weeks for treatment;
- Number of patients waiting over 104 weeks for a new outpatient appointment;
- Number of patients waiting over 52 weeks for a new outpatient appointment;
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%;
- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).

Current Performance Highlights

Latest RTT Performance not available at time of reporting – will be included in future BAF iterations when available.

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

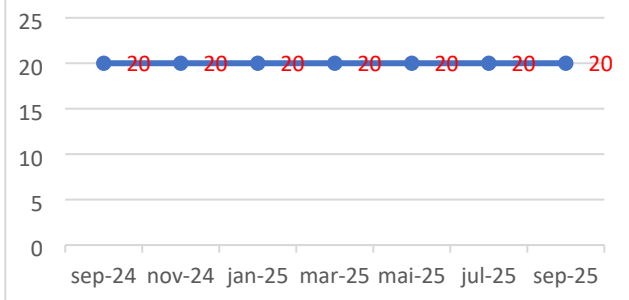
Critical incident declared at Princess of Wales on 9th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

Associated Risks escalated to the Organisational Risk Register		
5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20
5961	Remedial roof works to resolve the water ingress at POWH.	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
5417	Paediatric dentistry – General Anaesthetic theatre list.	20
3567	Capacity of Cellular Pathology Service – Space	16

Strategic Goal(s):			Risk score 20
 Improving Care • Delivering safe and compassionate care • Developing new models of care • Digital transformation for patients and staff • Ensuring timely access to care •	 Sustaining Our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future		
Strategic Risk: Enough capacity to meet emergency demand - (Risk No.1b)			
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

Risk Lead	Chief Operating Officer	Assurance committee	- Quality, Safety & Experience Committee - Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period.
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			Risk Score Trajectory

		 <table><caption>Risk Score Data</caption><tr><th>Date</th><th>Risk Score</th></tr><tr><td>sep-24</td><td>20</td></tr><tr><td>nov-24</td><td>20</td></tr><tr><td>jan-25</td><td>20</td></tr><tr><td>mar-25</td><td>20</td></tr><tr><td>mai-25</td><td>20</td></tr><tr><td>jul-25</td><td>20</td></tr><tr><td>sep-25</td><td>20</td></tr></table>	Date	Risk Score	sep-24	20	nov-24	20	jan-25	20	mar-25	20	mai-25	20	jul-25	20	sep-25	20
Date	Risk Score																	
sep-24	20																	
nov-24	20																	
jan-25	20																	
mar-25	20																	
mai-25	20																	
jul-25	20																	
sep-25	20																	
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>		• Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • Impact of a temporary centralisation of stroke into one site. • There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours. • The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts. ◦ There has been a reduction and re-alignment of bed capacity at POW and RGH. ◦ There has been a diversion of emergency intakes from POW to RGH. • There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. • Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.																
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>		It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.																

Current Control Measures

Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): • Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge

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

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

1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

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

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

Programme

- 6 Goals Programme Board
- Diabetes Programme Board
- Stroke Programme Board (Paused), Stroke Service re-design programme in operation to support development of service due to temporary centralisation of Stroke services. **South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.**
- Orthogeriatric Programme
- MTC Programme Board
- Strategic Transformation of Acute Medicine (STAMP)
- Improving Care Board
- Operational Management Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- Optimise Project Board
- Orthogeriatric Project
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board
- Single Point of Access Project Board

All updates feed into the Improving Care Board.

Annual Planning Process Recovery Planning post critical incident at POW Lessons learnt from Winter Planning process currently being analysed from a lesson learnt perspective. Partnership Leadership Team established with LA and NHS representation to look at planning across the region. Commissioning Group established to oversee the delivery of the optimised integrated care model Annual Demand and Capacity Plan established to manage demand and making best use of capacity. Escalation Status programme work Regional Working • A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented. • Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making. • Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge. • South Central Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams e.g., Stroke Governance Structures • Operational Services Management Board (Health Board wide) • Improving Care Board (Health Board wide) • Six Goals/Unscheduled Care Board • Cancer Board • Weekly Cancer Meetings • Planned Care Recovery Board Operational Processes • Clear criteria to prioritise based on clinical need • Centralised decision-making around use of spare capacity across the organisation. • Robust Interventions Not Normally Undertaken (INNU) application. • Weekly performance tracking. • Robust Demand and Capacity with mitigating actions • Service improvement and transformation.
Sources of Assurance (Internal and External) • Integrated Performance Report • Assessment Dashboard • Update reports on specific services experiencing pressure, e.g. Neurology, Stroke • Performance RTT, Cancer trajectories • Follow-up reports on outpatients not booked • ~~Stroke Programme Board~~ South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025. • SDEC Programme • Optimise • Ambulance Handover and ED Improvement Plan • Escalation processes leading to Chief Operating Officer Report to Quality & • Safety Committee including Care Group performance review meetings. • Organisational Risk Register via Care Group Risk Registers. • Planning, Performance & Finance monthly report. • TI meetings

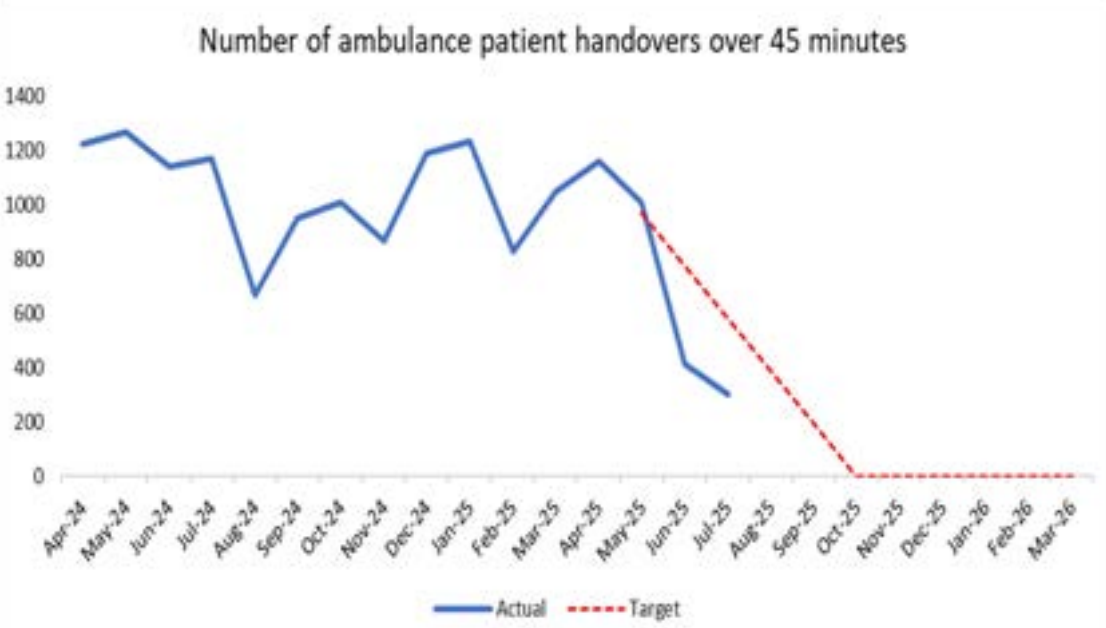
- Audit Wales commencing an Urgent and Emergent Care Audit. - Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.			
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Improvements being made in urgent care trajectories albeit not fully embedded.	- Rapid Improvement Action Plan in development to achieve Ministerial Advisory Group target of 45 minutes for handover Ambulance. (Welsh Government has a clear expectation that an ambulance handed over is within 15 minutes, MAG target is an interim measure). - Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance. - STAMP roll out across all sites - UTC Pilot PCH - Single Point of Access Board - Reconfiguration of ED footprint – ambulatory footprints at POW - Re-alignment of clinical pathways - Internal Professional Standards - Re-alignment of ward capacity - Establish un-commissioned capacity with substantive workforce - Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). - In Development – Clinical Services Plan. - Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home. - Urgent Care Summit to develop a whole system approach to improvement in: - Admission Avoidance - Integrated Front Door - Acute Hospital Flow and Discharge - Integrated Discharge - Agree improvement trajectories for 2025/26	- Improved Patient Experience - Improved patient flow - Sustainable workforce - Care closer to home	- Improved performance - Reduction in patients >12hrs - Improved community response - Reduced LoS in the Emergency Department - Reduced harm associated with increased waiting times
Linked National Priority Measures			
Ministerial Measures: Access to Timely USC Services 45 mins ambulance handover by October 2025 50% reduction in 12hr ED waits by July 2025 - Zero tolerance for any ED wait over 12 hours by October 2025 Access to Timely Planned Care Services in USC - As per Planned Care BAF			
Current Performance Highlights			

Emergency Department Performance:

- Site and USC collaborative approach to the development of the 45-minute Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. The service has continued but recurrent revenue has yet to be confirmed.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Rapid Improvement Plan and Improvement Targets, including:
 - 45 mins ambulance handover by October 2025
 - Zero tolerance for any ED wait over 12 hours by October 2025
- The above improvements will be aligned against the following assumptions:
 - Single Point of Access (scheduling unscheduled care) – November 2025
 - All GP / 111 / NHSDW calls to be triaged by the Nav Hub
 - Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025
 - 'Ticket to ride' for all WAST non-red Care Home attendances – implementation aligned with national work
 - Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
 - 30 additional beds from August 2025
 - 60 additional beds from November 2025
 - 60-minute specialty in reach – August 2025
 - Sign off Internal Professional Standards
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Nav Hub/Care Home pathway development
- SDEC
- Extend UTC
- Implementation of STAMP across all 3 acute sites.
- Single Point of Access Board to be established.
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.
- Development of ambulatory footprint in POW ED.

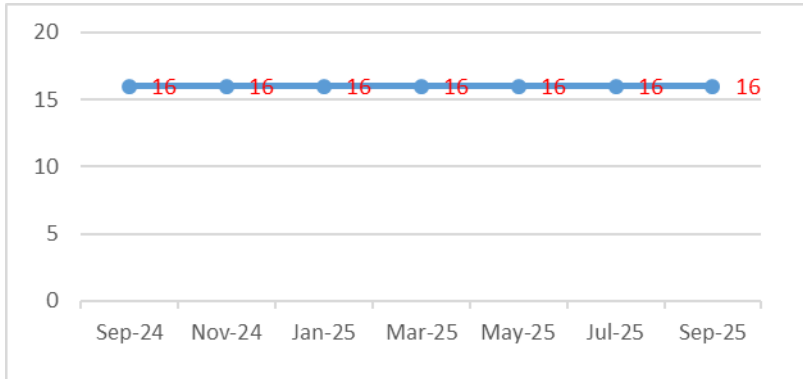
Improvement Trajectories 25/26

MEASURE		2024/25 ACTUAL PERFORMANCE												2025/26 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416	302								
	Target														969	775	582	388	194	-	-	-	-	-	-
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Actual	1732	1985	1889	1912	1549	1584	1617	1544	1815	1721	1398	1672	1668	1855	1783	2085								
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-

Number of ambulance patient handovers over 45 minutes <table border="1"><caption>Number of ambulance patient handovers over 45 minutes</caption><thead><tr><th>Month</th><th>Actual</th><th>Target</th></tr></thead><tbody><tr><td>Apr-24</td><td>1250</td><td></td></tr><tr><td>May-24</td><td>1300</td><td></td></tr><tr><td>Jun-24</td><td>1150</td><td></td></tr><tr><td>Jul-24</td><td>1150</td><td></td></tr><tr><td>Aug-24</td><td>650</td><td></td></tr><tr><td>Sep-24</td><td>950</td><td></td></tr><tr><td>Oct-24</td><td>1000</td><td></td></tr><tr><td>Nov-24</td><td>850</td><td></td></tr><tr><td>Dec-24</td><td>1200</td><td></td></tr><tr><td>Jan-25</td><td>1250</td><td></td></tr><tr><td>Feb-25</td><td>850</td><td></td></tr><tr><td>Mar-25</td><td>1050</td><td></td></tr><tr><td>Apr-25</td><td>1150</td><td></td></tr><tr><td>May-25</td><td>1000</td><td>1000</td></tr><tr><td>Jun-25</td><td>400</td><td>800</td></tr><tr><td>Jul-25</td><td>300</td><td>600</td></tr><tr><td>Aug-25</td><td></td><td>400</td></tr><tr><td>Sep-25</td><td></td><td>200</td></tr><tr><td>Oct-25</td><td></td><td>0</td></tr><tr><td>Nov-25</td><td></td><td>0</td></tr><tr><td>Dec-25</td><td></td><td>0</td></tr><tr><td>Jan-26</td><td></td><td>0</td></tr><tr><td>Feb-26</td><td></td><td>0</td></tr><tr><td>Mar-26</td><td></td><td>0</td></tr></tbody></table>	Month	Actual	Target	Apr-24	1250		May-24	1300		Jun-24	1150		Jul-24	1150		Aug-24	650		Sep-24	950		Oct-24	1000		Nov-24	850		Dec-24	1200		Jan-25	1250		Feb-25	850		Mar-25	1050		Apr-25	1150		May-25	1000	1000	Jun-25	400	800	Jul-25	300	600	Aug-25		400	Sep-25		200	Oct-25		0	Nov-25		0	Dec-25		0	Jan-26		0	Feb-26		0	Mar-26		0	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge <table border="1"><caption>Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</caption><thead><tr><th>Month</th><th>Actual</th><th>Target</th></tr></thead><tbody><tr><td>Apr-24</td><td>1750</td><td></td></tr><tr><td>May-24</td><td>2000</td><td></td></tr><tr><td>Jun-24</td><td>1900</td><td></td></tr><tr><td>Jul-24</td><td>1900</td><td></td></tr><tr><td>Aug-24</td><td>1550</td><td></td></tr><tr><td>Sep-24</td><td>1600</td><td></td></tr><tr><td>Oct-24</td><td>1650</td><td></td></tr><tr><td>Nov-24</td><td>1550</td><td></td></tr><tr><td>Dec-24</td><td>1800</td><td></td></tr><tr><td>Jan-25</td><td>1750</td><td></td></tr><tr><td>Feb-25</td><td>1400</td><td></td></tr><tr><td>Mar-25</td><td>1700</td><td></td></tr><tr><td>Apr-25</td><td>1700</td><td></td></tr><tr><td>May-25</td><td>1850</td><td>1400</td></tr><tr><td>Jun-25</td><td>1800</td><td>1200</td></tr><tr><td>Jul-25</td><td>2100</td><td>1000</td></tr><tr><td>Aug-25</td><td></td><td>800</td></tr><tr><td>Sep-25</td><td></td><td>600</td></tr><tr><td>Oct-25</td><td></td><td>0</td></tr><tr><td>Nov-25</td><td></td><td>0</td></tr><tr><td>Dec-25</td><td></td><td>0</td></tr><tr><td>Jan-26</td><td></td><td>0</td></tr><tr><td>Feb-26</td><td></td><td>0</td></tr><tr><td>Mar-26</td><td></td><td>0</td></tr></tbody></table>	Month	Actual	Target	Apr-24	1750		May-24	2000		Jun-24	1900		Jul-24	1900		Aug-24	1550		Sep-24	1600		Oct-24	1650		Nov-24	1550		Dec-24	1800		Jan-25	1750		Feb-25	1400		Mar-25	1700		Apr-25	1700		May-25	1850	1400	Jun-25	1800	1200	Jul-25	2100	1000	Aug-25		800	Sep-25		600	Oct-25		0	Nov-25		0	Dec-25		0	Jan-26		0	Feb-26		0	Mar-26		0
Month	Actual	Target																																																																																																																																																					
Apr-24	1250																																																																																																																																																						
May-24	1300																																																																																																																																																						
Jun-24	1150																																																																																																																																																						
Jul-24	1150																																																																																																																																																						
Aug-24	650																																																																																																																																																						
Sep-24	950																																																																																																																																																						
Oct-24	1000																																																																																																																																																						
Nov-24	850																																																																																																																																																						
Dec-24	1200																																																																																																																																																						
Jan-25	1250																																																																																																																																																						
Feb-25	850																																																																																																																																																						
Mar-25	1050																																																																																																																																																						
Apr-25	1150																																																																																																																																																						
May-25	1000	1000																																																																																																																																																					
Jun-25	400	800																																																																																																																																																					
Jul-25	300	600																																																																																																																																																					
Aug-25		400																																																																																																																																																					
Sep-25		200																																																																																																																																																					
Oct-25		0																																																																																																																																																					
Nov-25		0																																																																																																																																																					
Dec-25		0																																																																																																																																																					
Jan-26		0																																																																																																																																																					
Feb-26		0																																																																																																																																																					
Mar-26		0																																																																																																																																																					
Month	Actual	Target																																																																																																																																																					
Apr-24	1750																																																																																																																																																						
May-24	2000																																																																																																																																																						
Jun-24	1900																																																																																																																																																						
Jul-24	1900																																																																																																																																																						
Aug-24	1550																																																																																																																																																						
Sep-24	1600																																																																																																																																																						
Oct-24	1650																																																																																																																																																						
Nov-24	1550																																																																																																																																																						
Dec-24	1800																																																																																																																																																						
Jan-25	1750																																																																																																																																																						
Feb-25	1400																																																																																																																																																						
Mar-25	1700																																																																																																																																																						
Apr-25	1700																																																																																																																																																						
May-25	1850	1400																																																																																																																																																					
Jun-25	1800	1200																																																																																																																																																					
Jul-25	2100	1000																																																																																																																																																					
Aug-25		800																																																																																																																																																					
Sep-25		600																																																																																																																																																					
Oct-25		0																																																																																																																																																					
Nov-25		0																																																																																																																																																					
Dec-25		0																																																																																																																																																					
Jan-26		0																																																																																																																																																					
Feb-26		0																																																																																																																																																					
Mar-26		0																																																																																																																																																					
Were there any significant incidents affecting this strategic Risk this period:																																																																																																																																																							
Critical incident declared at Princess of Wales on 9th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity. An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8th January 2025 Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6-month phased return.																																																																																																																																																							
Associated Risks escalated to the Organisational Risk Register																																																																																																																																																							
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation). Risk score reviewed and decreased in September 2025 review of the Organisational Risk Register.	20-16																																																																																																																																																					
3826	Emergency Department (ED) Overcrowding	20																																																																																																																																																					

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

Risk Leads - Executive Nurse Director - Executive Medical Director	Assurance committee - Quality, Safety & Experience Committee - Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged due to the current challenges and complexities being faced by teams across all sites. It is anticipated that the risk score may remain quite static 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 action section.

Current Control Measures

Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan has been developed to imbed the strategy and a new operating model for IPC. Strategy launched, ongoing Organisational Change Programme.
- Development of the CTM Safeguarding Strategy 2024-2027 – endorsed at Health Board meeting in January 2025.
- Quality & Safety Framework in place.
- ~~Quality Strategy will come to an end in 2025. Review underway to develop a Quality Strategic Plan that will feed into the Annual Duty of Quality Report and delivery of CTM2030. Quality Strategy action plan updated, and an update received at the Quality & Safety Committee in July 2024.~~
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework. The CTM Learning Academy Framework is being presented to the Quality, Safety & Experience Committee in January 2025 and to the March 2025 Board Meeting;
- The Incident Management Framework was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee.
- Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;
- Superseded by CTM Learning Academy framework.
- Listening & Learning Framework established. Shared Listening and Learning Forum meets at least four times per annum with two Shared Learning events each year. Last event took place on 13 November 2024, and a further event in late spring/early summer 2025 is planned.
- Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently completed 27 wards with 8 white and 19 reaching Bronze accreditation. There is a rolling programme in place for 2025 which includes Maternity & Mental Health.
- Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024. ~~Update on the delivery plan shared with the Quality, Safety & Experience Committee in July 2025.~~
- Duty of Quality and Candour established within CTMUHB. CTMUHB is represented on an All Wales basis where any discussions are held in terms of reviewing the framework. Adhoc support is available from the NHS Wales Performance & Improvement (formerly NHS Executive) as required. ~~Annual Duty of Quality Report for 2024-2025 was received at the Quality, Safety & Experience Committee in July 2025. Progress is also being made against the Annual Quality Report in readiness for publication in the forthcoming months.~~
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- Assistant Medical Director for Quality & Safety commenced in February 2025.
- Mortality Board established and inaugural meeting held in December 2024. Agreement with Archus to establish a robust process for data monitoring.
- People Experiences Framework
- Harm Free Care

Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards. Patient Experience Forum revitalised and an operational group also now established to support this activity. The bi-annual report from the forums will be received at Quality, Safety & Experience Committee in July 2025.
- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented. ~~Evidence based review underway which will inform the ongoing format and approach to IM walkarounds. The format of future walkarounds, aligned to the new framework, is in the process of being finalised including a review of the Independent Member/Executive buddy system.~~
- Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues. Llais has confirmed they are holding "outreach" clinics across community 4 times a month to hear the voice of the population.
- The mortality team is finalising a standardised mortality dashboard which will establish a consistent process for mortality scrutiny, with key information regularly reported to a Mortality Board. The aim is to complete this in Q4. This has been expanded to include reports from the Medical Examiner service and integrated into the mortality learning reports.
- Working with the COO and wider operational teams, the Deputy Executive Nurse Director has mapped the harm free care agenda, including Hydration and Nutrition, Inpatient Falls and Pressure Damage Steering Groups through the existing Improving Care Board structure, resulting in planned bi-annual reporting to Quality, Safety & Experience Committee.
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;
- Patient and Staff Stories received at Board Meetings and Quality, Safety & Experience Committee;
- Active Forums such as ~~"My Maternity My Way Maternity & Neonatal Voices"~~ which includes past and present service users; ~~Successful recruitment of Lay Patient Representative who will chair this forum.~~
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out. ~~CTMUHB has PREMS across multiple specialities reporting to QSEC via the Quality Dashboard.~~
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.

- ~~• Patient Safety Clinics, targeting service areas with high or low incident reporting;~~
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns.

Current Control Measures Contd.

- 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 2025 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments. System set up and roll out planned.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1,800 individuals registered and using the system. Over 270 staff ideas generated since its launch.
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. Current framework and structure for RADAR under review and will be subject to further discussion over the coming weeks. Activities of RADAR are now integrated into business as usual within the Unscheduled Care Group structure.
- There is an End of Life provision plan which is being managed by the Primary Care, Care Group alongside Palliative Care.
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- On the back of the success of the 2023 and 2024 events, **the 2025 Quality Improvement showcase took place in July 2025.**
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Theatre Utilisation Group is now captured within the Productivity Improvement and Transformation Programme for Planned Care activity. There is also a Strategic Transformation of Acute Medicine Programme for Unscheduled Care activity. Both programmes report into the Operational Management 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; Team working 2025-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Phase 1 completed. Phase 2 launched in October 2024 focusing on Acute Deterioration, Deconditioning and Quality Management Systems; Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;
- ICTM developed and delivering a QI Capacity and capability programme;
- Monthly Quality Improvement (QI) training continuing and ongoing on a monthly basis, over 490 CTM people trained in numerous improvement techniques.
- Investigation and Putting Things Right (PTR) Training commenced during July 2022; The delivery of investigation and PTR training is under review as part of the updated PTR regulations implementation. All Wales PTR training is currently out for consultation across NHS Wales organisations.
- Value Based Healthcare programme in place aligned to national Value in Health priorities; business case proposals received for 2024-2025 investment currently being reviewed.
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Service Improvement Groups established end of 2024
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- ~~• The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. Completed and final report has been issued.~~
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Wales Performance & Improvement (formerly NHS Executive) Led meeting on Sexual Safety held to define the structure of this programme of work.
- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. Reviewing the process documentation and guidance for Duty of Quality and Duty of Candour to ensure accessible training and proper recording on our Electronic Staff Record (ESR). The PTR training will also incorporate Duty of Candour.
- A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Quality, Safety & Experience Committee and Board.
- Medical Collaborative Group **has been** formed and re-invigorated and **improving collaboration** between primary and secondary care **with good attendance.**
- Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.
- Improving Care Board has developed a portfolio of improvement programme and projects.
- National Safe Care Collaborative Programme Commenced.

- CTM Learning Academy – The vision of the CTM Learning Academy is to “Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes & wellbeing. To develop and deliver an inter-professional and collaborative learning approach, meeting the individual educational needs of each profession whilst also enabling and benefitting from diversity of thought and skill set.”. There are 4 Strategic Aims:
 - Establishing underpinning processes for Education Quality, Governance and sustainability
 - Developing and Transforming our Current workforce
 - Developing our Future Workforce
 - Developing a Culture of Interprofessional Learning and Collaboration.

Research

- Research & Development Programme. Healthcare Research Wales have validated the Health Board’s self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Research strategy in final draft form, currently out for wider consultation. **The Research & Development Strategy approved by Board following endorsement from the Quality, Safety & Experience Committee. Increased oversight at Operational Management Board on RDI activity.**

Flow Efficiencies and Productivity

- ‘Optimise’ – optimise flow improvement programme rolled out across all three acute sites.
- Medical Workforce & Nursing Workforce Productivity Programmes established. Medical Workforce Productivity Programme encompasses a performance and escalation group as well as a framework group for establishing standard practice at CTM.

Sources of Assurance (Internal and External)

External Reports

HIW Deprivation of Liberty Safeguards Report 2024 - The Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23 provides an overview of the implementation of DoLS in Wales. The report highlights a significant increase in the number of applications received by local authorities and health boards, with ongoing delays in allocation, assessment, and authorisation processes. These delays result in many individuals being deprived of their liberty without legal protection. The report also notes variations in the use of conditions and the need for improved procedures for urgent authorisations. The Welsh Government is considering strengthening the current DoLS system to better protect the human rights of individuals who lack mental capacity. CTMUHB has been actively addressing the Deprivation of Liberty Safeguards (DoLS) through various measures to oversee and respond to the increasing demand.

Internal Audit review on “Embedding the Quality Framework” completed and final report has been received. Reasonable assurance has been provided by the Audit, recommendations are being acted upon and managed via the audit tracker.

Internal Audit – Peoples Experience – resulted in Substantial Assurance.

Annual Reports

- Clinical Audit Annual Report;
- Clinical Education Annual Report;
- Safeguarding Annual Report;
- Putting Things Right Annual Report;
- Infection Prevention and Control Annual Report;
- Medicines Management Expenditure Committee Annual Report;
- Organ Donation Annual Report.
- 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;
- ICTM (Improvement and Innovation) Annual Report
- Annual Duty of Quality Report

Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;

- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Llais briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (to be completed by May 2025).
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- 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;
- Harm Free Care Agenda
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- Internal Audit undertook a review which considered the processes and procedures implemented by the Health Board to ensure compliance with the Duty of Candour. The final report is awaited, and any recommendations will be acted upon and managed via the Audit Tracker
- Internal Audit review undertaken on embedding the Quality Framework. Final report received and reasonable assurance allocated. Recommendations are being acted on and being managed via the Audit Tracker
- Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was 26.7% which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.
- Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.
- ~~Medical Workforce Delivery Group-Performance and Escalation Group (PEG)~~ for Medical Workforce Matters.
- Action Plan is in place to address the backlog of open coroner cases caused by a significant increase of number of inquests of the last 12 months.
- Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement.
- **CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.**
- **Cardiac Physiology services in PoW are accredited to British Society of Echocardiography for TTE, Training, Stress, TOE.**

Qualitative Intelligence

- **Monthly PREMS qualitative feedback received.**
- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;

- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
- Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) governance and incident management;
- Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: - o Simplify data capture - o Streamline reporting - o Provide real-time visibility of ward performance

			o Reduce manual processes and consolidate information onto one platform
2. Strategy & Framework Reviews and Development Safeguarding Strategy - o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - o Development of a safeguarding dashboard	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently There is a robust work plan which is in ace to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's (formerly NHS Executive) rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: • Safe Care • Timely Care • Equitable Care • Effective Care • Efficient Care • Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales. Our team regularly

		indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	benchmarks our performance against similar NHS organisations. CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.
	Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.	- Improved decision making and therefore improved patient care - Improved oversight of patient care from ward / team to Board against evidence-based standards and local indicators - Stimulate clinical team discussion and quality improvement areas - Decision making - Real time insights to ensure mobilisation of support, adjustments and actions where needed	Action complete.
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	- Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. - Improvement into practice training taking place every other month. - Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the "Have Your Say" process. Recruited and appointed to posts.	Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas. Ensuring our people have the skills and empowerment to make changes and improvements. To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.	Rolling programme of challenges for staff with measures around ideas, engagement and implementation. PREMS data now being routinely provided to Care Groups and to Q&S Committee.
5. Improving flow and efficiencies and productivity	Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.	Medical: Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence (monitoring medical spend and exploration of potential savings and efficiencies), workforce establishment. Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts Nursing: Nursing productivity:

		as part of its broader strategy to improve efficiency and effectiveness within the health board. Key actions under this programme include: • Bank Modernisation Action Plan: This includes proactive recruitment across 12 months. • Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative. • Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5. • Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	• Processes and installing of KPIs for the bank service (partially achieved). • Implementation and use of flexible working policy (implemented and active). • Implementation of lateral moves scheme (implemented and being actively utilised). Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position).
6. Fragility of the Legal Services Directorate	• Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. • Recovery plan also considering the stability of the Legal Services Directorate.	• Improved patient and stakeholder experience. • Improved compliance and performance. • Sustainable service fit for the future. • Robust systems and processes.	• Compliance and performance metrics within the Integrated Performance Dashboard. • Decrease in cases being referred or escalated to next stages in the relevant process. • Increased compliance in KPI across legal and PTR. • Reduction in recovery measures in line with improving performance • Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. • Implementation of the revised operating procedures and process maps.

Linked National Priority Measures

Care Closer to Home

- 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;
- 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.

Patient Safety Solutions

Infection Prevention and Control

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

Children's Charter

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

Safeguarding

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

Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2023-2024 – Development of a Nursing and Midwifery vision underway.

National Patient Experience Framework.

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

Full engagement in the Chief Medical Officers priority to strengthen clinical leadership and the Medical Director closely involved with the National Work (Ministerial Advisory Group Report)

Current Performance Highlights

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:

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

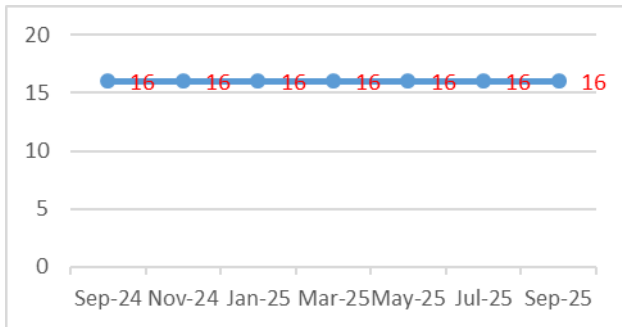
Were there any significant incidents affecting this strategic Risk this period:

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

Associated Risks escalated to the Organisational Risk Register		
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
6111	Medical Examiner Delays.	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4417	Management of Security Doors in All Hospital Settings	16
5646	Impact of Right Care Right Person approached.	16
6228	Effective and efficient management of requests from the HM Coroner.	16
6229	Timely development of, management and response to Learning from Event Reports (LFERs).	16
6230	~~Proactive management and compliance with Medical Negligence or Personal Injury claims at Pre-Action Protocol stages.~~ Risk score reduced in September 2025 to a score of 12 and therefore has been de-escalated from the Organisational Risk Register.	16
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	16
6232	Stability of the Legal Services Function.	15
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	15
4691	New Mental Health Unit	15
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	16
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	20

Strategic Goal(s):  Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care  Sustaining Our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future  Inspiring People - Viable and inspiring leadership. - Promoting diversity and inclusion. - Embedding our values and behaviours. - Encouraging local employment			Risk score 16
Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation (including culture, values and behaviours) (Risk No. 3)			
If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work		Then we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	Resulting in increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.

Risk Lead	Executive Director for People	Assurance committee	- Quality, Safety & Experience Committee - Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
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>				This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment has been explored but is expensive and not sustainable. However, a limited number of specialities are pursuing medical international recruitment via NWSSP. This is a short-medium term solution whilst alternative plans are implemented to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The wellbeing of our workforce is at the heart of all we do, and we remain focussed on reducing the impact on the workforce if sickness and turnover rates remain high. Sickness rates increased slightly to 7.03% in July 2025, compared to

	6.66% in June. The rolling 12 months sickness rate was 6.98%. Turnover increased slightly to 9.00% in July 2025 (from – 8.91% in June) but decreased to 8.66% in August 2025. Job Planning compliance is at 35% as at end of August 2025. Agency spend at M4 £9.672m. The risk score has been reviewed in accordance with the Risk Domain/ Scoring Matrix. The following consequences have not been seen, as outlined at L5, which suggests the original risk score may have been overstated previously and was reported too high, based on the points below • Non-delivery of key objectives/services due to loss of several key staff – there are references in the risk register at a risk score of 20 for failure to deliver some services e.g. immunology in secondary care, stroke services, laboratory information system, sustaining cancer targets, imaging and failure to meet the demand for patient care at all points of the patient journey but there are controls in place and action plans to address any shortfalls • Ongoing unsafe staffing levels or competence/skill mix. The same as above • The number of staff attending mandatory/professional training - mandatory training for CTMUHB is 73.52% as at June 2025. The workforce risk remains significant. The reduction in the likelihood is to correct the scoring which places the risk score more appropriately represented within the risk domains at L4. • Late delivery of key objective/service due to lack of staff. • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Poor staff attendance for mandatory/key professional training. We continue to treat and mitigate the risk as follows in the report.
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 across CTMUHB with Care Groups, Services, Professional Leads and Heads of People, focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable. The launch of the People Plan and development of associated metrics will support priorities, monitoring and improvements through shared organisational actions. Alongside this are the action plans to support the results of the staff survey. Improved workforce systems controls will support productivity and efficiencies. Proposed changes to nursing, midwifery and Health Care Support Worker shift patterns are being worked through with ongoing consultation with staff and Trade Union colleagues with a view to agreeing a consistent shift pattern across CTM, which meets agreed criteria around patient safety, staff wellbeing, improved workforce availability and financial efficiencies.

Current Control Measures
Recruitment • Vacancy Scrutiny Panel. • ~~Bank modernisation action plan which includes proactive recruitment across 12 months.~~ SDP Nursing Productivity Programme includes workstreams on temporary staffing and Bank optimisation to support optimisation of bank potential • Online recruitment through Trac. • Review of the CTM 'reducing the time to hire, ownership of the journey' aligned to the NWSSP Recruitment Modernisation Group. • ~~International Recruitment - via NWSSP - 3 x Psychiatrists (ANCIPS) (India) posts offered for Mental Health and Learning Disabilities Care Group with their arrival due from June 2025. CTM has also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. Awaiting confirmation of the funding for CTM. A further one Speciality Grade Doctor for Haematology is in process of being sought from India.~~ International Recruitment - via NWSSP, 3 x Psychiatrist (ANCIPS) (India) posts offered for Mental Health and Learning Disabilities

Care Group - the first Doctor arrived at the end of June 2025 with the others due later this year. The Haematology Department has also recruited a Specialist Grade Doctor who will join in late 2025/early 2026. CTM also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. Awaiting confirmation of the funding for CTM for 9 Consultants and 9 Specialty Doctors

- 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 includes a focus on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach.
- Attraction and Resourcing Key priorities: Through the development of an Attraction and Resourcing Working group the following priorities have been identified: Increasing visibility of vacancies through social media strategy implemented with increased social media presence presenting job vacancies, working with local partner organisations to raise visibility of CTM vacancies including presence in Careers fairs, and distribution lists. Raising our employer brand through the development on our career's website, and building CTM assets, promoting CTM as an employer of choice learning to inform future events.
- Trialling on-the day recruitment events and alternative application methods to widen reach and improve accessibility for applicants. **Have successfully trialled on the day recruitment events in Facilities, expanding to trial Health Care Support Workers.**
- Actively involved in senior key critical appointments across the Health Board. **This includes exploring person spec application form to improve shortlisting for managers and accessibility for applicants.**
- Reviewing the CTM approach to the selection process to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making.
- Work experience pathway established.
- A 'Loop' app to improve access to book shifts for bank workers.
- Non-Consultant rate card and Consultant rate card in place to provide consistent rates of pay.
- Reviewing M&D fixed term contracts and agreeing a more robust approach and controls with the Executive Medical Director.
- Review of support for nurses recruited via IEN Programme to improve experience, CPD, career pathways, wellbeing and retention.
- **Development of the recruitment intranet via SharePoint.**

Retention

- Engagement in All Wales Nursing Retention group and HEIW Retention Community of Practice. Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched in place with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire. **Plan reviewed with key stakeholders. Current progress: 0 red, 23 amber and 32 green actions. Aim to evaluate progress and compare across NHS Wales.**
- ~~A CTM Retention Steering Group in place to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees. A retention action plan has been developed which includes national and local actions and this group will have oversight. Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes.~~ The Retention Programme is currently being re-established, with plans to refocus its priorities and reconvene the steering group in September/October 2025. The aim is to define a clear vision, set guiding principles, and establish a mission for the programme, supported by a targeted action plan aligned to measurable objectives. As part of the proposal, the steering group will be split into two tiers:
 - An operational group to test and implement change; and
 - A strategic programme board to oversee progress and direction.
- ~~The Moving on questionnaire is under review with aim of increasing completion rates and providing us with a valuable data on turnover. This is being reviewed to establish links to other workforce data and to ensure the process is robust.~~ The 'Moving on Process', including the questionnaire and flowchart, is currently under review. A revised version is expected to be shared with the Workforce Planning Team by the end of September, alongside evaluation findings from responses received to date. The review aims to introduce a more streamlined and automated resignation process for CTM, incorporating key retention and employee experience questions to ensure meaningful data capture, even if the full questionnaire is not completed. Retention intranet pages contain resources to enable managers to record leavers correctly and provide a centralised area to access related resources.
- The **Starting Joining Well** Survey was relaunched in January 2025 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding. **The initiative is currently led by the Employee Experience team, with our Retention Lead serving as a key stakeholder within the working group. While the survey has been piloted, it has not yet been formally launched. Response rates so far have been low, however, feedback received has provided valuable insights that have already enabled improvements to be made. Further work is required to develop a targeted communication strategy and to review the scheme's timing to ensure it aligns effectively with staff needs and engagement opportunities.**
- Internal Lateral Moves Scheme for Band 5 Nurse and Midwives in place. ~~The scheme is currently under review to automate and improve the process now it is established. The next steps are to review expanding the Scheme to include other staff groups.~~ The scheme has undergone Phase 1 improvements, including better tracking tools and engagement with stakeholders to gather feedback and evaluate impact. Since launch, 306 applications were received, with mixed experiences reported. Phase 2 will introduce automation via Microsoft Lists, with a re-launch planned for October 2025.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. **Aim to move all flexible working applications onto ESR in the near future** ~~Work is taking place to move the Flexible Working requesting process onto ESR~~ to allow for better data intelligence and a more robust monitoring process.
- Wagestream as a mechanism for regular pay
- Organisational Induction launched

- PDR “Your Conversation” promoting safe and productive environments for managers to interact with and listen to their staff
- Retention Lead appointed to take up post in June 2025 to take the agenda forwards.
- An Attraction and Resourcing Lead in place providing expertise and to drive the agenda forwards.
- **Retention dashboard created and shared with key stakeholders with the aim to digitise and support managers to understand and use this data in collaboration with HOPs and DHOPs.**

Temporary staffing solutions

- Workforce Efficiencies Programme in place with dedicated lead to drive the savings programme for 2025/2026 around nursing and medical and dental. Retinue Solutions contract for Medical, Dental, AHP and HSS (agency) and Patchwork for Medical and Dental bank ceased on 26 June 2025. Locum’s Nest contract in place as a new provider went live for Medical and Dental bank on 26 June 2025. Agency for AHP and HSS temporarily managed through Health Roster and Staff Bank. **Proposed date for launch of Medical and Dental Agency on Locum’s Nest is 9th September (pending Executive approval). Manual process managed by the People Directorate has been in place in the interim whilst process/ data issues resolved.**
- Further update of the FCP and SOP and will incorporate the requirements for the workforce efficiencies programme and the new Locum’s Nest system.
- Optimisation of Health Roster and Staff Bank are the key workforce programmes of work under the Nurse Productivity Programme to support £4m savings
- Bank KPIs are being developed part of the Nurse Productivity Programme.
- Medical and Dental Programme of work to support the £3m savings under the Medical Workforce Productivity Programme

Day-to-day management of staffing levels

- Electronic rostering via Health Roster
- Job Planning Guide and communication issued (agreed with the LNC) reduced presumed sign off period for job plans from 10 weeks to 4 weeks in place.
- Junior doctor rota monitoring. **~~A rota monitoring paper and scheduler has been developed and is implemented.~~ Monitoring plan for next tranche to be signed off by September 2025.**
- Sickness absence management process, **scoping of CTMUHB wide sickness project underway.**

Workforce Planning

- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway include working with HEIW on the Workforce Modelling Tool.
- HEIW all Wales Strategic Workforce Plans across: AHP, Dental, Genomics, Mental Health, Perinatal, Pharmacy and Primary Care and Nursing. Guidance for Radiology is also available.
- The Head of Workforce Planning and Head of People Analytics are aligned to the HEIW Workforce Planning Network.
- **Discussions to commence regarding** education commissioning submission for the 2 PAs graduating in 2025.
- SWP Audit actions in progress and reported via the audit tracker reported at the Audit and Risk Committee.
- **Medical establishment has been developed that aligns ESR and ledger data to provide accurate establishment and vacancy information.** Work still required to develop controls to keep this live. **The next focus is the development for Nursing, Midwifery and HealthCare Support Workers, this work will be undertaken in partnership with HEIW.**
- **Work to plan and prepare for the Registered Nurse Associate (RNA) in CTM is underway across workforce planning, clinical education and corporate nursing. There has been a slight delay as HEIW Education Training Commissioning Templates are not requesting HB numbers for the RNA in this year’s return as expected.**

Sources of Assurance (Internal and External)

- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM Operational Delivery Committee and CTMUHB Local Partnership Forum. Data also included in Integrated Performance Report to the Board; and included in Nursing Productivity and Medical Productivity Programmes which reports into Values & Effectiveness Board. **Our People Metrics are currently undergoing improvements, including to align to the People Plan.**
- Medical Workforce Productivity Programme (MWPP): Delivery Group meeting includes data on bank usage, agency spend, waiting list initiative (WLI) usage/spend, job planning compliance and trajectories, sickness absence. The new Medical and Dental Policy Group meeting which reports to the Delivery Group focuses on consistent practices and policy application recruitment, retention and consistent policies and practices with the aim of a ‘Once for CTM’ approach.
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year’s IMTP Education and Commissioning submission was approved at ELG in March 2025 and submitted to HEIW. The next cycle of IMTP Education Commissioning commenced in October 2025 for a draft submission to HEIW at end of January 2025, with a final Board approved submitted by 31 March 2025.
- Quarterly vacancy data return submitted to Welsh Government for NHS vacancy statistics
- **~~A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The Nursing dashboard, and dashboards are in development with the nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing for phase 2.~~ A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Phase 2 and the redevelopment of the Care Group Dashboards are currently in development. Further automated reporting is in development to support MWPP and Establishment reporting.**

- In partnership with Digital, developing a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to Building enhance data and analytical capability for leaders to improve data driven decisions. Exploration is being undertaken with the NDR to incorporate a masterclass into CTMs Leadership programme
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. Working towards the SWP Audit Wales recommendations outlined in the audit report. The audit report and actions were shared at the CTM Audit and Risk Committee on 18 April 2024.
- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. The questionnaire was initially sent to all AFC staff who joined CTM in last 12 months and to date 125 responses to formulate a report on themes and next steps to inform our CTM attraction strategy. Next step is to send out to M&D new starters to support M&D attraction.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. T&F Groups are being set up to develop information and data on workforce pipelines.
- Work is underway aligned to activity and finance to review the workforce data modelling that is needed to inform the ACSP service plans.
- Horizon scan work is being finalised as one of the actions under the underway in accordance with the Audit Wales SWP audit recommendations.
- Update on Workforce Planning was discussed at People and Culture in August 2024.
- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024. A review of how this Strategic Workforce Plan will impact on CTM is being considered. Assessment of the CTM progress against HEIW Strategic Workforce plans was undertaken and discussed at People and Culture in August 2024.
- Initial discussions are underway to prepare for the work and communications required for the Future NHS Workforce System with the all- Wales and England plan to transition to a new supplier in the summer, 2025. Implementation and roll out planned for 2027-2030.
- A review of our medical workforce systems is underway to develop improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up). This is now being aligned to the Workforce Efficiencies Programme, and links with NWSSP Procurement, Finance, Digital and Data teams.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Workforce Planning • Workforce Planning process not yet in place – currently at very early stage • Establishment control not in place and ongoing challenges in vacancy reporting	Developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics to understand the CTM vacancy position, to support better workforce decisions to fill gaps and reduce reliance on temporary variable pay. Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: • Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. This has been postponed until the return of the Maternity Services to POWH. A further date to be arranged. • Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. A dedicated workforce planning support has been appointed to align the workforce requirements and deliverables for LHP.	To identify the CTM vacancy position. This will be initially for medical and dental workforce aligned to CG service needs. This was completed in May 2025. This will include substantive staff in post, ledger information and bring medical variable pay (agency, WLI and bank usage/spend) alongside job planning compliance. Development work for Nursing, Midwifery and HCSW is due to commence with support and partnership working with HEIW. This will include substantive staff in post, ledger information and nursing variable pay (agency and bank) alongside overtime, SafeCare and Health Roster data. Improved data quality and provision of analytics and intelligence to inform current and future trends.	Clarity and visibility on our CTM workforce gaps and rationale for overspend. This can be used to inform, and drive CG/Service workforce plans to find more affordable and sustainable workforce options. This will provide a narrative to tell the organisational story and what actions are needed to mitigate risks. Ensure workforce plans are in place to meet the current and future workforce demand.

	- 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 - Initial meeting took place in June 2025 to shape the group and content. - The Head of Workforce Planning is representing CTM on the All Wales Registered Nursing Assistant Band 4 post to support the development of a CTM action plan. - Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments. - SWP Audit Wales Recommendations Action Plan in place and progress and updated at People & Culture Committee in August 2024.	To support the development of a workforce plan to support the delivery of the all Wales Perinatal workforce plan. Development of an LHP workforce plan. The workforce section of the Outline Business Case is in development for submission in ~~May-September~~ 2025. Due to changing demographics of our patients and workforce, the need for alternative workforce models to address shortages in skills/workforce availability. Providing information around what changes are predicted in the future that could impact on the workforce. This will include changes to work through technology or approaches to work due to generational shifts which need to be considered for future workforce demands and supply. ~~The PA Working Group will provide a CTM approach to employing and supporting Physician Associates in the organisation.~~ To develop an agreed CTM approach to recruitment and practice for RNAs aligned to professional registration and standards. Development of a workforce plan that supports a multi-skilled, flexible workforce to meet current and future needs. Regular reporting at Strategic Development Group on strategic workforce plans providing governance and oversight on the approach.	To ensure there is an affordable and sustainable workforce plan to meet the ambitions of LHP and ensure delivery of the plans. Reduce vacancies through improved retention and attraction. Reducing over reliance on temporary workforce where more sustainable options may be available. Consideration of future changes in workforce plans to ensure they remain flexible and agile to meet changing population and workforce needs. Clarity on the use of and approach to Physician Associates in CTM aligned to all Wales Governance and agreed standards. This will also set out the governance and infrastructure for PAs to ensure maximum benefits from the role within multi-disciplinary teams. Effective use of RNAs to support high quality patient care and appropriate skill mix to support patient care across the nursing workforce and multi-disciplinary team. Reducing workforce gaps in skills/posts and temporary spend where appropriate. Agreed approaches to deliver the workforce required, aligned to professional standards, which is affordable and sustainable. Organisational oversight and commitment to the direction and align of the workforce to deliver the objectives and ambitions of CTM 2030.

2. Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	- Retention action plan is drafted - monitored and updated by the Retention lead. Currently being refreshed prior to sign off. - Retention updates being provided on an ongoing basis via the Operational Delivery Committee.	CTM delivery against the All Wales Nurse Retention Plan and CTM Retention Plan.	Reduced turnover (increased retention) of workforce to reduce vacancies. Retaining skills and expertise especially in areas where workforce is in short supply or will be in the future. Improved succession planning.
Linked National Priority Measures			
Workforce 23. Agency spend as a percentage of the total pay bill 27. Percentage sickness rate of staff			
Current Performance Highlights None identified in the July 2025 iteration.			
Were there any significant incidents affecting this strategic Risk this period: None identified in the July 2025 iteration.			
Associated Risks escalated to the Organisational Risk Register			
5753	Inadequate Special School Nurse Provision.	20	
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	16	
5576	Palliative Medicine Staffing	16	
5304	Datix Risk ID - The Air Handling Unit (AHU) for the pharmacy aseptic production suite.	16	
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16	
6232	Stability of the Legal Services Function.	15	
4218	Reduced on site Consultant Microbiologist / IPC Doctor cover for Bridgend. New risk escalated to the Organisational Risk Register in September 2025	16	



Creating Health

- Reducing health inequalities
- Equal focus on mental and physical health
- Supporting our communities
- Being a healthy organisation



Sustaining our Future

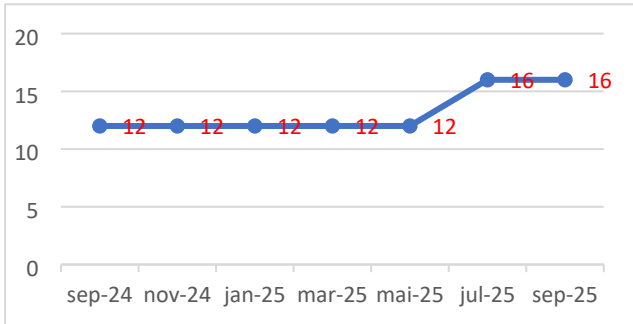
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Strategic Goal(s):

Risk score
16

Strategic Risk: Effective Community and Partner Engagement in Service Changes and Developments (Risk No.4)		
If the Health Board does not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	Resulting in - Lack of trust between the community and the Health Board. - Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. - Challenge to public decisions relating to future service developments due to limited engagement - The inability to affect positive change in terms of improving health inequalities and health outcomes.

Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
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>				In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Acute Clinical Service Plan and wider service change requirement as well as the need to define a clearer process and procedure for supporting transformation and service change, the risk score has been increased in terms of likelihood to a 4 in July 2025. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement function. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

Current Control Measures

Strategies & Plans

- 2030 Strategy – 'Our Health Our Future'
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Acute Clinical Services Plan – Senior Leaders Group
- CTM Leaders Forum - New Terms of Reference developed with a further review scheduled for 2025.
- Staff Q&A
- (Staff) Leaders' Forum
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Llais including representation on Board
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- 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
- CTM Strategic Engagement Forum (established Sept 24). Chaired by Head of Engagement and Involvement.
- A collaboration with Veterans is being established through the development of a forum with partners from the Veteran Hubs, wider Armed Forces community, third sector organisations, Primary Care and CTMUHB.
- Working group for health protection and vaccination, including members of the community leaders' network

Needs Assessment & Consultation Processes

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

Sources of Assurance (Internal and External)

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.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

On the 7 April 2025, the Welsh Language Commissioner published her five-Year Plan, within which she encouraged others to speak with CTM as an example of good practice, this endorsement provided CTMUHB with the opportunity to showcase the work being done across the health board to enable our staff to learn and use the Welsh language.

Reports to other committees

- Community Health Council briefing papers to Quality, Safety & Experience Committee.

External

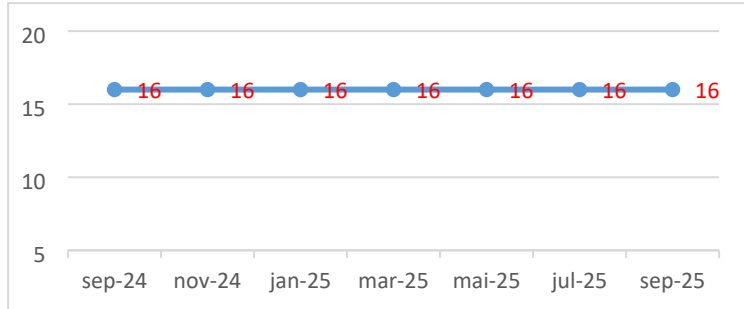
Activity commissioned from Opinion Research Services will provide detailed intelligence of stakeholders within CTM communities, including those at the hyperlocal level, enabling greater effectiveness and efficiency of public engagement and involvement activities.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Review the Becoming an Engaging Organisation Strategy	- Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy, - Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. - Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward. - Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture. - External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025. - Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity. - Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements. - Discussions to identify opportunities to improve robustness of partnership between Communications and Engagement and planning and transformation, and	- Alignment across health board strategy and change programmes. - Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives. - A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review. - Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change. - Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities. - Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Joined up working and efficient and effective use of shared capacity across the three South East Wales Health Boards. - Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes.	- Consistency of narrative across strategic resources and change plans. - Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly. - Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review. - Securing of partner to delivery through procurement process on budget and against expected schedule. - Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction. - Provision of a stakeholder map by ORS to be used for targeted involvement/engagement/consultation - Development and implementation of a Regional Communication and Engagement Plan. - Development of the ACSP and service change public engagement/involvement strategy for CTMUHB - A single policy/process for support of service change and transformation. An annual plan for public and community engagement activities and objectives.

	development of better-defined processes and procedures for supporting transformation and service change. Closer, more formalised working relationships between Strategy and Planning and Communications and Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings.	- More effective, efficient and sustainable support for service change and transformation with lower risk. - Closer working with the Strategy & Planning directorate will enable the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives.	
Linked National Priority Measures			
Nil			
Current Performance Highlights			
- Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms. - CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB. - Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities. - Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.			
Were there any significant incidents affecting this strategic Risk this period:			
None identified.			
Associated Risks escalated to the Organisational Risk Register			
Nil			

Strategic Goal(s):			Risk score
	Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care		Sustaining our Future • Becoming a green organisation • Ensuring our Services financial sustainability Embedding value-based healthcare • Ensuring our estate is fit for the future
Risk score			
16			
Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)			
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	Then We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	Resulting in Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population’s and patients experiences, and continue to constrain our ability to work seamlessly across our region.	

Risk Lead	Director of Digital	Assurance committee	- Operational Delivery Committee - Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No changes to risk score this period. Risk Score Trajectory 
Initial	4	5	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>				Trajectory and Next Steps - The risk score remains unchanged this period due to the balance between progress and persistent vulnerabilities. However, the trajectory is cautiously optimistic, with mitigating actions underway: • Renewal of CTMUHB’s strategy for AI, data and digital transformation, • Continued implementation of the Cyber Improvement Plan and Information Security Policy. • Strengthening of governance frameworks for AI, supplier management and digital inclusion • Ongoing collaboration with NHS Wales organisations and internal stakeholders to refine strategic oversight and assurance. Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation: • Digitisation of Medical Records: Ongoing rollout and integration across sites. • Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.

	- Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB’s own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. - Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. - Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. Remaining Vulnerabilities and Risk Justification Several factors justify maintaining the current risk score: - Cyber Threats: Indicators of compromise were identified in May 2025. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. - Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. - Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. - Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.

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.

Current Control Measures

- Population Health Strategy – Aligns digital infrastructure with population health priorities. - Digital & Data Delivery Programme – Oversees implementation of digital initiatives and transformation projects. - IT Infrastructure Review – Ongoing assessment of infrastructure resilience, availability, and scalability. - Digital Investment Fund – Supports strategic digital projects and innovation. - Information Security, Records Management and Information Governance Policies & Improvement Programmes – Includes the Cyber Improvement Plan, Information Security Policy, and governance frameworks for AI and data protection. - Project Portfolio Board – Monitors delivery of digital projects and ensures alignment with strategic goals. - Cyber Security & Availability Board – Monthly review of threat landscape and mitigation actions. - AI Governance Framework – Endorsed by SIRO, Caldicott Guardian, and DPO; supports safe deployment of AI tools. - Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning. - E-Prescribing Mobilisation – Contract and project mobilisation underway. - Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales. - Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications. - Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation. - Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication. - Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt. - Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise). - Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.	

Sources of Assurance (Internal and External)

Reports to **Operational Delivery Committee incorporating**

- Periodic audits by Wales Audit and regular audit from Internal Audit
- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report **covering digital and data elements of the IMTP**
- Medical Records Assurance Report

Reports to other committees

- Progress updates against Population Health Strategy
- **Clinical Safety**
- Planning, Performance & Finance

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Literacy	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. The Head of Digital Business Change and Benefits will start on the 15 September 2025, this role will lead the development of an overarching strategy to support digital literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk Easier to deploy new digital solutions
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and is planned to be	Improved response to cyber threat	Awareness and improvement to the cyber improvement

	undertaken in September. Over the past 2 months a new patch management system and associated vulnerability management policy has been enacted, reducing our cyber threat score.		
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system. A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most effective way.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming. Welsh Government have written out to CTMUHB to gather capital investment proposals for organisations that focus on digital infrastructure improvements that can be delivered within 2025-26 financial year	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes. Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.

	that align with operational resilience and delivery of services. Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that organisations are facing.		
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review. Timeframe: Report by January 2026	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
9. Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity
10.Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW In addition to the ePMA funding the Health Board has agreed to fund the Patient Centred Contact Transformation Programme as part of the Savings Delivery Programme (SDP). This will enable us to fundamentally change the patient experience and interactions with	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.

	us as a Health Board while growing our Digital and Data capabilities. Recruitment is underway across multiple disciplines within Digital & Data, however the recruitment process takes time and thus inducting new staff quickly is proving challenging, this is exacerbated by the short-term project funding for roles.		
11.Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) team are working on a new business case for consideration by the Executive Team. We are backfilling a medical records role to create more capacity on the business case. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. The business case has been drafted and under review by the Digital and Data Senior Leadership Team. Once approved this will be submitted through CTM governance for approval. Timeframe: 2-3-year programme of work.	Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas	Remains a key element for our digital journey / alongside reduction and removal of paper from day to day clinical use
12.No resourced function within CTMUHB focussing on benefits realisation	As part of the funding from WG for a Mental Health Single Record the team will be employing a new Head of Digital Business Change and Benefits to take this work forward. The Head of Digital Business Change and Benefits will start on the 15 September 2025, this role lead the development of an overarching strategy to support digital literacy.	Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board	Improved ability to articulate, track, monitor and realise benefits of digital transformation programme
13.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow.	Improved productivity Reduction in errors associated with paper-based records and processes

	approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Patient Centred Contact Transformation has continued at pace. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26. Timeframe: 2-3-year programme of work.	Reusable digital data to enhance decision making	
14. Recruitment challenges due to short term funding allocations leading to an increased use of 3 rd party contractors and fixed term contract arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
15. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow

16.Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

Linked National Priority Measures

Digital and Technology

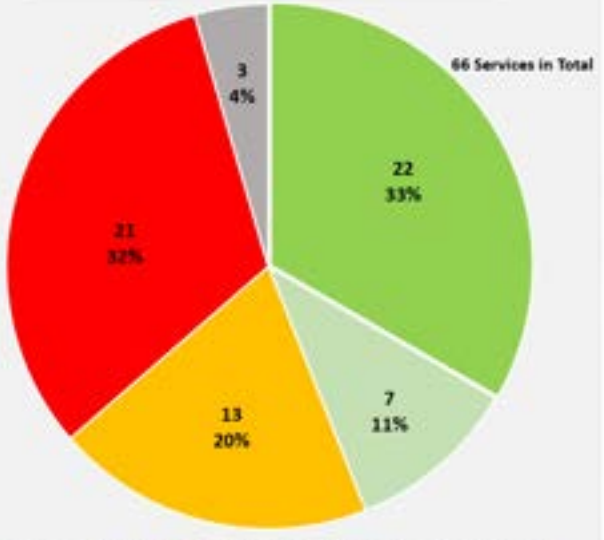
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

Digital Systems continue to enable service expansion within CTMUHB, Ophthalmology Cataracts clinics to go live in POW 01/09/2025 with the Medisight applications. Digital Growth charts have been deployed to Paeds 14/07/2025 and continues to be well received and used by the service. Welsh Clinical Worklist Manager (WCWM), specifically testing workflow actions has been expanded to several clinicians. The Application will allow the creation, configuration and management of care worklists.

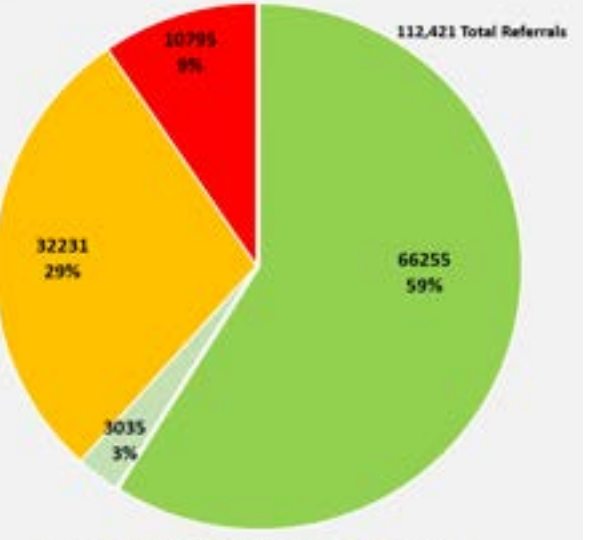
The WPRS Service Uplift has resumed and is progressing at a stable and consistent pace following the completion of WPAS disaggregation:

WPRS Progress indicated by No of Services



Category	Count	Percentage
Live	22	33%
WAP Only	7	11%
In Progress	13	20%
Not Started	21	32%
Deactivated	3	4%
Total	46	100%

WPRS Progress indicated by No of E-Referrals



Category	Count	Percentage
Live	66,255	59%
WAP Only	3,035	3%
In Progress	32,231	29%
Not Started	10,795	9%
Total	112,421	100%

Excellent progress continues to be made in the **electronic Prescribing for secondary care (ePMA)** programme. The project is on schedule to go live with the early adopter ward at PoW on 7th October with a view to a PoW site wide rollout in November. Communication, engagement, training and testing activities will ramp up considerably over the next 6 weeks as we prepare to go live.

The team are working with Local Authorities and Betsi Cadwaladr University Health Board on the procurement of a **Mental Health solution**. The procurement is currently in evaluation stage with contract award in Autumn 2025. The evaluation stage is near completion, the procurement outcome report will be submitted through CTM governance during September.

The Digital & Data team awarded a contract to Systems C to implement its Badgernet solution for **Maternity Services**. This clinically led programme is currently working to an implementation timeline of March 2026.

Phase 1 of the **Patient Self Checking** project has procured 25 replacement media players and 3 replacement kiosks (hardware) go live is now anticipated for the end of October 2025.

The **Patient Centred Contact Transformation has continued at pace. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26.**

Windows 10 becomes end of life on the 14th October 2025. Any devices that have not been migrated to Windows 11 will need to be enrolled into a paid Extended Security Updates subscription, to continue to receive security patches. This is captured in Risk 2795 on the Organisational Risk Register. Currently CTMUHB have approx. As of 02/09/2025 there are 4169 devices that are still on Windows 10. Based on that figure the costs for a 1-year ESU extension would be ~£220,000 inc VAT. A task and finish group has been set up to speed up migration to Windows 11. Progress across Wales in other Health Boards is being tracked and conversations are taking place about a co-ordinated response to the challenge with Welsh Government.

Work continues on **network infrastructure improvements**. Improvements to our WiFi network continue with replacements to our wireless lan controllers adding improved functionality and resilience. 219 of the 464 wireless access points in RGH have now been upgraded, and access point are scheduled for roll out at YCC, YGT and DSH. Work has also begun to replace core switches at YCC, YCR, KHHP and DSH.

On the 1st of July 2025 Health Boards and Trusts across Wales entered into year 4 of the current 5-year **Microsoft Enterprise Agreement**. A working group led by DHCW supported by Livingstone and Trustmarque, our Microsoft licensing resellers, has begun to look at scoping the next EA and workshops are underway examining options with a view to a national business case being agreed in October.

UK's **Public Switched Telephone Network (PSTN)** and Integrated Services Digital Network (ISDN) is scheduled to be ceased on 31 December 2025. While the UK government has confirmed the final date is January 2027, our vendor, Maintel, advised that the latest date for CTMUHB is the end of 2025 (subject to review of emergency numbers). Cwm Taf Morgannwg has 458 'lines' which are affected. 121 of these lines have now been cancelled, and solutions for the other lines are being developed. PSTN are mostly estate services for alarm/Building Management Systems (BMS)/fire connections) and conversations are taking place with Estates to progress remediation. Our ISDN services are predominantly an additional failover to our network lines and planning work is underway to migrate these lines to SIP technology or remove from service.

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

Critical incidents under NIS-D: - A problem with the cooling systems in the DHCW CDC National Data centre resulting in Welsh Clinical Portal (WCP) and Welsh Patient Administration Services being affected resulting in service downtime. This was reported under NIS-D.

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

Associated Risks escalated to the Organisational Risk Register

5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
6102	Patient pathways - working in two WPAS instances – Escalated to the Organisational Risk Register March 2025.	20
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	20
6053	~~Failure to secure an alternative Clinical System for GP practices on Vision. Escalated to the Organisational Risk Register March 2025. Risk closed in the September iteration of the Organisational Risk Register.~~	20

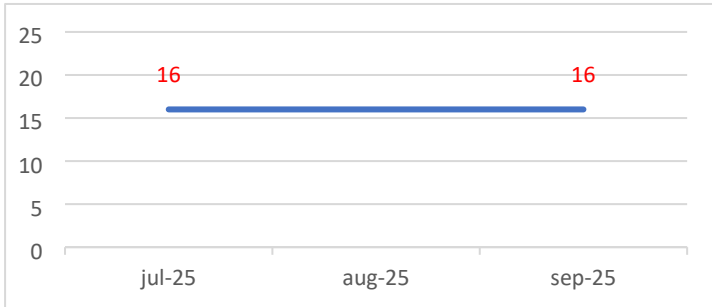
4671	NHS Computer Network Infrastructure unable to meet demand	16
2795	EUC: Unsupported Windows 10 Desktop Operating Systems.	16
6039	Increased cost of VMWare Licensing.	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	15

Strategic Goal(s)			Risk score
 Improving Care - Delivering safe and compassionate care. - Developing new models of care. - Digital transformation for patients and staff - Ensuring timely access to care	 Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future		16

Strategic Risk: **Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)**

If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.	Then: there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing for now and the future.	Resulting in: - An inability to deliver its services efficiently and effectively - Poor environment and experience for patients and staff - Infrastructure problems - Unable to replace failing/ageing equipment - Business continuity problems - Poor Estate compliance - Regulatory Compliance issues - Lack of digitally enabled facilities - High carbon footprint - Loss of services and productivity - Increased backlog maintenance

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

- Prioritisation of Estate Activity based on risk-based decision making.
- Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as:
 - Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.
 - Applications to the All Wales Capital Programme on an annual basis.
 - Discretionary Capital
- Maximise current revenue allocations, optimised for statutory compliance and risk priorities.
- Maintenance Programme established managed via the Planet Facilities Management System (Planned and Reactive Maintenance Jobs).
- In 2024-2025 the estates' operational function was digitised, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to maintain performance despite the staff shortages.

Sources of Assurance (Internal and External)

- Internal**
- Regular monitoring through CTMUHB'S Executive Capital Management Group.
 - Capital Scheme Delivery Programme.
 - Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and Planning, Performance and Estates Committee prior to that Committee being disbanded)
 - Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings.
 - Escalation of risks through the Capital and Estates Risk Escalation Group.
 - Comprehensive internal audit programme.
- External**
- NHS Shared Services Partnership- Specialist Estate Services (NWSSP-SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government.
 - ISO 14001 Certification – Environmental Management achieved.
 - Regular reporting and monitoring with Welsh Government.
 - Comprehensive external audit programme.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. National Skills shortage in Estates Roles (<i>Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market</i>) results in staffing challenges to deliver the estates functions.	• The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. • Concerns have been raised at a national level. • Meeting scheduled with the People Directorates Attraction and Retention Lead to explore potential options to mitigate this risk.	• Competitor in the market. • Successful recruitment to roles when advertised	• Full establishment and retention of Estates Workforce. • Estates Maintenance performance activity will demonstrate an improvement.
2. Increasing Backlog Maintenance position.	• Secured Targeted Estates Funding (TEF) • Proactive in securing additional funding from Welsh Government when available.	• Reduced backlog maintenance	• Targeted schemes delivered • Improved patient environment • Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	• Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	• Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	• Funding secured to deliver the project
4. Deliver schemes within a live environment	• Dialogue with service leads. • Secure decant where appropriate.	• Minimal impact on service whilst project is delivered.	• Business continuity is maintained whilst the project is delivered.

Linked National Priority Measures

Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP).
Deliver the Capital programme within the agreed Capital Resource Limit (CRL).

Current Performance Highlights

Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: [29 April 2025 - Cwm Taf Morgannwg University Health Board](#)
~~The next submission will be shared with the Operational Delivery Committee when available.~~

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

~~The Capital and Estates Team have had to focus significant time in responding to the critical incident which incurred at the Princess of Wales Hospital to deliver the roof replacement programme by the Summer of 2025.~~

Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB’s ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

Strategic Goal(s):



Creating Health

- Reducing health inequalities
- Equal focus on mental and physical health
- Supporting our communities
- Being a healthy organisation



Sustaining our Future

- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Risk score
16

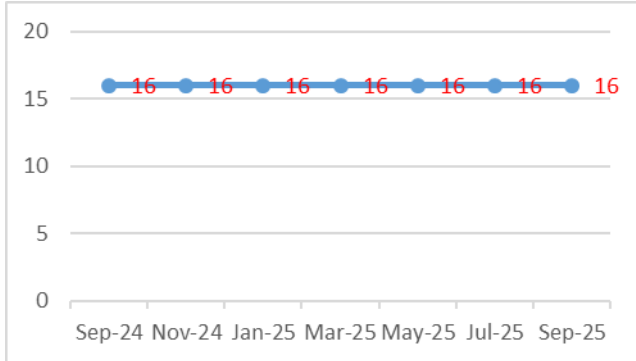
Strategic Risk: **Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)**

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 statutory emission reduction targets**, 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

Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
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>				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.

Current Control Measures

Building Healthier Communities

The Building Healthier Communities Steering Group aims to support delivery of the Socio-Economic Duty - for example, procurement, foundational economy, employability, probation.

Wellbeing and Socio-economic duties

- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.
- 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible.
- CTM becoming established as an Anchor Organisation.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks St 8, St 3 and St 4.

Environmental Sustainability – Net Zero

- Decarbonisation Strategy
- Established a CTM Environmental Sustainability Group as part of transformation agenda.
- ‘CTM 2030’ seeks to ensure that services take account of the impact on the environment
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum
- ~~Fleet emissions reduction programme and trial of electric vehicles~~
- ~~Tree planting initiatives~~
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- ~~Workshop delivered to Board Members in 2025.~~
- Decarbonisation Action Plan in place.
- ~~Adaptation risks and plan being developed to address some of the challenges we may face~~
- Appointed a full-time permanent Sustainability Manager

Public Services Board Climate Change Action Group (Director Level) being established in 2025.
The Targeted Estates Fund (TEF) application for “Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture” has been awarded. The next steps are for the Capital Department to assign a project manager to oversee the works. The project is scheduled for the 2025-2026 financial year.

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying-Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement
- Building Healthier Communities Steering Group
- Healthy Housing Alliance

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation
- ~~NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.~~

Commenced reporting to Board / committees regarding Net Zero.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery ~~has been undertaken~~. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate. ~~Copy of the report available upon request from the Corporate Governance Team.~~

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. ~~Climate Adaptation Plan. Plan to be produced in line with national deadline of April 2026.~~	~~Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action~~	~~The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to~~	~~Long term success indicators due to the nature of the risk.~~

	requirements are being required and risks developed in line with WG policy.	the current and expected impacts of climate change.	
2. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. Pace of progress likely to be slowed as financial considerations become more dominant.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.
3. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
4. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
5. Access to capital opportunities needed to deliver decarbonisation plan is limited	Decarb action plan currently being costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the decarbonisation action plan are completed when funding is secured.	Long term success indicators due to the nature of the risk.
6. There are organisational policies which will be required (i.e. building and estates strategic plan) to feed into the decarbonisation programme	This has been flagged as a risk; however, policies will be managed under alternative programmes.	Through flagging these risk the aim is to influence the development of plans which impact on the decarbonisation programme.	Long term success indicators due to the nature of the risk.
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			
A More Equal Wales – Socio Economic Duty			
Current Performance Highlights			
Decarbonisation Reporting has taken place of the course of the year.			
Annual Carbon Emissions report. Data has been gathered and will be completed by September 2025.			
The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).			
CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.			
All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.			
Were there any significant incidents affecting this strategic Risk this period:			
Associated Risks escalated to the Organisational Risk Register			
5374	Fulfilling our environmental and social duties.	16	

Strategic Goal(s):



Creating Health

- Reducing health inequalities
- Equal focus on mental and physical health
- Supporting our communities
- Being a healthy organisation



Sustaining our Future

- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

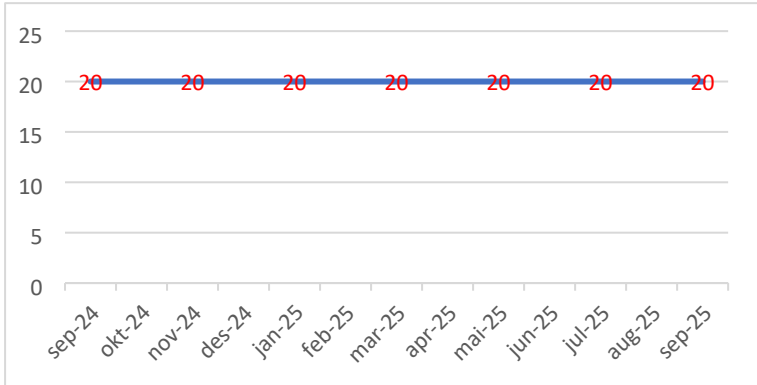
Risk score

20

Strategic Risk: Prevention and early Intervention to support Healthy Life Expectancy (Risk No.8)

If CTMUHB does not effectively shift its services to prevention and early intervention and engage the population to improve their health	Then 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. We will also 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.

Risk Lead	Executive Director of Public Health	Assurance committee	Strategic Development Committee

	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.
Initial	5	4	20	No change to risk scores this period. Risk Score Trajectory 
Current	5	4	20	
Target	4*	2	8	
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>				The risk score has remained unchanged. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change. For example; Due to ongoing delays to the funding of the children’s weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019). Linked to this,

	CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales. In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures	
Strategies & Plans - Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales". - CTM 2030 Strategy – 'Our Health Our Future' - Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022. - Public Service Board – Well Being Plans. - Creating Health delivery plan approved. - CTM Health Protection Strategy drafted and approved. - Development of Acute Clinical Service Plan (ACSP). - Business case developed as part of IMTP process for child weight management but not yet approved Engagement Forums - CTM Creating Health Portfolio Board - Regional Partnership Board - Public Service Board - Area Partnership Board - CTM2030 Leaders Groups - Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well - Engagement with community groups by Lead Independent Members - meetings with the three local authorities - Accelerated Cluster Development Programme Board – engagement across Primary Care - Health and Social Care Integration Board - Forum with local authority Chief Executives to address health inequalities. - CTM Health Protection Board - Welsh Government Health protection Operational and Resilience Group Needs Assessment & Consultation Processes - Population Segmentation & Risk Stratification	

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

Organisational Structures

- CTM Leaders Network
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- Primary Care clusters

Services:

- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.
- Smoking Cessation Service
- All hazards Health protection Service

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan

Reports to Board

- Creating Health Programme
- Annual Director of Public Health Annual Report
- Creating Health Portfolio Board reports to the transformation board

Reports to Population Health & Partnerships Committee

- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update
- ACSP updates provided to the Committee.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. Increase in allocation of £1.06ms, however, total allocation remains below the Welsh "Fair Shares value". All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.	The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan.	Priority areas allocated identified and fully funded Any residual gaps in funding the strategic plan identified An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan.
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board	Decreased variation in access and outcomes across the population of CTM.	Delivery of the outcomes associated with the Health Protection strategic plan

	Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy	Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.	Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard Measurable increase in investment in prevention activities/programmes across the Health Board.
3. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. Impactful action to address health inequalities	- Whole system approach to Healthy weight - Help me quit/ hospital programme - WISE - Cancer inequalities group - Implementation of Stroke equity Audit recommendations. - HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events - Vaccination equity strategic plan in place	Decreased variation in access and outcomes across the population of CTM Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	CTM representation at all relevant partnership boards and programmes of work. Collaborative projects delivered in partnership influence wider determinants.

Linked National Priority Measures

Population Health – Ministers Measures Phase One

- Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway
- Qualitative report detailing progress against the Health Boards’ plans to deliver the NHS Wales Weight Management Pathway
- Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally.
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

NHS Performance Framework Quadruple aim one:

- Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the COVID-19 vaccination for those eligible
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
- Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
- Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

Associated Risks escalated to the Organisational Risk Register

5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing	15
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12
6179	High and increasing prevalence of overweight and obesity in children and adults	20

Strategic Goal(s)  Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future	Risk score 20

Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)		
If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	Then we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period) and the planned break-even position for 2025-2026.	Resulting in inability to fund planned improvements and new services and increased regulatory scrutiny and enforcement.

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

	Consequence	Likelihood	Score	Risk Score Trend this Period: New risk added to the Board Assurance Framework in September 2025.
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			Risk Score Trajectory New risk added to the Board Assurance Framework in September 2025.
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings together with anticipated allocation risks. The Month 5 YTD position was a £6.3m deficit with a savings shortfall of £7m. WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m cost pressure. There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				The financial plan highlights a number of significant risks for 25/26. This risk will therefore be treated until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures

Financial Management - Financial Accountability letters issued by CEO. - Budget setting process and Budgetary control - Standing Financial Instructions - Scheme of Reservation & Delegation - Local Counter-Fraud Service - Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)			
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 / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	- Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2025-2026.</i> - Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2025-2026.</i>	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance. Informed decision making through confidence gained through training and experience.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.
2. A recognised risk of shortfalls in savings delivery	- Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 26/27. - Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. - Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.
Linked National Priority Measures			
1. YTD position 2. Savings plan position			
Current Performance Highlights			
- The M5 YTD position was a £6.3m deficit. - WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m cost pressure. - There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.			
Were there any significant incidents affecting this strategic Risk this period:			
WG not fully funding National Insurance Changes and 2024/25 pay awards has resulted in an unplanned £3.8m cost pressure, in addition NWSSP have indicated a potential £5.5m risk to the Welsh Risk Pool contribution for 2025/26 in addition to the £1.5m already provided within the IMTP.			
Associated Risks escalated to the Organisational Risk Register			

6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20
6240	Failure to achieve the planned break-even position in 2025/26.	20



Improving Care

- Delivering safe and compassionate care
- Developing new models of care
- Digital transformation for patients and staff
- Ensuring timely access to care



Sustaining Our Future

- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

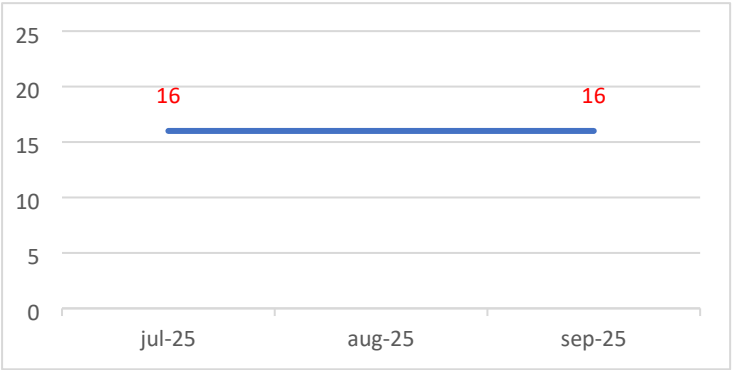
Risk score

16

Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)

If CTMUHB is unable to invest in its estate so its fit for future.	Then there is a risk that CTMUHB may not be able to deliver the required enhancements / improvements to support patient care and staff wellbeing for the future and to align with the strategic vision and ambitions.	Resulting in - Being unable to deliver its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities - Impact on environment for patients and staff - Future site development plans may not be fit for purpose - Less ability to ascertain NHS capital or alternative financial support for the future development of its sites - Lack of digitally enabled facilities - High carbon footprint

Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

The Health Board will continue to seek all opportunities for WG funding such as Targeted Estates funding (TEF) to address high priority backlog issues.

Sources of Assurance (Internal and External)

Internal

- Regular monitoring through CTMUHB’S Capital Programme Board.
- Capital Scheme Delivery Programme
- Project Boards established for specific capital schemes.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.

Linked National Priority Measures

None identified in the September 2025 iteration.

Current Performance Highlights

None identified in the September 2025 iteration.

Were there any significant incidents affecting this strategic Risk this period:
 None identified in the September 2025 iteration.

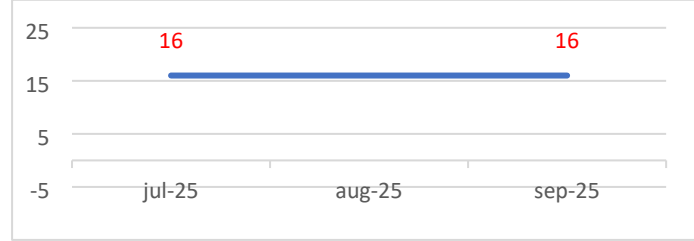
Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB’s ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

Strategic Goal(s)			Risk score
 Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care	 Sustaining Our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future	 Creating Health - Reducing health inequalities - Equal focus on mental and physical health - Supporting our communities - Being a healthy organisation	16

Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)		
If CTMUHB is unable to develop and deliver an integrated care model - both within the NHS and with wider social care and Third Sector partners - that is community based, proactive and which achieves greater continuity and coordination of care.	Then there will be: - A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served; - Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams; - A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services; - A negative impact on productivity and value for money; and - Limited support to broader social and economic development.	Resulting In: CTMUHB being unable to improve outcomes and reduce health inequalities for its population and therefore failure to deliver the objectives set out in CTM 2030.

Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: The current score remains unchanged. Risk Score Trajectory 
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
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>				The current score remains unchanged, although there has been progress with control measures. Risk target score has been revised to '8' to reflect more ambition for the impact of key strategic programs.

Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

The Integrated Community Care System Program – which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery.
Established Primary Care & Community Transformation Board with high Executive leadership.
Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
Continuously reviewing leadership capacity in Primary Care and Community Care Group.
Reviewing Locality delivery options and governance as complex regional landscape.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region and align with the Acute Clinical Services Plan (ACSP). The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures.

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports
- Strategic Development Committee reports
- Regional Integration Fund reports
- ~~Strategic Development Committee reports~~

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)

Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
Evidence base for alternative delivery models for practices	Commissioned to address gap Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results.
Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program.	Shared space for decision making and constructive challenge.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
There has recently been a turnover of staff in key senior roles in each of the four statutory organisations. Attention needs to be given to maintaining and further developing a 'once for CTM' culture as new post-holders arrive.	Role for the regional partnership in 'inducting' new colleagues into our way of working.	More collaboration and joint decision making.	Self-assessment of the quality of partnership working.

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care

Current Performance Highlights

- Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. **Commenced** Organisational Change Process **August 2025** to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge.
- Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority.
- Series of engagement & learning events taken place with GPs. **Summary of key actions has been included in a communication newsletter to Primary Care.**
- Mapping exercise of all the community services.
- Action plan devised by NAPC together with the leadership team and **present and agree priorities and infrastructure at the next Primary and Community Care Board.**
- CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
- Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
- A Regional Partnership (Section 33) agreement **signed by CTMUHB and the three Local Authorities** - will provide a basis for joint accountability and future integrated services delivery.
- Integrated Performance Dashboard.
- Impact from the actions and work of the transformation programmes.

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

The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio-vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social care system will need to be more joined up to enable an increased focus for an integrated model to transform the way we work and care for people, whilst building on community resilience to meet the demand and timely access to care.

Associated Risks escalated to the Organisational Risk Register

4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20
6053	Failure to secure an alternative Clinical System for GP practices on Vision	20
3826	Emergency Department (ED) Overcrowding	20
5753	Inadequate Special School Nurse Provision	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
5646	The impact of "Right Care Right Person" (RCRP) approach.	16
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

Agenda Item

6.4.1

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 22 July 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

3. Highlight Report

Alert / Escalate	• The Primary Care & Community Care Group Highlight Report was received. Members expressed their concern at the position regarding the Paediatric General Dental Anaesthetic Lists and the significant number of children that were waiting for treatment who would likely require re-assessment and requested a further update on the position from the Chief Operating Officer outside the meeting.
Advise	• A shared listening and learning story was received in relation to unpaid carers. An unpaid carer shared their experiences and the Carers Lead shared a presentation which highlighted the work that had been undertaken within the Health Board based on feedback from carers. Members noted the need for better identification of carers within the community and the importance of involving carers in medical conversations and hospital discharge processes. • The Clinical Executives report was received. Members requested that future reports include more detail on the

	causes behind the increase in pressure ulcer incidents and the lessons that had been learnt and requested that further information was shared with Members outside the meeting in relation to the consequences of the non-agreement between Primary and Secondary Care in relation to preconception care and diabetes in pregnancy. • The Children & Families Care Group Highlight report was received. Members discussed the full review being undertaken by Welsh Government of Maternity Services in Wales in relation to safety, performance and culture, leadership and development. Members noted that whilst the Team felt assured that the service was where it needed to be and had good governance processes in place, the Team were planning to undertake a further workforce review to ensure the workforce in place was fit for the future. Members noted that active recruitment was being undertaken to address staffing levels on the Special Care Baby Unit at Princess of Wales Hospital, and requested a further update be presented to a future meeting on the work being undertaken to address Special School Nursing issues which appeared to be escalating. • The Care Group Highlight Report for Planned Care was received. Members noted the update provided in relation to the moves being undertaken within Trauma & Orthopaedic Services and requested a further update on the potential impact of the developments being made within Gastroenterology and General Surgery. • The Diagnostics, Therapies, Pharmacies and Specialties Care Group Highlight report was received. Members expressed concern regarding the delays being experienced regarding the LIMS system (Laboratory Information System) project and noted that the Director of Digital and the Chief Executive had written to Digital Healthcare Wales advising of the criticality of this project and the need for this to be escalated in terms of priority. Members noted that this matter was also being discussed at the Operational Delivery Committee. Members expressed their disappointment in the delays experienced in the tender process for the new Orthotics contract. • The Primary Care & Community Care Group Highlight Report was received. Members noted the discussions being held with finance colleagues in relation to Continuing Healthcare fees being paid by the Health Board, noted the fantastic service being provided by the Wound Clinic Service and Wound Clinic bus to members of the community and

welcomed the increase to 46% in relation to the Diabetes 8 Care Processes. Members noted the concerns raised by the Executive Director of Nursing regarding the potential implications of the Community Nursing specification, which included a target of 80% of the service to be delivered over the weekend, which had caused some concern from a workforce perspective amongst existing staff.

- Members received a **Progress Report on Stroke Services** and noted the update provided on the temporary move of stroke services and the work being undertaken regionally regarding the future model for Stroke Services. Members noted the need to accelerate these discussions to determine future service options based on regional decisions. Members were provided with assurance that in relation to early supported discharge for stroke patients, eligible patients were having their needs met with no delays reported. Members noted the challenges being faced in the provision of a 7-day rehab service with limited Allied Health Professional resource.
- The **Patient Safety, Quality & Experience Dashboard** was received. Members noted the increase in Absconding Incidents and noted that whilst there were no issues that required escalating at this point, a further review would be undertaken to determine if there were any themes or trends.
- Members received a verbal update in relation to **clinical negligence claims** and noted that whilst the number of clinical negligence claims received had not increased year on year, the number of claims settled, and the associated damages and costs had increased over the past 12-18 months.
- The **Research & Development Strategy 2025-2030** was received and **ENDORSED** for Board Approval.
- The **Annual Duty of Quality report** was received and **ENDORSED** for Board Approval.
- Members received an update report on the Peoples Experience Forum and noted the purpose, remit and membership. Members requested that the statement made within the report in relation to underfunding was reviewed to better reflect the intended message, focusing on concerns rather than asserting underfunding as fact.
- The **Organisational Risk Register report** was received. Members commented on the risk relating to Learning from Events Reports which had again been added as a new risk despite discussions being held previously at the Audit, Risk & Assurance Committee where it was argued that the risk should be removed. Members advised that this created an issue regarding credibility and added there needed to be

	some underlying stability in relation to the risk register in terms of risks being added and removed. Members discussed the risk relating to the stability of the legal services function and noted that there had been some significant staffing changes within the Legal Services Team with some management resource being moved around to address the workforce challenges being experienced. The following items were received and discussed at the In Committee session: • Cwm Taf Morgannwg Stillbirth and Neonatal Death Thematic Review 2023 Births & MBRRACE-UK Perinatal Mortality Report: 2023 Births; • Learning through Lived Experience • Organisational Risk Register – Closed Risks
Assure	• The Care Group Highlight Report for Unscheduled Care was received. Members welcomed and commended the significant improvement highlighted within the report in relation to Ambulance Handover performance. Members also advised they were assured and encouraged to hear how the internal unannounced ward assurance visits were being triggered. • The Mental Health & Learning Disabilities Care Group Highlight report was received. Members welcomed the update provided in relation to the completion of the implementation of E-Whiteboards within Mental Health Services and welcomed the external commissioning of PMVA Module D training which was a positive step forward. Members were provided with assurance that the ligature risk identified at Royal Glamorgan was a current issue isolated within one area.
Inform	The following items were received and approved via the consent agenda: • Unconfirmed Minutes of the Meeting held on 20 May 2025 • Unconfirmed Minutes of the In Committee Meeting held on 20 May 2025 • Quality, Safety & Experience Committee Terms of Reference • Health, Safety & Fire Sub Committee Highlight Report 5 June 2025 (including the Health, Safety & Fire Sub Committee Annual Report)

	The following items were received and noted via the consent agenda: • Non-Routine Committee Business (Forward Plan) • Annual Cycle of Business • CTMUHB National Clinical Audit Programme Quarter 1 Update 2025-2026 • Human Tissue Act (2004) Compliance and Progress Report • Organ Donation Sub Committee Highlight Report • Internal Audit Review Duty of Candour (a request was made for this to be re submitted to the September meeting via the main agenda for discussion) • Internal Audit Review Service User Experience • Annual Unpaid Carer's Report
Appendices	Nil.

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
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5. Recommendation

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

Agenda Item

6.4.2

CTM Health Board

Highlight Report from the (Operational Delivery Committee)

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts, Director of Corporate Governance and Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Rachel Rowlands, Independent Member, (Chair of Operational Delivery Committee)
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. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Operational Delivery Committee at its meeting on 29 July 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.
- 2.2 The Committee ensures 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 CTMUHB's Integrated Medium Term Plan.

3. Highlight Report

Alert / Escalate	- Positive escalation on Ambulance handover times with Cwm Taf Morgannwg now the best performing Health Board in Wales and the Royal Glamorgan Hospital being the top performing hospital. Civil Contingencies & Business Continuity - Annual report to be submitted to NHS Wales. Focus on major incident planning, cyber response, and continuity plans. Committee endorsed the report for Board approval.
Advise	Financial Performance & Savings - Forecast savings are currently significantly below target. A letter received from Welsh Government emphasised the urgency to turn all schemes "green" by 11 September. The risks include shortfalls in pay award funding and Welsh Risk Pool liabilities. Corporate savings programme is progressing across four workstreams: medical, nursing, service reconfiguration, and patient-centred contact.

	• IMTP Update - Areas needing improvement: diagnostics, ED 12-hour waits, women's health hubs, and finance.
Assure	• Staff Surveys and Well-being Surveys: Increased response rates and care group ownership. • Development of granular action plans and benchmarking with other health boards. • Suggestions for clearer focus areas and better engagement with staff • Plans to launch the 2025 survey in October, with comms and roadshows planned. Concerns raised by Members about local-level impact and visibility of changes. • Welsh Language Recruitment Enforcement Update- Following a 50-page enforcement notice served on CTM back in 2023 significant progress has been made. The key issue had been a lack of objective assessment of Welsh language skills in recruitment. Since then, decision tree and guidance have been developed to categorise posts appropriately. The committee welcomed the significant progress that had been made in a short space of time with colleagues from Welsh Language and Workforce working successfully together. Training has been delivered to 132 managers, with further engagement planned over coming months. • Workforce Metrics – This report highlighted turnover, retirement trends, sickness absence (notably stress-related), and PADR completion rates. Plans to improve reporting and align metrics with the People Plan. Emphasis on focusing future reports on the most pressing issues. The committee praised the team's efforts in managing complex, interrelated data • Digital and Data activity – WPAS (Welsh Patient Administration System) alignment had been completed which meant that the Bridgend locality had been harmonised with the legacy Cwm Taf systems and meant we have achieved one system for Cwm Taf Morgannwg – some legacy data reconciliation is ongoing. • Radiology implementation progressing; LIMS timeline under pressure. • EPMA rollout on track for October. • There are some concerns over the potential legal implications of ongoing data sharing developments which the Board would be kept apprised of.

	• Planned Care: Updates on orthopaedic hub, cataract surgery improvements, and service consolidation for sustainability. • IMTP Update - Positive performance in cancer, long waits, and handovers. • Organisational Risk Register – The organisational risk register was reviewed and assurance taken that the risks are being managed. New risks added were estates staffing, financial deficit, and maintenance backlog. Risks removed included risks around the POW roof, Citrix and WPAS integration. Horizon scanning was ongoing and noted that there were a number of emerging risks.
Inform	• Value Based Healthcare - Implementation of PROMs and PREMs via the “Promptly” system. National registry and dashboard reporting is now in development. There is a strong emphasis on co-design and service user engagement. • CTM to host a showcase event on 17 September 2025. Two projects have been shortlisted for NHS Wales awards
Appendices	• N/a

4. Assessment

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

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	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))	Choose an item. If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. 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: Highlight report so n/a
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Highlight Report so n/a
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

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

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

5. Recommendation

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



Agenda Item

6.4.3

CTM Health Board

**CHAIRS HIGHLIGHT REPORT FROM THE MENTAL
HEALTH ACT MONITORING COMMITTEE**

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Kath Palmer, Vice Chair (Chair of the Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Deputy Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
AMHPs	Approved Mental Health Professionals
CTM	Cwm Taf Morgannwg
HIW	Health Inspectorate Wales
MHA	Mental Health Act
YCC	Ysbyty Cwm Cynon

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 20 August 2025.
- 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	The Organisational Risk Register was considered by the Committee with suggestion to escalate visibility of the risk to the Board in relation to Clinical Medical Cover within CTM Adult Mental Health Services, which continues to be challenging and fragile. The Committee received assurance around the escalation process and the mitigation around managing potential risks relating to discharging the responsibilities under the Mental Health Act. The Care Group also described how alternative structure models are being explored to ensure the medical workforce model is appropriate, including a non-medical post. Whilst noting the mitigation, the Care Group agreed to revisit the risk score to ensure it remains appropriate and reflective of the current position across CTMUHB. HIW unannounced visits to Ward 7, Ysbyty Cwm Cynon Hospital – 27th – 29th January 2025 – The Committee commended the Mental Health Team as a result of a very positive unannounced visit at YCC Hospital following a focus upon Mental Health Act documentation, the work of the Mental Health Act Team and the provision of Mental Health Act training.
ADVISE	MHA Operational Group Report – The Committee received a detailed update following the Operational Group meeting on the 25 July 2025. Particular attention was drawn to the approval of funding for additional Health Care Support Workers to support with the handover arrangements, and the value of introducing a quarterly governance forum for all medical staff which could focus on a range of issues such as mortality reviews and Mental Health

	Act breaches. The risk around the impact of the South Wales Police roll out of 'Right Care Right Person' was noted and the Committee were advised this is a risk that remains escalated at a national level to the Joint Commissioning Committee and the Strategic Programme for Mental Health, in terms of seeking a national position. Risks Relating to the Monitoring of the Mental Health Act - risks relating to the monitoring of the MHA evident in quarter 1, 1 April 2025 to 30 June 2025 was discussed with focus on the increase in Adult detentions, impact of the 'Right Care Right Person' and Medical Staffing capacity challenges, especially in Adult Mental Health Services. Mental Health Strategic Developments in Wales – The Committee were provided with the following overview of national and local strategic developments: • <i>National Strategies:</i> the launch of the mental health and suicide/self-harm strategies, which are driving focused work, especially on acute and crisis care and national patient safety programs. • <i>Stepped Care & Access:</i> Emphasis was placed on "no wrong front door" and expanding access through digital and community solutions, with CTM aiming to be a pilot site for these initiatives. • <i>Patient Safety & Experience:</i> National patient safety work is broadening to include older adult wards, with new metrics and patient experience surveys being rolled out. • <i>Mental Health Act Reform:</i> Upcoming changes were noted, especially the removal of learning disabilities and autism as categories for detention, and the need for community alternatives. Differences between Wales and England may emerge, and training will be needed once the reforms are finalised. • <i>CTM Strategic Priorities:</i> Six key areas for service change were outlined: dementia day service redesign, community transformation, adult inpatient transformation, older adult service redesign, rehabilitation and recovery, and implementation of a single electronic record system. Strategic Update from Local Authority Partners – Joint working was positively acknowledged between local authority partners with an update on the following key areas being received: • A memorandum of understanding has been established to guide AMHPs on place of safety arrangements during the Prince Charles Hospital place of safety closure, with a review planned after three months.

	• The appointment of a National AMHP Community Manager through Social Care Wales, which is enhancing coordination, sharing information, and providing a National Welsh voice for AMHPs. • Ongoing work includes piloting a Section 12 approved doctor booking APP and addressing national legislative changes, guidance, and costings.
ASSURE	Deep Dive Spotlight: Section 135 (1) and 132 (2) - The Committee were presented with a comprehensive report outlining the outcomes and lessons learned following the development and implementation of an internal audit tool to support compliance on Sections 135 (1) and 132 (2). The main learning points highlighted were: • The further close monitoring of patient conveyance to ensure appropriate arrangements are available when necessary. • The future close monitoring of bed availability and the application of the Section 40 Policy. Any occasion when the application or execution of a Section 135 warrant is delayed because of bed availability should be immediately escalated to Senior Colleagues. • The need to develop an agreed standard operating procedure to assist applicants in making an application to Court. This will build on the guidance notes prepared by Local Authority colleagues and be considered in the Mental Health Act Operational Group. The joint working between CTMUHB and Local Authorities was commended by the Committee. The MHA Activity Report provided the Committee with data including errors and breaches regarding the application of the MHA for the period 1 April 2025 to the 30 June 2026. In response to learning from errors and breaches, the Committee were advised that the Operational Group will be amending the 'receipt & scrutiny checklist' to include the necessity to take photocopies of detention paperwork, guidance on the conflict of interest regulations conflicts and the involvement of agency staff when receipting section papers.
INFORM	Fee Review Update – Report for Hospital Managers – A verbal update was received briefing the Committee on the Fee Review Proposal that will shortly be received by the Executive Management Board regarding reimbursement for Hospital Managers. The Committee were assured that benchmarking had been undertaken with other organisations in Wales where appropriate to inform the review.

	Highlight Report from the Power of Discharge (Hospital Managers) Sub Committee – The Chair of the Power of Discharge Sub Committee noted the following key highlights: • As a formal Sub Committee of the Mental Health Act Monitoring Committee, the subcommittee will now formally report via a highlight update, an approach which was welcomed by the Sub Committee as it provided an opportunity to escalate any areas of good practice or concern. • Concerns were identified in relation to Hospital Manager Hearings being postponed due to Responsible Clinician availability, emphasising the need for this to be monitored and escalated as necessary to avoid impacting individuals' liberty. • Recruitment of additional Associate Hospital Managers is underway. • Minor amendments to the subcommittee's terms of reference are planned and will be shared with the Committee to endorse for Board approval. The following items were APPROVED on the Consent Agenda: • Unconfirmed minutes of the meeting held on the 13 May 2025. • Unconfirmed minutes of the In-Committee meeting held on the 13 May 2025. The following items were NOTED on the Consent Agenda: • Committee Forward Work Programme • Committee Annual Cycle of Business.

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	Not Applicable



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

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

5. Recommendation

5.1 The Board is asked to **NOTE** the report.



Agenda Item

7.1

CTM Health Board

Strategic Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Atif Ali, Programme Director
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Atif Ali, Programme Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, 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 / Forum Individuals	Date	Outcome

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The Board has previously understood the need to encapsulate our acute clinical services plans within the wider context of an overall strategic clinical services plan. This report updates on action undertaken to frame the delivery of our strategy in this way.
- 1.2 There are a number of strategic clinical service change programmes occurring in Wales and the interdependence between these needs to be managed. There is a related paper on the Regional Joint Committee as part of this Board meeting.

2. Specific Matters for Consideration

- 2.1 The report updates on some of the work underway to ensure that the foundational 'products' required for CTM UHB to deliver the clinical services plan are in place (slides 4 & 5).
- 2.2 The report goes on to outline the process to be followed in order to deliver these strategic changes and a timeline (slides 6-8).
- 2.3 The report considers the engagement that has already been undertaken as one of the elements of this work (slide 9).
- 2.4 The report notes the range of service changes occurring across Wales, around which the Programme Director is specifically connecting with other Health Boards, and the common themes we are all experiencing (slides 10-11).
- 2.5 Next steps are outlined as consolidating or ensuring the corporate foundations are in place and developing the 'do nothing' case for change (slide 12).

3. Key Risks / Matters for Escalation

- 3.1 The report inherently recognises a number of risks already registered by the Health Board about service sustainability.
- 3.2 The need to create the right corporate foundations for this work is drawn to the attention of the Board and is proposed to be managed through the Strategic Development Committee.

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: Ageing 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 (Duty of Quality Statutory Guidance (gov.wales))	Choose an item.
	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))	Effective
	If more than one applies please list below: All domains apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: The strategic services plan will be subject to full impact assessments as it develops
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: The strategic services plan will be subject to full impact assessments as it develops
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	At this stage.	
Enw da / Reputational	Yes (Include further detail below)	

	The development and delivery of this strategic plan is very sensitive and therefore has both positive and negative potential reputational impacts
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There is a resourcing impact for this programme to be worked through

5. Recommendation

5.1 The Board is requested to:

5.1.1 Note the content of the developing SCSP.

5.1.2 Note the foundational elements required and work to deliver these as part of the 'hygiene factors' for more detailed reconfiguration proposals

6. Next Steps

6.1 Further updates will be provided to the board on the SCSP and the Strategic Development Committee will be asked to provide oversight of the overall strategy deployment programme.

Clinical Services Plan Health Board update

September 2025

ACUTE CLINICAL SERVICE PLAN

The Acute Clinical Services Plan (ACSP) provided the foundation for change



Helped to stabilise fragile services, test new approaches, and build early momentum.

It focused on incremental improvements within hospital-based services to address immediate pressures



ACSP created the platform – evidence, governance, and engagement – to support a broader transformation journey.



FROM ACSP TO SCSP - THE NEXT STEP

The scale of challenge (population health, inequalities, workforce, estates, and finances) is too great for acute services alone to solve.





Service Design Principles

Keeping service redesign consistent, inclusive, and future-focused.



Scoring System

- **Total Possible Score: 16**
- **Threshold to Proceed:** Recommend a minimum score of **10**, with **no zeroes** on Equity, Sustainability, or Clinical Base to proceed to full development.



Case for Change

Define scope, objectives, and driver for change, establish governance and leadership, analyse service performance, identify sustainability issues, align with policy priorities, identify CTM UHB liaison officer for Llais



Pre-Consultation Engagement & Options Development

Draft consultation project plan, agree evaluation criteria, develop and appraise service options, run workshops and scoring exercises, classify change as per Llais framework, classify listening events Llais to attend 2 sessions, draft consultation material



Strategic Outline Case/Assurance Gateways

Finalise SOC, update EHIA, submit for assurance and external scrutiny, determine 'substantial variation', ensure Llais input, obtain sign-off for consultation

Formal Public Consultation

Launch statutory consultation, publish materials in easy-read, translated and FAQ formats reviewed by Llais, hold public meetings, Llais chairs two stakeholder webinars, maintain real-time engagement logs & feedback tracker, prepare a consultation-analysis report (themes and findings)



Post-Consultation Analysis

Decision-Making Business Case (DMBC), consultation-outcome report, revised clinical/service model reflecting feedback, updated EHIA and mitigation plans, formalise decision records and minutes, Llais's updates and post-consultation review report



Implementation Planning & Delivery

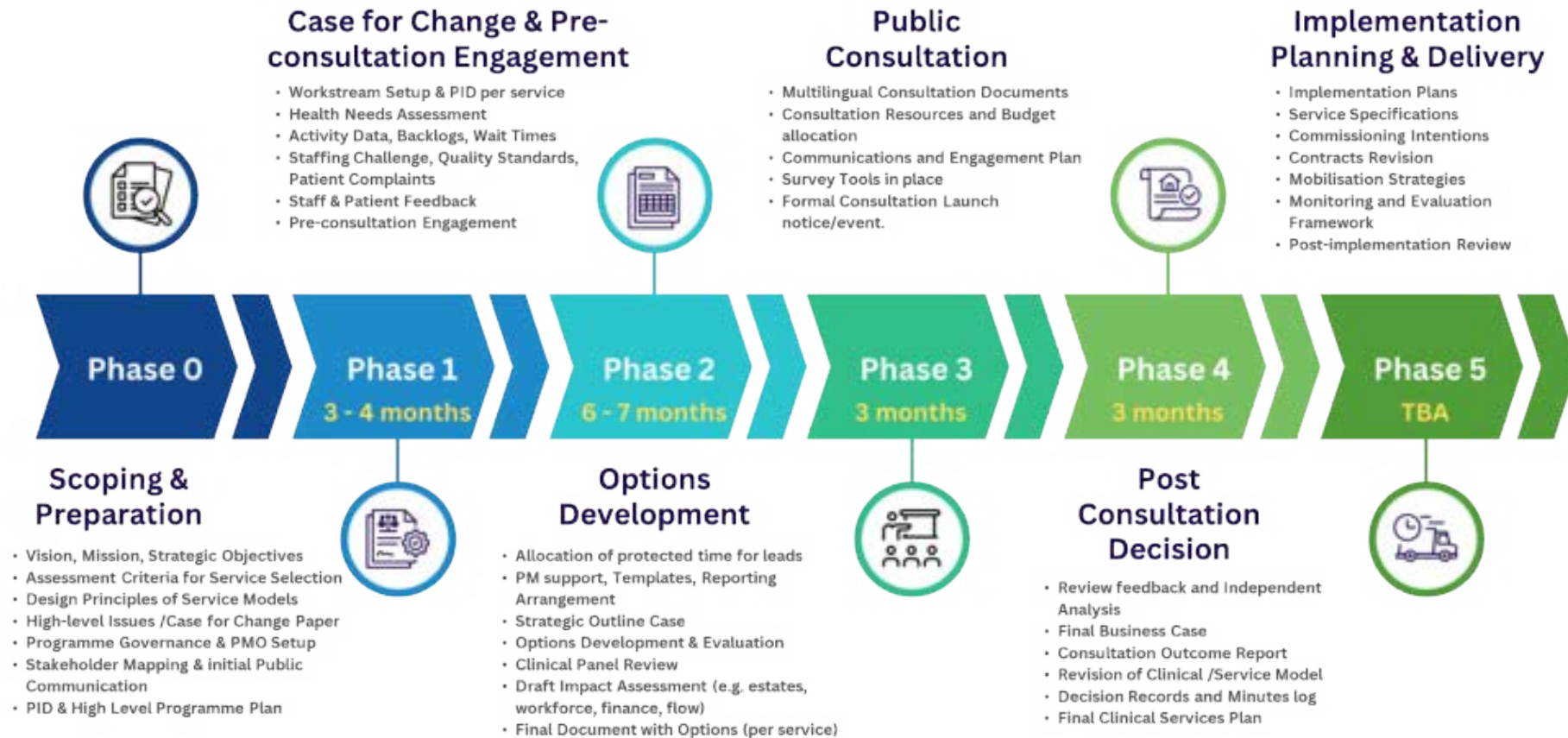
Detailed implementation plans (workforce, estates, digital, comms), programme delivery dashboards and trackers, ongoing communications & engagement updates, post-implementation review & lessons-learned report, regular Llais implementation meetings and status reports including post implementation lessons learned



KEY DOCUMENTATION REQUIRED FOR SERVICE RECONFIGURATION



SCSP Delivery Timeline (Indicative)



CTM UHB ENGAGEMENT OVERVIEW (2022–2025)



Timeline highlights:

- **2022:** RPB hackathons and analyses (CYP, LD, MH, Older People & Dementia, Unpaid Carers); CTM 2030 thematic report; Maesteg community engagement.
- **2023:** CTM Leaders Network; “Positively Engaging with Ageing” in-person health and wellbeing sessions.
- **2024:** ACSP engagement discussions.
- **2025:** Primary Care & Community Transformation Listening Exercise; Adulthood Strategy Group activities covering Alcohol Care, Hepatitis Elimination (incl. HMP Parc), 3Ps Waiting Well, Pain Programme.



In-flight 2025

- **Oct–Dec:** CYP Type 2 Diabetes Appreciative Enquiry to scope a dedicated service.
- **Oct half-term:** Pediatric diabetes co-production to improve point-of-diagnosis approach and SEREN delivery.
- **Ongoing:** Baby & Toddler Voice statements refinement; BU workplan in planning.



REGIONAL SERVICE CHANGES IN WALES

Major Change Programmes by Health Boards

▼ Aneurin Bevan UHB

Clinical Futures (next phase): public engagement on local hospitals and community models.

▼ Betsi Cadwaladr UHB

Clinical Services Plan: building a 10-year strategy; planned care hub at Llandudno.

▼ Cardiff & Vale UHB

Shaping Our Future Wellbeing: service redesign, including shifting mental health liaison to NHS 111



▼ Hywel Dda UHB

Clinical Services Plan consultation (May–Sept 2025) across nine fragile specialties; long-term hospital option under "Healthier Mid & West Wales."

▼ Powys Teaching Health Board

Better Together Spring 2025: "Case for Change" consultation asking for views on how to shape safe, quality future services over the next 10–25 years

▼ Swansea Bay UHB

Changing for the Future: stroke unit at Morriston, day surgery at Neath Port Talbot, single-site acute medicine model implemented

COMMON THEMES ACROSS THE HEALTH BOARDS

- Fragile and High-Risk Specialties**

Stroke, orthopaedics, mental health, critical care under review.

- Public Consultation**

Hywel Dda (Clinical Services Plan) and Powys (Better Together Case for Change) both conducting broad, structured engagement in 2025.

- Strategic Service Planning**

All boards are updating or pursuing multi-year clinical service strategies (3–25 years)



- Consolidation & Community Models**

Strong trend toward centralising specialist services while expanding local/community access.

- Sustainability & Quality Drivers**

Change driven by workforce constraints, financial pressures, clinical safety, and equity objectives

- Digital & Estates Enablers**

underpinning new models of care

1) Develop the Foundational Components

A) Corporate – level components

Vision and design principles, Corporate identity guidelines, Public pledges and commitments

B) Service – level components

Priority areas, case for change, future-state model for care

2) Shared Vision Document

Purpose: One product co-owned by stakeholders covering:

- **Foundational Components:** Corporate + Service level
- **Do-nothing trajectory:** finance, activity/backlog, workforce, quality & equity (quantified).
- **Case for change:** risks, opportunities, alignment with national policy.
- **Future Care Model “what good looks like”:** high-level model, care continuum etc.



Transforming Health & Care in Cwm Taf Morgannwg

What could the future model look like?



The challenges facing healthcare in our area are well understood

Growing demand

- People's needs are changing and growing, high levels of deprivation and more people with multiple chronic conditions
- All parts of the health and care system experience rising demand: primary care, community services, social care, hospital & ambulance services

Services under pressure

- General practice under severe stress
- Hospital services in frequent escalation and over capacity
- Ambulance handover delays
- Waiting lists growing
- Insufficient social care capacity to respond to crisis & long-term care needs

Quality & experience impacted

- Low patient satisfaction and confidence in NHS reducing.
- Complex system of fragmented services is difficult to navigate with frequent handoffs and inherent inefficiencies.
- Deep frustration of people working in health and care.
- Recruitment challenges.
- High turnover e.g. in care homes and dom care.

Financial challenges

- Whilst the NHS in Wales has record levels of investment, costs are rising faster than the available resources.
- Social care demand outstrips funding.
- Very substantial savings targets in place.
- Ambitions to increase the proportion of NHS spend in prevention and primary care have not been realised.

Ambition for the future

Despite the challenges, there is a genuine opportunity to work together to improve health and healthcare for local people. We heard an ambition for a health and care system which:

- Actively supports people to stay well and prevent ill health.
- Provides prompt access to care when people need it.
- Promotes equality, paying particular attention to groups or sections of our society where improvements in health and life expectancy are not keeping pace with the rest of the population. This includes providing universal services at a scale and intensity proportional to the level of need.
- Delivers joined up, seamless, co-ordinated care, particularly for those with complex/chronic conditions.
- Aspires to the highest standards of excellence and professionalism.
- Sees people spending less time in hospital as more people are supported at home and in the community.
- Has an engaged and satisfied workforce enabled to deliver outstanding patient satisfaction.

Introduction

Primary care is the cornerstone of the healthcare system, providing first contact access, continuity of care, and coordination across services.

However, it faces increasing pressure from rising patient demand, workforce shortages, ageing populations with complex needs, and limited resources.

Without change, these challenges risk overwhelming services, reducing access, and undermining patient outcomes.



Why?

Primary care transformation represents a shift from traditional models of care toward integrated, population-based approaches that prioritise prevention, proactive management, and multidisciplinary collaboration. Transformation enables services to be delivered closer to home, improves access and continuity for patients, and ensures that specialist input is embedded where it adds greatest value.

This change is not only about service redesign but also about long-term sustainability—strengthening the workforce, modernising estates, and embedding digital solutions. By embracing transformation, primary care can move from crisis management to future planning, building a system that is resilient, equitable, and capable of meeting the needs of communities for decades to come

To deliver these ambitions, substantial change is needed.

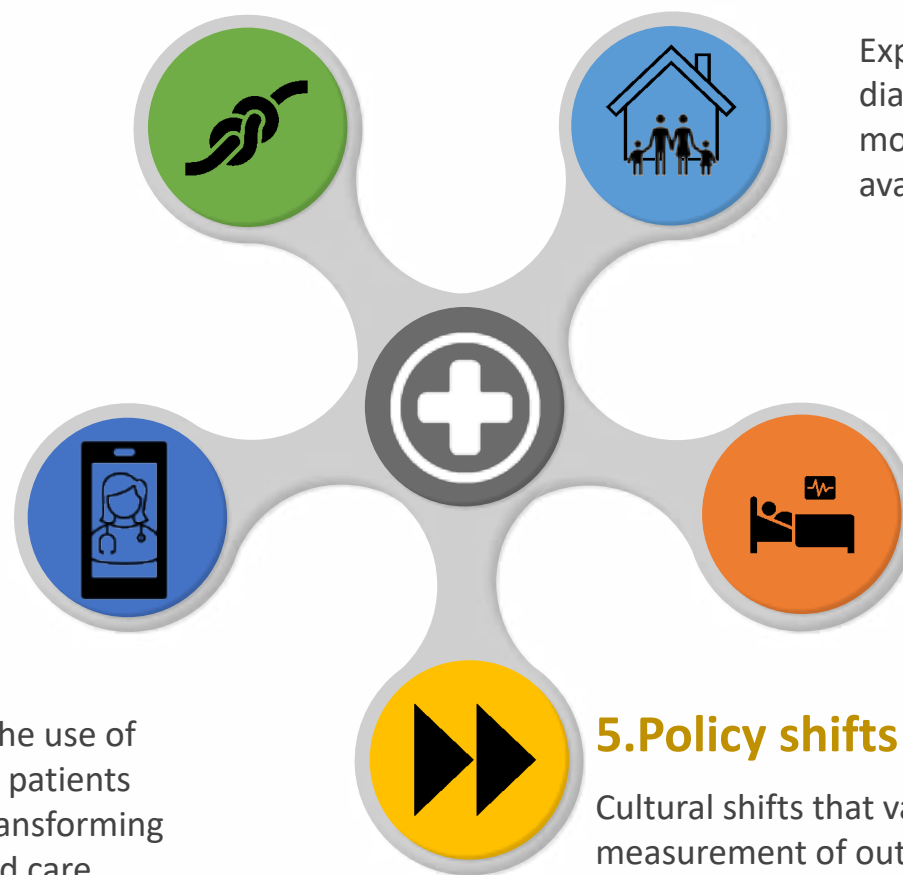
What could a modern health system look like in CTM?

2.Proactive, integrated primary & community care

Shifting investment to primary and community care, and moving from the current complex, fragmented and reactive model to one where integrated teams based around each community provide proactive co-ordinated care.

1.Digital First

Dramatic advancements in the use of digital technology and AI for patients and healthcare providers, transforming access to advice, support and care.



3.Community centric care

Expansion of community based urgent care diagnostics and Hospital@Home, enabling more care currently delivered in hospitals to be available closer to people's homes.

4.Hospitals integrated with community care

Acute hospitals increasingly operating as hubs for complex, specialised and emergency care, with hospital teams more integrated into community care.

5.Policy shifts aligned with ambition

Cultural shifts that value collaboration over control; systematic measurement of outcomes rather than inputs, money aligned to need and funnelled to deliver the new model.

1. Digital transformation: What could it look like?

Utilising the power of technology to deliver personalised, preventative and proactive care.

Modern technology has given us more power over our everyday lives. That scale of change for the NHS in Wales would revolutionise healthcare.

- **Virtual care expanded dramatically**, with patients using the NHS App to:
 - Get instant advice for non-urgent care and help finding the most appropriate service
 - Manage their medicines, book vaccines, manage a long-term condition and get extra help when needed
 - book directly into tests where clinically appropriate and hold consultations (with for primary care and specialist care) through the app
 - access their comprehensive digital care record—viewable by them and all professionals involved in their care.
- Use **continuous monitoring to help make proactive management of patients with long term or complex conditions the new normal**, allowing clinicians to reach out at the first signs of deterioration to prevent an emergency admission to hospital
- Fully utilising longitudinal **data and AI to stratify populations by need and risk**, enabling tailored prevention and early intervention specific to CTM population.
- Substantially **improve working lives for staff** by reducing administration.

2. Proactive, integrated primary & community care teams built around general practices delivering joined-up, proactive care – what could it look like?



One team, with single leadership, collectively responsible for improving the health and wellbeing of everyone in the local community.

- An **integrated primary and community team in each natural community**: GPs, community nurses, pharmacists, social workers, care coordinators, AHPs, mental health specialists and voluntary sector link workers collaborating with high levels of trust - replacing the current complex web of services.
- Team based model: **eliminate referrals between functions**.
- **Holistic care**: integrated teams address psychological and social factors as well as physical health needs through 1:1 and group interventions.
- All staff in each integrated team operate under **single leadership**.
- **Small number of specialist community services** operating at locality /CTM level; seamless access to these services for integrated teams
- **Hospital consultants aligned to community teams**, eg supporting proactive management of chronic health conditions and with Outpatients fundamentally redesigned to deliver only services that must be in acute setting.

3. Expansion of community-based services, enabling more care currently in hospitals to be available closer to people's homes

Expansion of community based urgent care diagnostics and Hospital@Home, enabling more care currently delivered in hospitals to be available closer to people's homes.

Community centric care:

- Development of community health and wellbeing hubs offering urgent care, diagnostics, therapies, minor procedures and access to the wider support ecosystem (housing, employment, finance).
- Expansion of Hospital@Home & Virtual Wards, enabling more acute support in the community, reducing admissions and facilitating earlier discharge.
- Two-thirds of current hospital urgent care patients have needs met in the community
- Eliminate the concept of 'referrals' as we know it for outpatients
- Leveraging smart home technologies, especially for older adults and those with long-term conditions, allowing early warning, remote intervention and peace of mind for carers.

What impact could this new model have?

These are the things to measure to track progress

For residents and patients

- Increase in proportion of patients who feel able to manage their own health
- Improved access to health and care services
- Improved experience, with patients reporting services are joined up and talk to each other

For people who work in healthcare

- Increased staff activation and engagement
- Improved staff satisfaction at work, reduced staff frustration
- Reduction in time staff report they spend on non-value adding tasks

Impact on the health and care system

- Arrest the growth in demand in primary care and in hospitals
- Cost per head of population and hospitalisation rates stabilised
- Fewer delays waiting for treatment or waiting for discharge from hospital

Wider benefits for society

- Improved health delivers wider economic benefits to society
- Reduction in the gap between the health status of those living in the most and least deprived communities

What could the new model mean for primary and community care staff?

I have a much better understanding of what skills and capabilities we have and how they can support our community.

We all use the same system so we can see the interventions that others have made for our patients.

We've really learnt to trust each other. As a GP I'm responsible for interventions of the team I work with who care for my patients. As we have daily huddles, I feel like I'm so much more sighted on the issues and risks.

Since we removed the need for referrals between us, I do far less paperwork and see more patients sooner and we seem to be having a bigger impact.

When we have a person who is starting to struggle at home, we have a whole team to draw on with specific skills to help.

We have reduced some of the reporting requirements and paperwork and have created more time to focus more on prevention of illness rather than just the treatment.

What could the new model mean for patients?

I feel better equipped to manage my own health.

I have confidence that if the first person I speak to can't help that they will get the right person to help quickly.

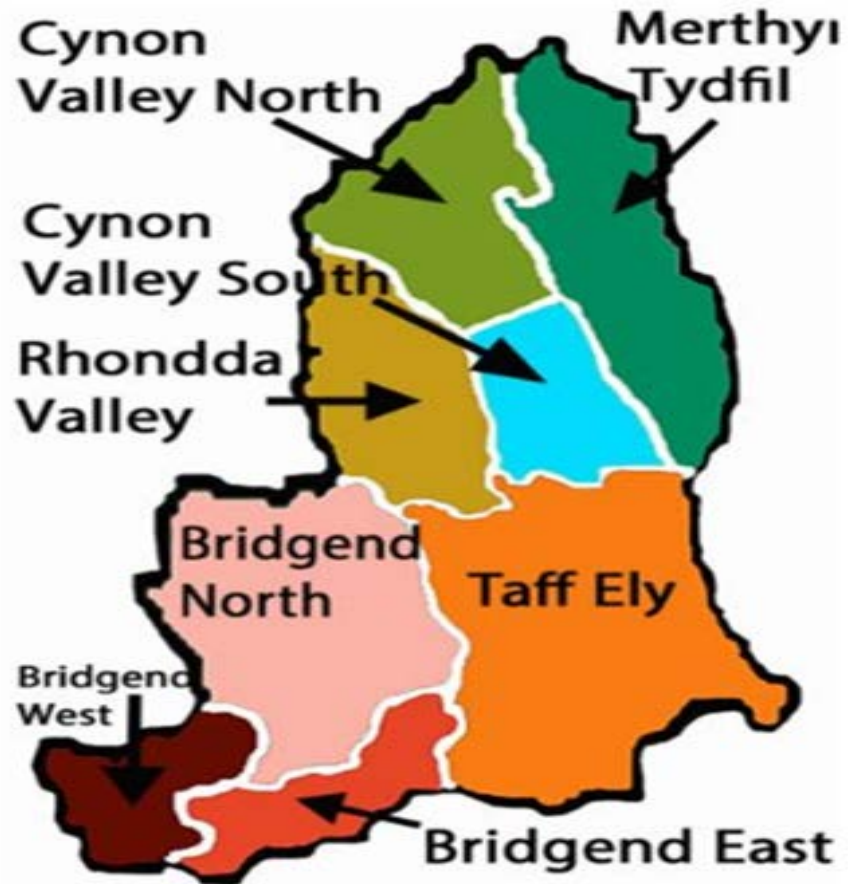
I feel listened to and I am believed. I only tell my story once - they all talk to each other and are so joined up

I feel more confident that I will get help if my symptoms deteriorate. Before I would have called for an ambulance.

When I went to hospital, I felt like the team who normally care for me at home were involved in tracking my progress from the start. They supported me in getting home swiftly as they knew all about the support I have from friends and family.

I have been supported to join a local group of other people in similar situation to me. I feel better in myself and I take better care of my health.

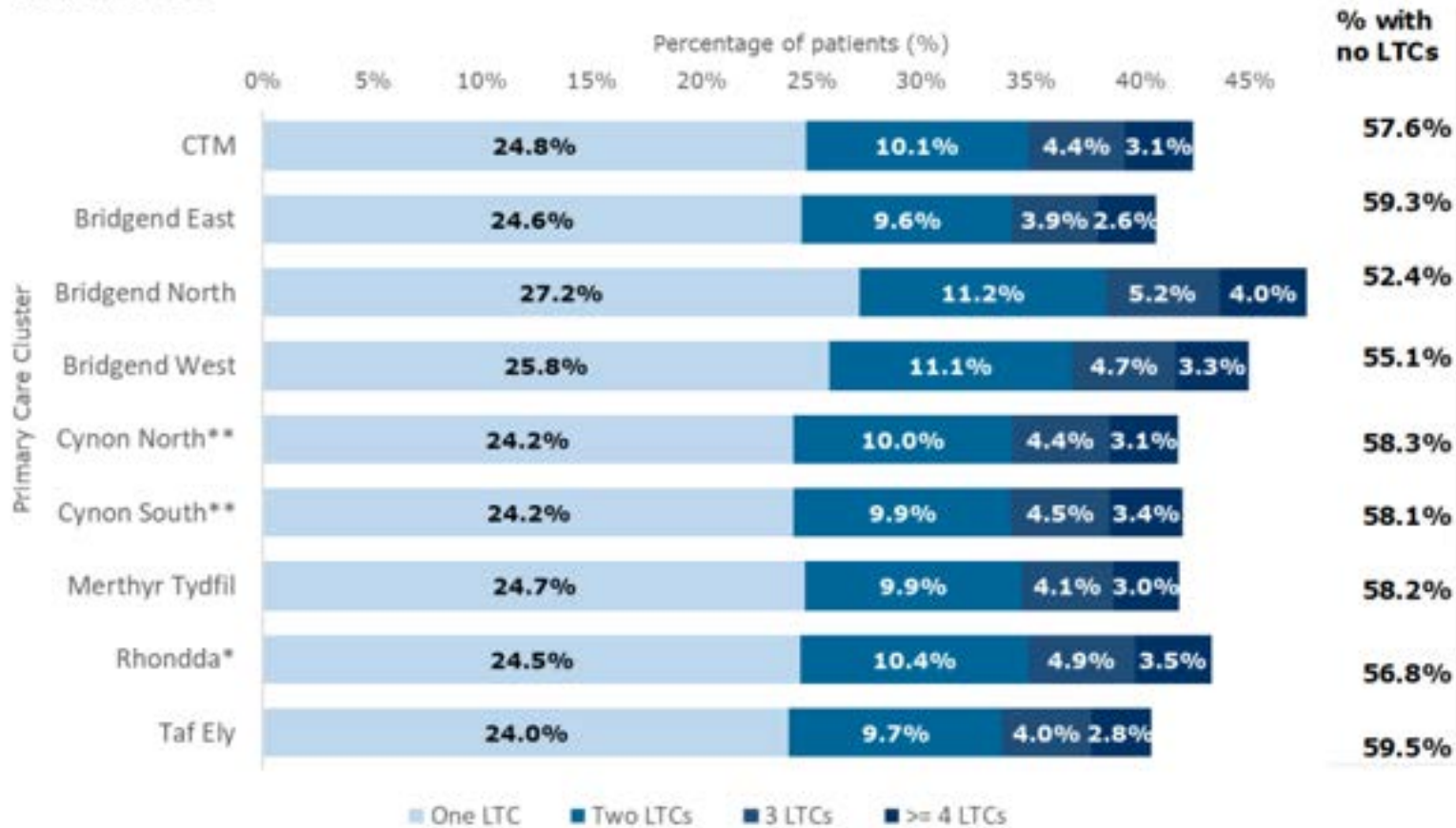
Cwm Taf Morgannwg



- Primary care map of CTM;
- 8 GP collaborative groups
- 7 Cluster groups
- Understanding our population numbers, geography, social deprivation and current population health data is essential to plan any transformative work

Prevalence of long-term conditions (LTCs) by Cluster, 2001 - March 2023

Proportion of patients with long-term conditions (LTCs) by Cluster, March 2023



- Around a quarter of patients across all clusters have one long-term condition (LTC) coded, and around 10% have two LTCs.
- Bridgend North has the highest proportion of people with multiple LTCs (20.4%), and the lowest proportion of people without LTCs (52.4%).
- Bridgend East and Taf Ely have the highest proportions of people with no LTCs.
- Some chronic conditions may have been coded in the past and have not been coded as resolved

Note: Chronic conditions diagnosis coded since 2001. Standard QOF conditions. Based on 45 of 46 practices. *Missing a practice. ** GP Collaborative.

Where does General Practice sit?

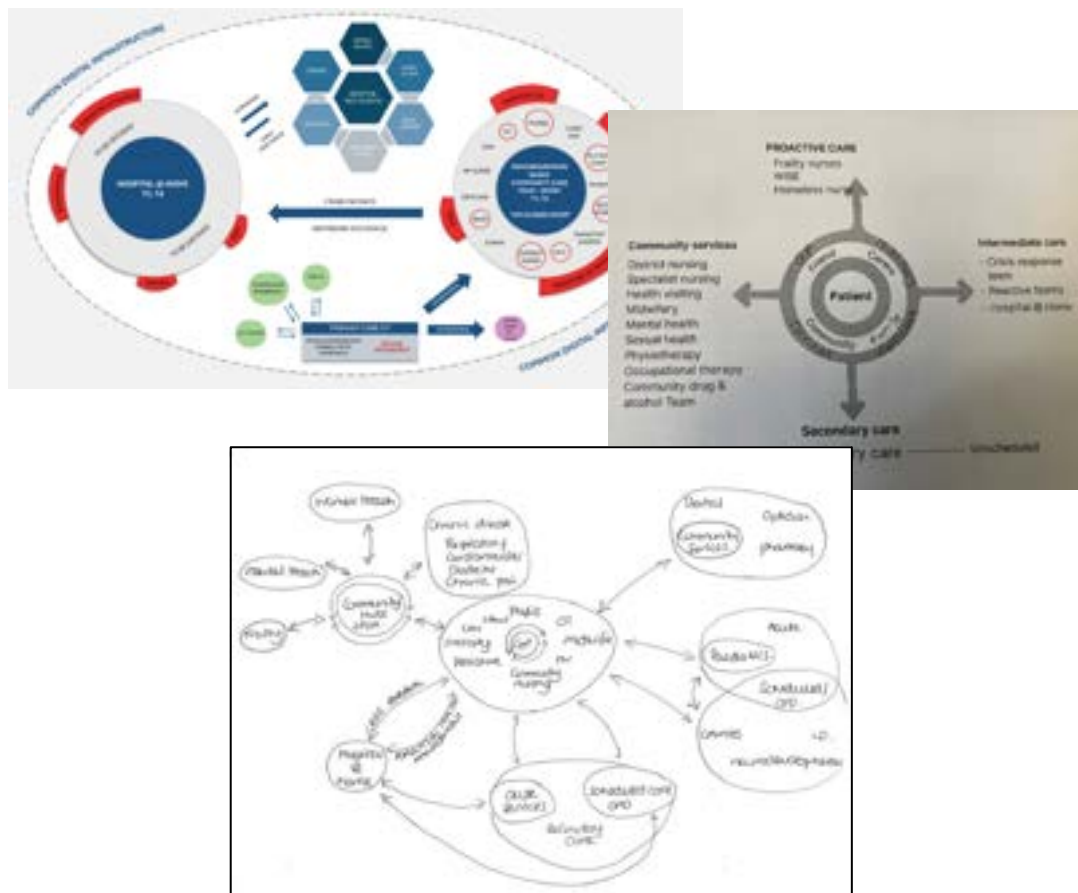
- Recognition of the need to manage capacity and reduce demand
 - Cluster funds and new projects to support this work
 - Utilising population health data to work proactively
 - Focus on chronic disease management COPD diabetes
- Willingness to work in a different way
 - Recognising restrictions caused by contract requirements
 - Expansion of MDT working
 - Success of First contact physio
- Building relationships with secondary care

Our vision for the future

A health system for people in CTM which:

- improves health and well-being outcomes for our population
- is proactive
- is focussed on prevention
- is easy to navigate – for patients and staff
- supports people at home and in the community wherever possible
- is joined up and seamless
- is equitable and fair for our population
- is satisfying and fulfilling for those who work within it

We brought together our own thinking and that of others to identify the priority areas for action



We identified **three core areas** on which to concentrate for the future, which will deliver improvements for patients, professionals and the health care system in CTM.

These are described on the next page

Primary Care transformation: three key priorities

1 Creating a single team including community nursing, OT & Physio around General Practices

- Eliminate current siloed working
- No referrals between team members
- Team using one IT system
- Work together to proactively manage health needs of registered population
- Crucial to have GP leadership

One primary
& community
team around
General Practice

Primary Care transformation: three key priorities

1 Creating a single team including community nursing, OT & Physio around General Practices

- Eliminate current siloed working
- No referrals between team members
- Team using one IT system
- Work together to proactively manage health needs of registered population
- Crucial to have GP leadership



2 Immediate, responsive and reliable support to manage patients in crisis who can be cared for at home

- Access to diagnostics and secondary care services
- Multi-disciplinary team essential
- Medical leadership is key too - GPs as well as consultants
- Reduce avoidable admissions
- Improve hospital discharge and reduce readmissions

Primary Care transformation: three key priorities

1 Creating a single team including community nursing, OT & Physio around General Practices

- Eliminate current siloed working
- No referrals between team members
- Team using one IT system
- Work together to proactively manage health needs of registered population
- Crucial to have GP leadership



2 Immediate, responsive and reliable support to manage patients in crisis who can be cared for at home

- Access to diagnostics and secondary care services
- Multi-disciplinary team essential
- Medical leadership is key too - GPs as well as consultants
- Reduce avoidable admissions
- Improve hospital discharge and reduce readmissions

3 Utilizing the expertise of secondary care

- Primary care team able to talk to specialists for advice
- Planned and unscheduled care
- Specialist input to chronic disease management
- Specialists aligned to and supporting community care



Short Term



Medium Term



Long Term



Short term (next 6-9 months)



Short Term

One primary
& community
team around
General Practice

Transformed,
responsive
intermediate
care

Renewed
primary and
secondary care
partnership

- **Mainstreamed, guaranteed First Contact Physiotherapy service**
- **Primary care MDT**
 - Review of capacity/resource currently accessible to GP's- physio/OT/ dietetics
 - Begin building relationships, integrating services and building 'one team' vision
- **Community Health and Wellbeing Worker Pilots**
- **Specialist Community Nursing Team**
 - Review and mapping of current specialist teams and skill mix.
 - Prescribing review of independent prescribers to ensure working with senior clinical support - reduce reliance on GP
- **Hospital @ Home**
 - Connected and planned referrals for specialties – establishing H@H for reactive care
- **Hot Clinics**
 - Parity across localities; currently within hospital.
 - Develop business case for community-based hot clinics
- **Design and pilot women's Health Hubs**
- **Primary / Secondary Care Interface**
 - Develop communication links. work through list of points raised in GP workshop
- **Develop community pain service vision.**
- **Clinical Navigation Hub**
 - Single point of access for specialties (Phase1)

Medium term



Medium Term

One primary
& community
team around
General Practice

Transformed,
responsive
intermediate
care

Renewed
primary and
secondary care
partnership

- **Primary care MDT**
 - Consolidating & growing team around GP, further building relationships and implementing one team vision
- **Primary care voices represented at Health Board senior level in decisions involving primary care, including board representation**
- **Specialist Community Nursing Team**
 - Integration of teams, increasing provision for proactive care
 - Ensuring prescribing capabilities and making every contact count,
- **Hospital @ Home**
 - Developing Hospital @ Home for proactive care
- **Hot Clinics**
 - Hot Clinics expansion to support hospital at home and admission avoidance
- **Expansion of women's Health Hubs**
- **Pain Service**
 - Pilot expansion of community clinics- pharmacist led, multidisciplinary with psychology incorporated
- **Clinical Navigation Hub expansion**
 - Proceed to phase 2- ?paediatric, medicine and surgery referrals.

Long term



Long Term

One primary
& community
team around
General Practice

Transformed,
responsive
intermediate
care

Renewed
primary and
secondary care
partnership

- **Primary Care MDT**
 - Continue to increase the size and range of skills in the MDT around the GP
- **Primary care Estate**
 - Identify opportunities for integration.
 - New buildings fit for modern-day primary care that allow MDT and GPs to be co-located.
- **General Practice Capacity**
 - Space needed to allow for more proactive care.
- **Clinical Navigation Hub**
 - Flow centre fully operational, handling all primary care to secondary care referrals and discharges with ability to admit patients to community beds where no active medical need identified
- **Community Hubs**
 - Building on pain and women's health hub model, expanding to wound, COPD, heart failure, home oxygen etc. (cluster model, based around natural communities).
- **Continue to improve relationships between Primary/Secondary care colleagues**
- **Adjustment of Consultant Job Plan**
 - Allow community sessions and clinical oversight. Integration of primary and secondary care

Summary of Roadmap



Underpinning all these goals

- Equitable allocation of resource based on need/population health data
- IT solutions – including bringing community services onto the same system as primary care
- Building relationships with community and secondary care teams
- Commitment to long term funding increase in primary and community care, to secure services

Benefits – and issues to work through

Stakeholder	Benefits	Issues to work through
Patients	- Holistic and person-centred care - Smoother referrals and follow ups. - Less need to repeat information. - Better continuity and co-ordinated care. - Access to specialist services closer to home - Shorter waiting times, if clinics are properly resourced/staffed - More time with GPs for complex needs as capacity shifts	- Confusion about roles and accountabilities - Privacy concerns over shared records - Essential to roll out based on need not population numbers alone
General Practitioners	- Improved patient management through holistic joined up care - Reduced workload through shared care with nurses, pharmacists, allied health prof. - Better patient outcomes and satisfaction - Reduced burnout through better support and shared responsibilities - Frees up time to focus on complex cases and proactive care	- Blurred responsibilities with other professionals if not communicated clearly - Potential loss of clinical autonomy if more centralised processes - IT and interoperability challenges - Risk of increasing workload if incorrect skill mix in community teams. - Needs senior clinical oversight that is not a GMS GP
Health Board/system	- More efficient use of resources - Stronger system response to crises - Improved performance	- Investment needed up front in IT, training, service redesign and estates - Staff resistance to change - Governance and oversight complexities - Potential for some disruption during change

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, 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
Claire Thompson	12/09/2025	Endorsed for Approval

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CYP	Children and Young People
C&VUHB	Cardiff & Vale University Health Board



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

1. Situation / Background

During January 2025 the Welsh Government released the NHS Performance Framework for 2025/26, setting out the Minister's priorities and key deliverables and is available to read at the following URL: [NHS Wales performance framework 2025 to 2026 | GOV.WALES](#)

2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's Performance Framework and a small number of local priority measures such as ambulance lost hours following notification of handover, hip fracture recovery, stroke and never events.

In March 2025, the Cabinet Secretary for Health and Social Services announced changes to the Ambulance Performance Framework for a 12-month pilot starting on 1st July 2025. The full announcement can be read at the following URL: [Changes to ambulance response to focus on saving more lives | GOV.WALES](#)

The Welsh Ambulance Service (WAST) has adopted performance measures focused on clinical outcomes and quality of care, rather than solely on the speed of response. This change will support the ambition to provide high-quality patient-focused care that will benefit communities across Wales.

Consequently the Red Category Ambulance response target i.e. patients experiencing an immediate life threatening illness or injury with a target response time of 8 minutes has been withdrawn from the WG Performance Framework and replaced by the following two measures:

- Median emergency ambulance response time to Purple (Arrest) category calls – Target 8 minute median.
- Median emergency ambulance response time to Red (Emergency) category calls – Target 8 minute median.

(please refer to page 15 of this report)

To also note, due to the recent merger of the two PAS systems, and our focus being on validating the waiting list and admitted patient care episodes, it has not been possible to provide an accurate position in this report on the patients awaiting a follow up outpatient review for May & June 2025. These continue to be validated, and are anticipated to be available by October. The follow up position for July & August 2025 are included.

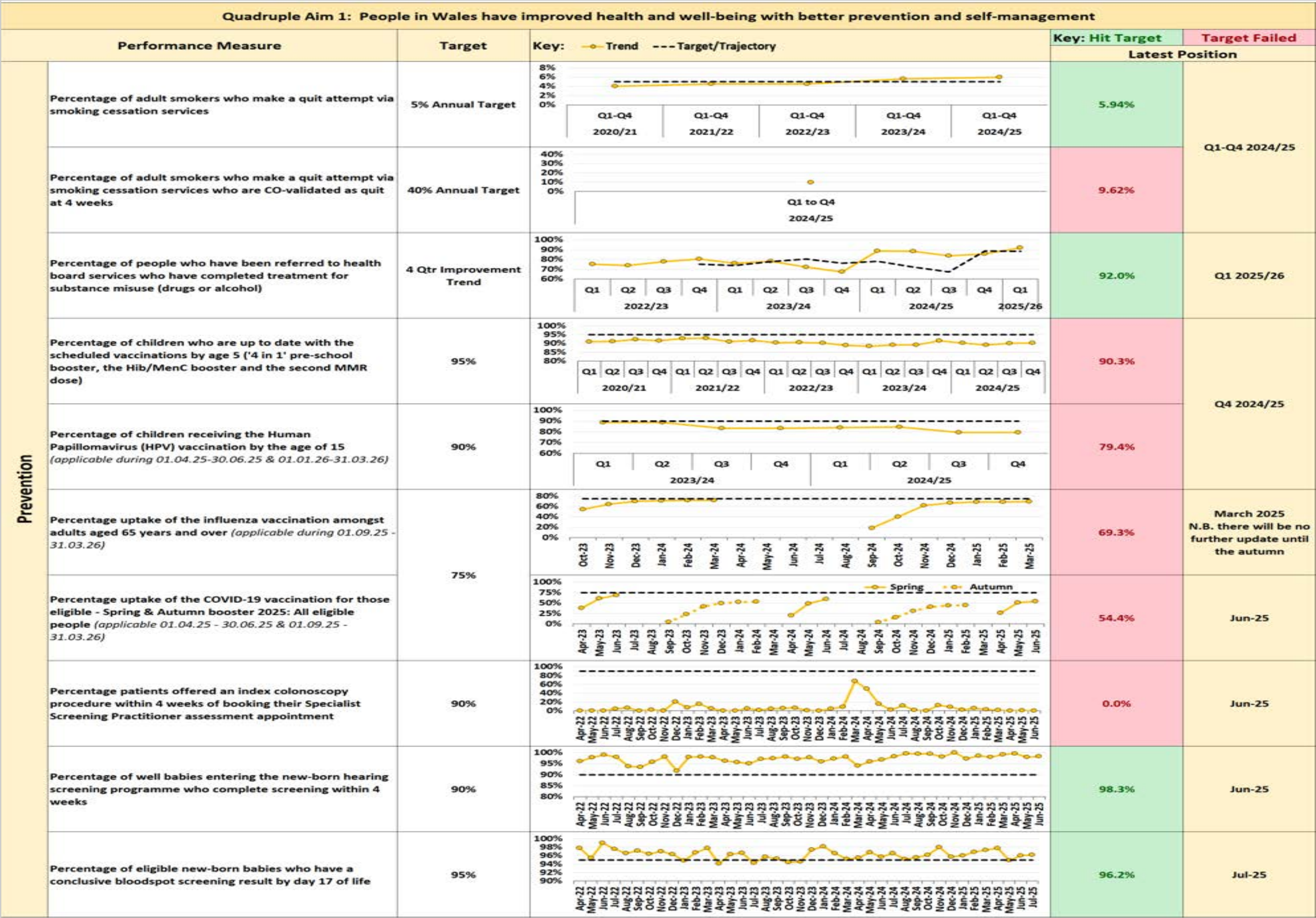
A one page summary of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 6 out of the 17 areas.

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased, decreased or statistically no significant change.
The colour is intended to show whether this is positive [green], negative [red] or no significant change/remains within control limits [amber].

Quality		Population Health	
8 NRI's remain open >90 days↓ <i>This is a reduction of 2 on the previous period & is at its lowest observed level</i>	86.43 is the rate of E.coli per 100,000 population (2025/26)↑ <i>Compared to 2024/25 the rate was 81.52</i>	During 2024/25 - 5.94% of adults who smoke made a quit attempt via the smoking cessation service➡ <i>Compared to 2023/24, 5.64% of smokers made a quit attempt</i>	
The rolling 12 month mortality rate is 2.54%➡ <i>This is the same rate as the equivalent rolling 12 month period of the previous year</i>	75% of complaints received a response within 30 days➡ <i>Compared to last month the rate was 76.2%</i>	During the 2024/25 flu season campaign, 69.3% of adults aged 65+ received the influenza vaccine➡ <i>The 2023/24 campaign saw a compliance rate of 72.2%</i>	90.3% of children aged 5 were up to date with their vaccinations during Qtr 4 2024/25➡ <i>Compared to the previous quarter the rate was 90.1%</i>
Operational Performance		People	
65.4% of patients were seen within 4 hours from arrival at an Emergency Department➡ <i>Compared to last month compliance was 67.6%</i>	95.5% of GP Practices have achieved in-hours access standards during 2024/25↓ <i>The rate the previous year was also 100%</i>	6.98% of staff have been absent due to sickness during the 12 mth period (Aug 24 to Jul 25)➡ <i>Compared to the previous year the rate was 6.80%</i>	The CTMUHB Nursing & Midwifery reported turnover rate to May 2025 is 5.45%↓ <i>Compared to May 2024 the rate was 7.68%</i>
As at end of April 2025; 18 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 75% (please refer to page 17)			
Provisionally 808 patients are waiting longer than 2 years for referral to treatment↑ <i>Compared to the previous period 615 patients had waited this length of time</i>	During July 59.4% of patients started their cancer treatment within 62 days➡ <i>The rate the previous period was 60.6%</i>	As at August 2025, 68.8 of staff have received their PADR➡ <i>Compared to August 2024 the rate was 66.5%</i>	As at August 2025, 81.3% of staff have completed Level 1 mandatory training➡ <i>Compared to August 2024 the rate was 80.7%</i>
Finance			
The Month 4 YTD financial position is reporting a £6.3m deficit for 2025/26↑			

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



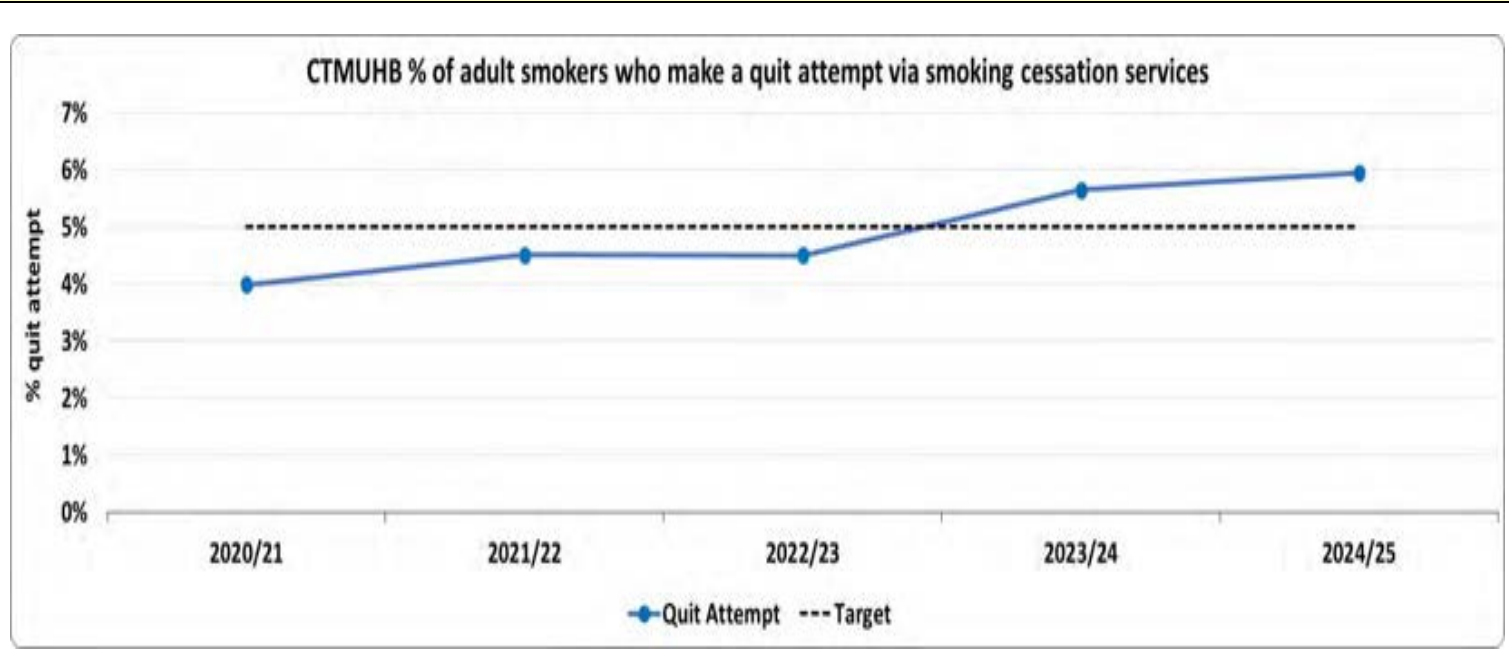


% of adult smokers who make a quit attempt via smoking cessation services – 5 % Annual Target

% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40 % Annual Target

2024 / 25 - 5.94 %

2024 / 25 – 9.62 %



CTMUHB		
Estimated number of smokers	Estimated % of CTMUHB population who are smokers	Estimated number of smokers needing to access smoking cessation to reach 5% of smokers
53,868	14.7%	2,700
Number of smokers treated by the smoking cessation service	Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter	
Q1 - Q4 2024/25		
3,202	308	
5.94%	9.62%	

What are the key challenges & actions in delivering smoking cessation targets?

Challenges:

Resource – Exceeding the 5% target for a second year is extremely positive, which reflects the hard work of the team. However, further increasing numbers of smokers treated will be limited by capacity within smoking cessation services.

Achieving the national ambition of a 5% smoking prevalence by 2030 will require a reduction from nearly 54,000 to 18,000 smokers over the next 5 years – a reduction of two thirds which will require significant further resource. It should be noted, however, that reaching 5% smoking prevalence would yield significant improvements in population health with resultant reductions in Health Board activity.

CO validation of 4 week quits: It is proving very challenging to meet this new target, for a number of reasons, including:

- a large proportion of clients are receiving remote support via telephone, rather than face to face and it is logistically very difficult to obtain CO readings (collected in person) in this situation.
- The majority of clients prefer a remote service and find it flexible and accessible.

It should be noted that other Health Boards are experiencing similar challenges in achieving the target. It is hoped this issue will be addressed via a change to the national HMQ (Help Me Quit) in Community Pharmacy service specification, due in the autumn.

All clients are followed up at 4 weeks to assess their quit status and this is recorded as ‘self-reported’ if CO validation cannot be undertaken. Consequently, the overall quit rate (self reported & CO validated combined) for 2024/25 is 50%.

Actions:

A plan is being implemented to reduce smoking prevalence to 5% by 2030, including meeting the smoking cessation targets as a key outcome and is accountable to the Creating Health board. Presently, prevalence is c.14.7% with the all Wales rate being 12.8%. The plan includes actions to address the challenges as follows:

Resource:

- Seeking to identify further investment to expand HMQ services

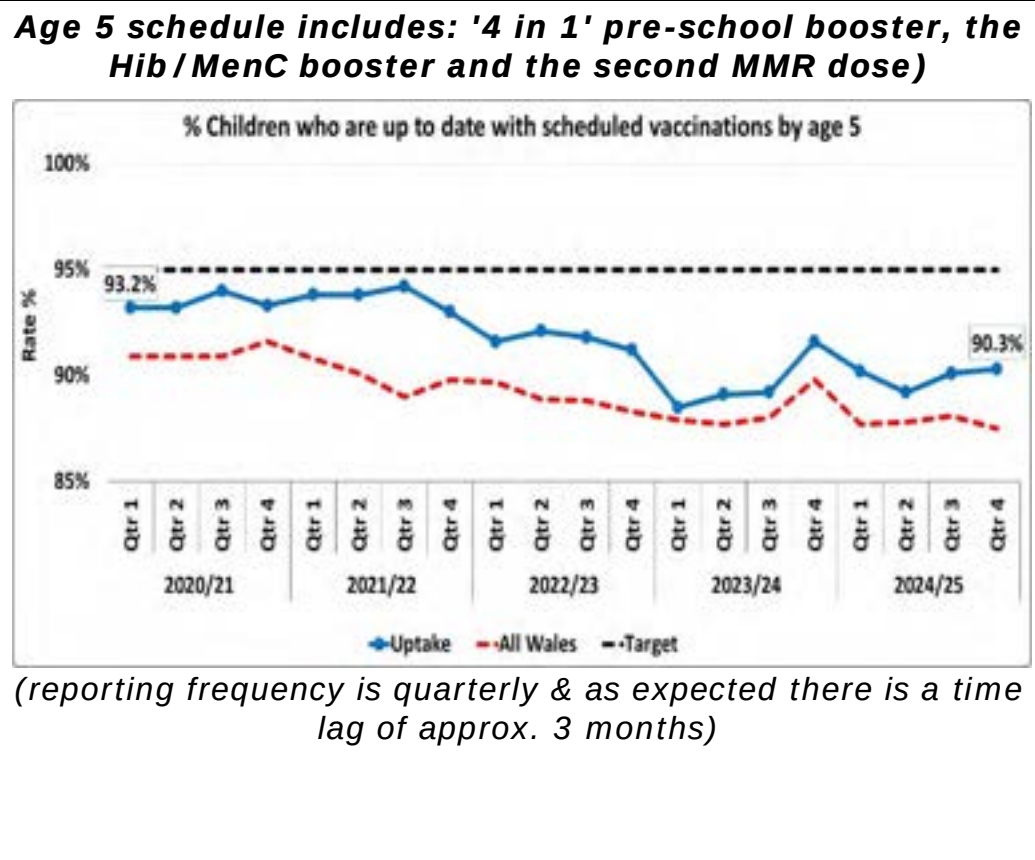
CO validation of 4 week quits:

- Self-reported and CO validated quit data is being collected locally to give a fuller picture.
- The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues to enable CO validation.
- The national HMQ in Community Pharmacy service specification will include CO validation when clients collect their pharmacotherapy. This is currently going through national approval processes.

Other actions in the reducing smoking prevalence programme include:

- Continued implementation of Help Me Quit (HMQ) in Hospital model, with a focus in 2025/26 on pre-admission pathways to ensure smokers can be identified and offered support at the earliest opportunity.
- Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service.
- Developing the HMQ service community offering, including increased community engagement, offering more face to face appointments and outreach to workplaces and community groups.
- Supporting mental health division to integrate smoking cessation offer into community and in-patient pathways.
- Implementing a communications plan to promote uptake of HMQ services.
- Engaging stakeholders across organisations, using the opportunity of the Tobacco and Vapes Bill and smoke-free 2030 target, to increase activity aimed at reducing smoking prevalence.

% of children who are up to date with the scheduled vaccinations by age 5 - Target 95 %



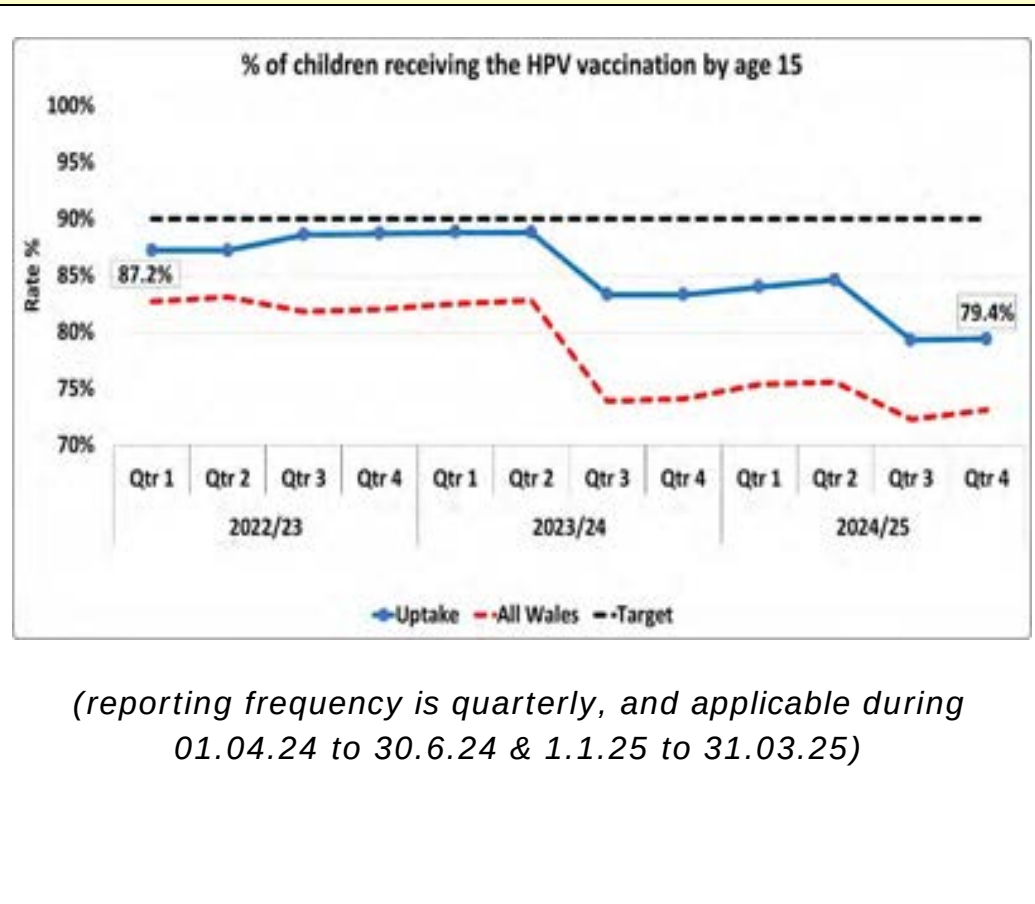
Quarter 4 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	86.6%
RCT LA	90.3%
Bridgend LA	92.0%
CTMUHB	90.3%

Quarter 4 2024/25 Welsh HB's Uptake	
ABUHB	86.5%
BCUHB	89.5%
C&VUHB	84.6%
CTMUHB	90.3%
HDUHB	85.6%
PTHB	89.6%
SBUHB	88.1%
All Wales	87.5%

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

- Challenges:**
- Scheduled Immunisations – The changes to the childhood Immunisation schedule start 10th July, however there is a risk as the CYPRIS scheduling system will not be updated in time for commencement of the immunisation programme.
 - MMR uptake – 95% uptake of 2 doses of MMR is needed to prevent transmission, smaller outbreaks of measles have been identified in Wales in the past 2 years.
 - Influenza – challenges in delivering to 3 year old's attending LA nurseries in Merthyr & RCT areas remains. Combined uptake for 2 & 3 yrs old at the end of the season is 44.2% (43.6% in 3 year olds which compares to 54.5% in 2023/24).
 - Data systems – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
 - Transition from Health Visiting to School Nursing – immunisation history and recall for any outstanding vaccines.
- Actions:**
- Scheduled immunisations – the specialist immunisation team has given priority to informing all childhood vaccinators and advisors of the proposed changes and challenges with CYPRIS and how to manage these, including face to face visits, sharing PHW awareness sessions and hosting local sessions.
 - MMR uptake – the annual COVER report for year ending 2024/25 is now available. with CTM's MMR uptake 1 dose at 2nd birthday at 94.8% & 2 doses at 5th birthday at 92.2%; these are both higher than the Welsh average. The childhood immunisation schedule changes include moving the second dose from 3 years & 4 months to 18 months of age for children born form 1st July 2024 and it is anticipated to increase uptake of the second dose from January 2026.
 - Influenza – planning for the delivery of fluenz to children who attend LA nurseries in Merthyr and RCT areas is underway.
 - Data systems – Work is ongoing at a national level to resolve this. GP practices in CTM are being asked to support entering Fluenz directly on to WIS (Welsh Immunisation System) as well as the mandatory request for those children aged 16+, although an API to the child health and WIS systems would be preferable.
 - Transition from Health Visiting to School Nursing - The ISSAC (Immunisation Standards for School Age Children) have been reviewed and are awaiting national sign off.

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



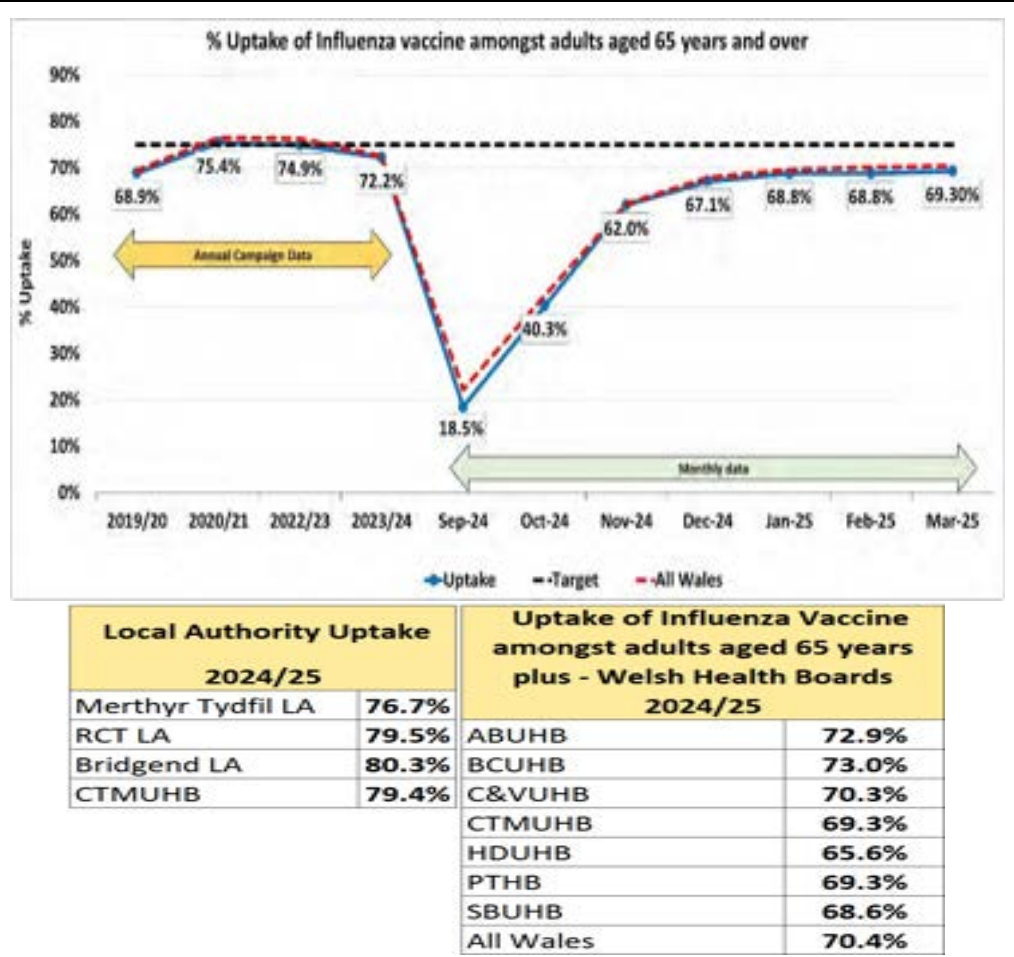
Quarter 4 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	76.7%
RCT LA	79.5%
Bridgend LA	80.3%
CTMUHB	79.4%

Quarter 4 2024/25 Welsh HB's Uptake	
ABUHB	66.1%
BCUHB	70.8%
C&VUHB	68.8%
CTMUHB	79.4%
HDUHB	74.1%
PTHB	77.3%
SBUHB	85.6%
All Wales	73.1%

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

- Challenges:**
- Communication support - School Nursing Service continues to engage with schools and CTM comms. to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents evening in secondary schools, to raise the profile of all immunisations.
 - Personal data accuracy (address, contact number, school attended) – Recent Fluenz and MMR catch up programme has further highlighted that a number of address and contact details are not always up to date.
 - Obtaining consent – A considerable amount of work is required to chase outstanding consents, despite communication and engagement undertaken by the school nursing team; directly impacts on immunisation uptake rates.
- Actions:**
- Communication support – is now included as a standing item in the monthly Childhood Vaccination Group. The immunisation calendar details all Immunisation programmes for academic year - schools informed during summer term. There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required. At an All Wales level, PHW have been asked to increase a variety of assets and communications developed to support immunisation programmes e.g. TV/Radio and alternative social media platforms to have a wider reach and engagement with children and young people.
 - Uptake – utilising a targeted approach with those schools with low uptake rates. Working with head teachers and school staff to raise importance of immunisation programmes. Undertaking large number of phone calls to parent/carers to obtain consents and utilising Frazer competency assessment that allows pupils to self consent in the absence of a consent form. Working with HB colleagues to facilitate catch up sessions in CVC's which proved successful during August 2024.
 - Personal data accuracy (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools continues.
 - Obtaining consent – A newly developed E-consent system was successfully piloted in May 2025. This pilot is being extended in September, with the aim of being paper free by January 2026.

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

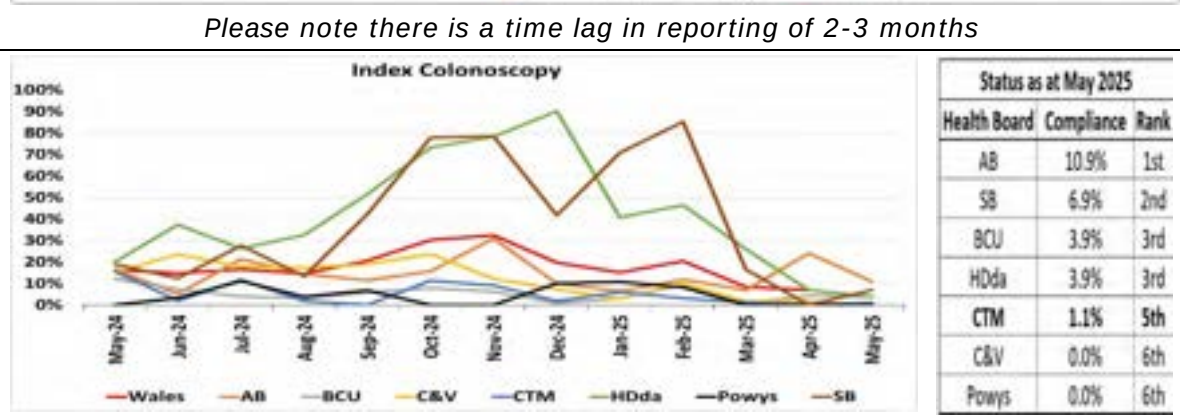


Challenges posed by the National Immunisation Framework (NIF) & actions being taken?

- Challenges:**
- Vaccine fatigue** – across all health boards and vaccination campaigns there is an increasing apathy towards vaccination, particularly since the COVID-19 Pandemic.
 - Joint Committee on Vaccination and Immunisation (JCVI)** and **Welsh Health Circulars (WHCs)** instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 1st October 2024; a delay on the usual September start.
 - Demand on vaccination services** – the winter campaigns of Flu and COVID were impacted by the introduction of the year round RSV campaign.
 - Uptake of Flu & COVID -19** – Staff uptake of the flu vaccine in CTM has fallen this year to 34.4% (All Wales 33.9%) and similar reductions have been seen in the Fluenz offer to 3 year olds in RCT and Merthyr. COVID-19 vaccination uptake dropped to 44.8% of the eligible population.
 - Community pharmacies** – pharmacies continue to balance an increasing demand for clinical services against limited resources, including trained vaccination staff and appropriate consultation space. The impact of central procurement of vaccines in 2025/26 is not known at this stage, although the potential for increased vaccination rates via pharmacy remains realistic.
- Actions:**
- Vaccine fatigue** - Vaccine Programme Wales is supporting health boards with the establishment of a misinformation and vaccine literacy group in line with and the HB vaccine equity strategic plan. The Health Protection Team will be attending the community leaders' network with hopes of establishing community links to engage with the public. The Specialist Immunisation team is engaging with public groups and undertaking vaccination awareness session with many groups of staff.
 - Demand on vaccination services** – planning is underway for the winter campaign 2025/26 - working with primary care providers.
 - Uptake of flu and COVID-19** – An online booking system for staff vaccinations was positive with additional recommendations, including stronger communication & additional peer/walkabout opportunities; these will be included in the winter planning. New models of delivering Fluenz to 3 year old's in LA nursery schools are being planned. The spring COVID-19 vacc. campaign commenced 1st April with a smaller targeted population.
 - CTM will support the 2025/26 national community pharmacy premises improvement grants program, which saw 7 pharmacies awarded funding to increase and optimise consultation room facilities during 2024/25.
 - Pharmacy technicians in CTM undertook 1,652 flu vaccinations during 2024/25; over 9% of the total vaccinations recorded by community pharmacies. CTM will continue to encourage pharmacy contractors to accredit an appropriate mix of staff via HEIW's vaccinator accreditation framework and increase the availability of vaccinations within community pharmacies.
 - CTM will support preparation for and implementation of the new national primary care vaccine programme, including delivery of centrally procured vaccines and the routine use of the Welsh Immunisation System (WIS).

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appointment. Target 90 % - June 2025 = 0 %



How are we doing & what actions are we taking?

- The pan CTM Bowel Screening Wales (BSW) assessment work programme has concluded and patient booking is underway.
- A shortage of accredited BSW Endoscopists continues to impact activity. It is expected that one additional Endoscopist will achieve accreditation shortly. Other potential options are also being explored to ensure BSW waiting times are brought in line with targets.
- As of 8th September, there were 121 patients waiting for an index colonoscopy, of which, 92 have a booked appointment. Unfortunately, 86 patients will have waited longer than 4 weeks for their procedure and of these, 58 patients will have waited more than 8 weeks.

The operational challenges that have an impact on activity are:

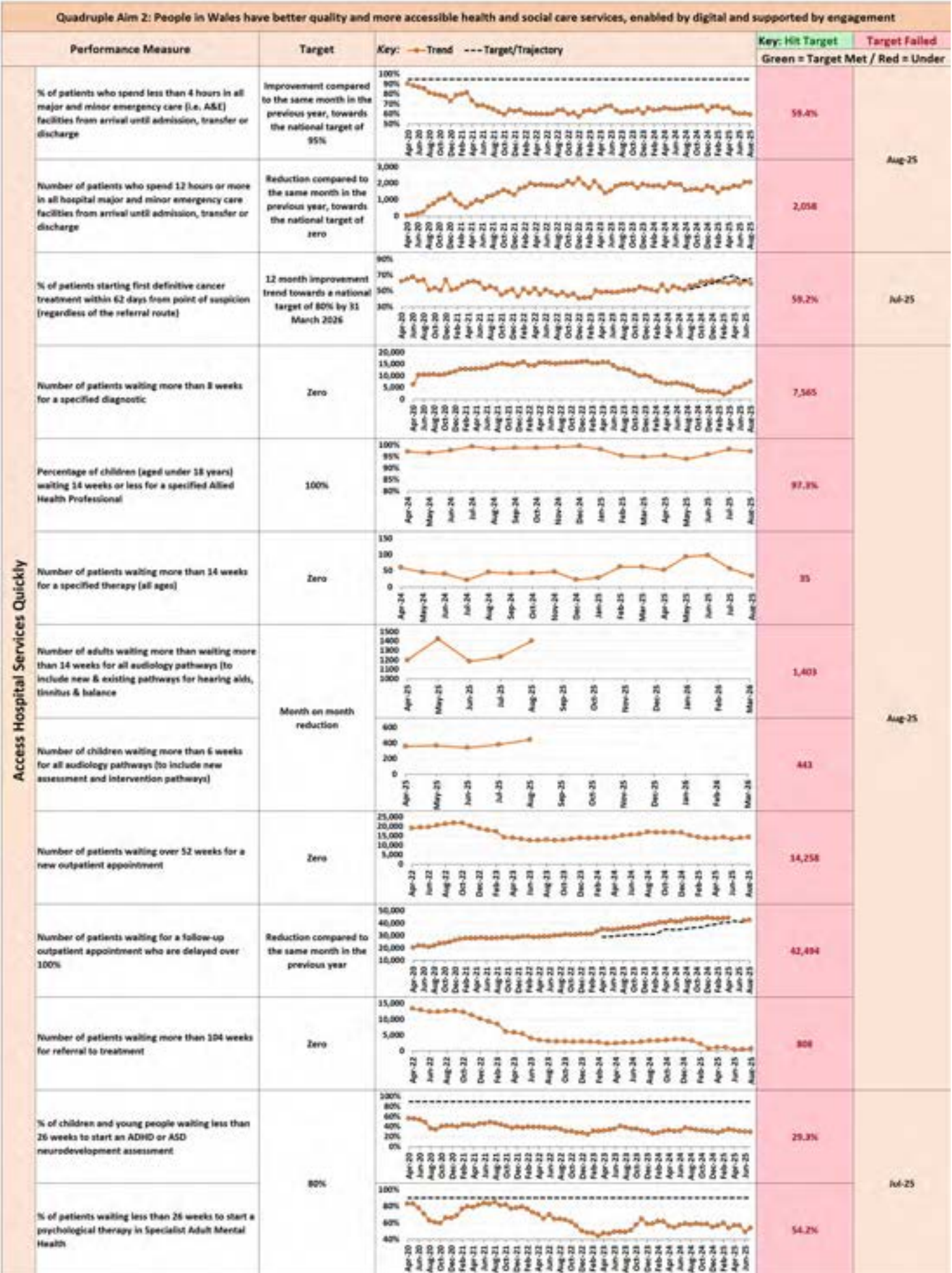
- Participant, patient choice and refusal remain an issue when booking across CTM.
- Providing adequate cover for periods of leave and on-call commitments, particularly due to the limited pool of BSW accredited consultants. This continues to be managed through the 6-4-2 process which has seen an increase in adhoc cover, plus additional backfill of BSW lists. The 6-4-2 process continues to be an effective method for driving optimal utilisation of Endoscopy lists.
- Uptake and current conversion to surgery continues to be monitored and escalated.

Actions being taken:

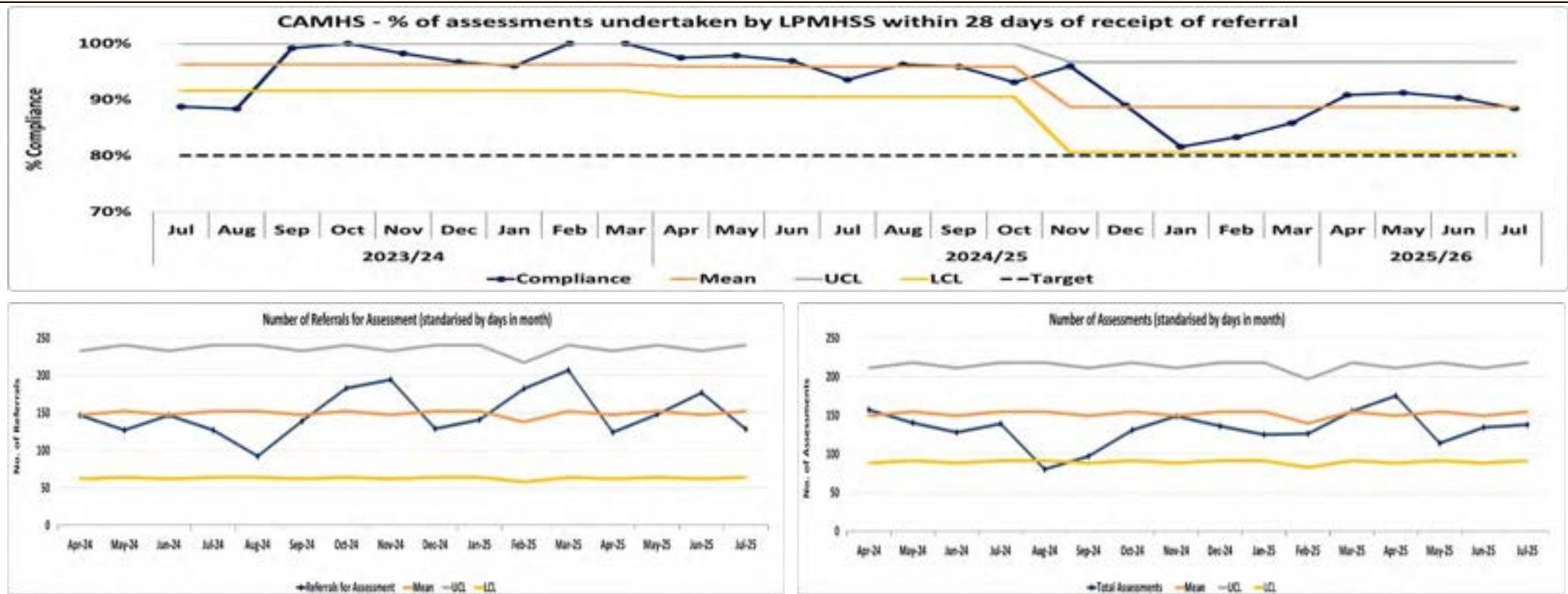
- Use of text remind and broadcast messenger services to mitigate against patient choice, refusal of offer and high DNA rates.
- Participants continue to be booked direct at SSP assessment resulting in better patient experience.
- The Endoscopy service is working with theatre services to develop robust general anaesthetic provisions where appropriate.
- The Endoscopy service is exploring the use of a flexible insourcing contract for a BSW accredited Endoscopist (using BSW funding) to bolster the BSW service provision.

(The 6-4-2 process, primarily used for surgical and endoscopy planning, is a scheduling model that aims to improve efficiency and patient experience by streamlining the planning and review of surgical lists).

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



% of CAMHS assessments undertaken by LPMHSS within 28 days of receipt of referral (88.4 %) - Target 80 %



Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. During July the compliance for the CAMHS service observed a rate of 88.4%.

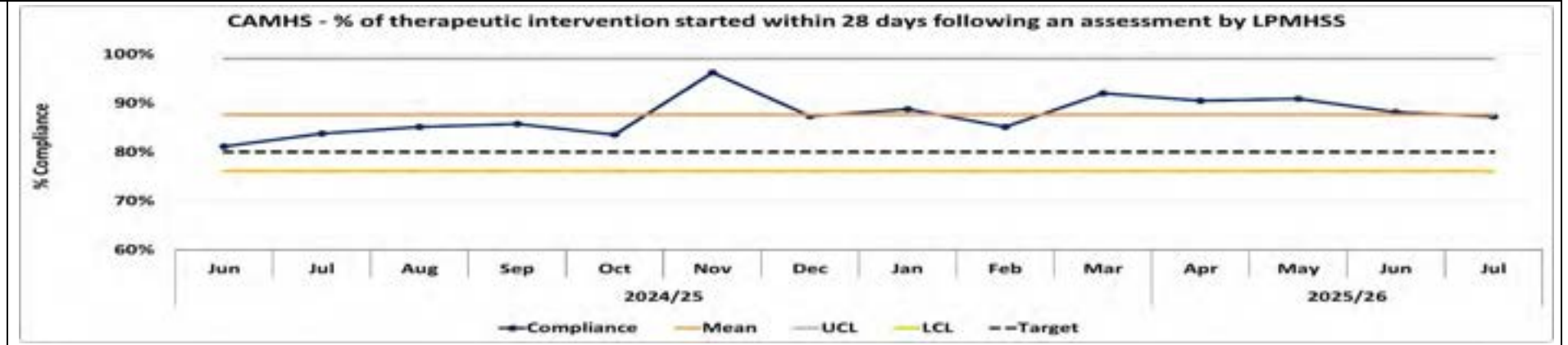
For the past two years we have seen that performance has notably improved in this area of the CAMHS service with compliance continually maintained above the WG target of 80% from July 2023.

As seen in the charts to the left, the number of referrals & assessments each month remains within normal limits, given the variability in the number of working days in the month.

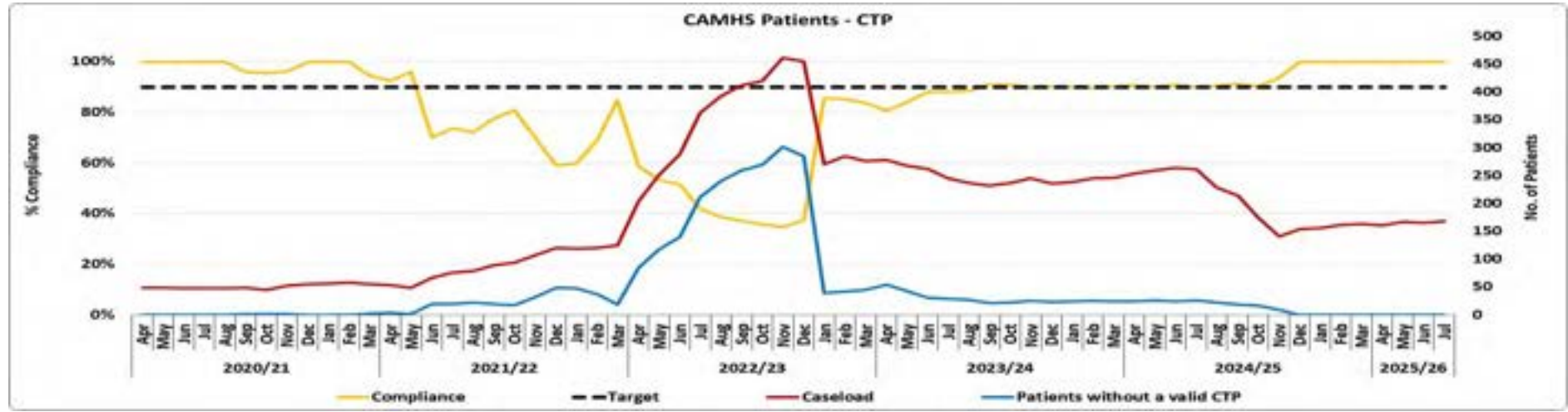
CAMHS - % of therapeutic intervention started within 28 days following an assessment by LPMHSS (87.2 %) - Target 80 %

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 87.2% during July and continues to surpass the WG set target of 80%.

Maintaining compliance is facilitated by continuing to develop local groups within the directorate, in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attend All Wales co-ordination meetings from the Powys Hub.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (100 %) - 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 continued to observe a compliance rate of 100% during July, surpassing the WG set target of 90%.

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



How are we doing and what actions are we taking?

Actions being taken in CAMHS:

- The improvement action plan & trajectory implemented during 2024 to improve compliance in Parts 1 & 2 of the Mental Health Measure has successfully delivered improvement in all three areas.
- **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 (events such as exams and the start of the new term) and demand & capacity training has helped us to focus on this area.
- **Part 1b:** We are working with the Third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions, with ten groups starting each month and delivered in each of the three local authority areas. Referrals to the SilverCloud digital platform continues to increase month on month and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.
- **Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs), including joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive, helping to improve sustainable compliance in all areas.
- The CAMHS Clinical Network, as part of its work following the publication of the new CAMHS Service Specification, is developing proposals around the standardisation of referral criteria into Specialised CAMHS.

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

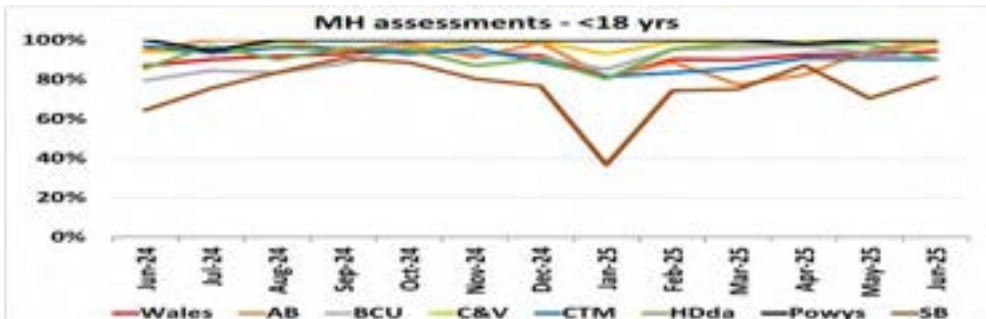
Outputs of improvements:

- **Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of July there were 126 patients on the waiting list, which is a reduction from the 164 patients waiting 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 delivered in July was 94, which is an increase on the number delivered in the previous month (76).
- The introduction of referral-based access to the online digital platform SilverCloud has further helped with providing interventions in a timely manner.
- **Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's. The CTP audit tool is regularly applied to the CAMHS caseload. We have reviewed care co-ordination numbers which appear to be higher than other Health Boards across Wales (the current caseload stands at 168).

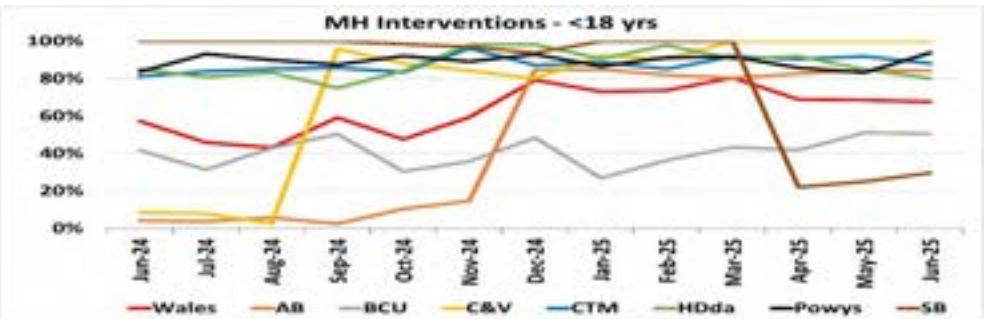
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address the anticipated rise in referrals.
- The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.
- Clinical colleagues continue to report rising acuity within their patient population, which may have an impact on delivery going forward.

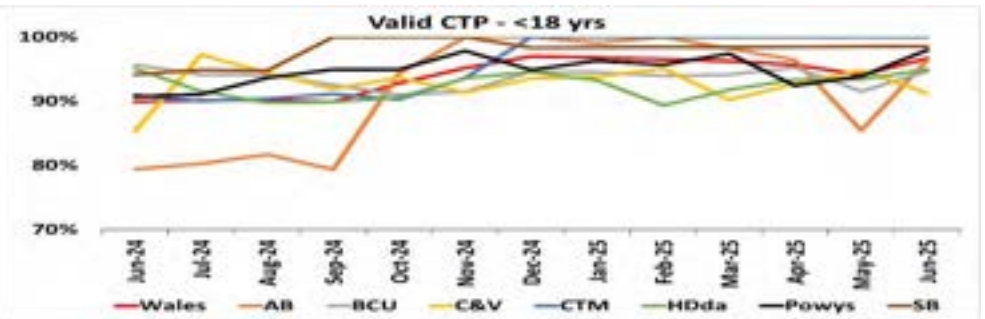
How do we compare with our peers?



Status as at June 2025		
Health Board	Compliance	Rank
AB	100.0%	1st
Powys	100.0%	1st
BCU	98.6%	3rd
C&V	97.8%	4th
HDda	90.4%	5th
CTM	90.3%	6th
SB	80.8%	7th



Status as at June 2025		
Health Board	Compliance	Rank
C&V	100.0%	1st
Powys	93.8%	2nd
CTM	88.2%	3rd
AB	84.1%	4th
HDda	80.0%	5th
BCU	50.7%	6th
SB	29.7%	7th



Status as at June 2025		
Health Board	Compliance	Rank
CTM	100.0%	1st
SB	98.5%	2nd
Powys	97.9%	3rd
AB	96.4%	4th
HDda	94.9%	5th
BCU	94.6%	6th
C&V	91.3%	7th



CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services – July 2025

% of Adult assessments undertaken by LPMHSS within 28 days of receipt of referral (91.9 %) - Target 80 %



Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during July observed an improvement to 91.9%; above the WG target of 80% for the second consecutive month.

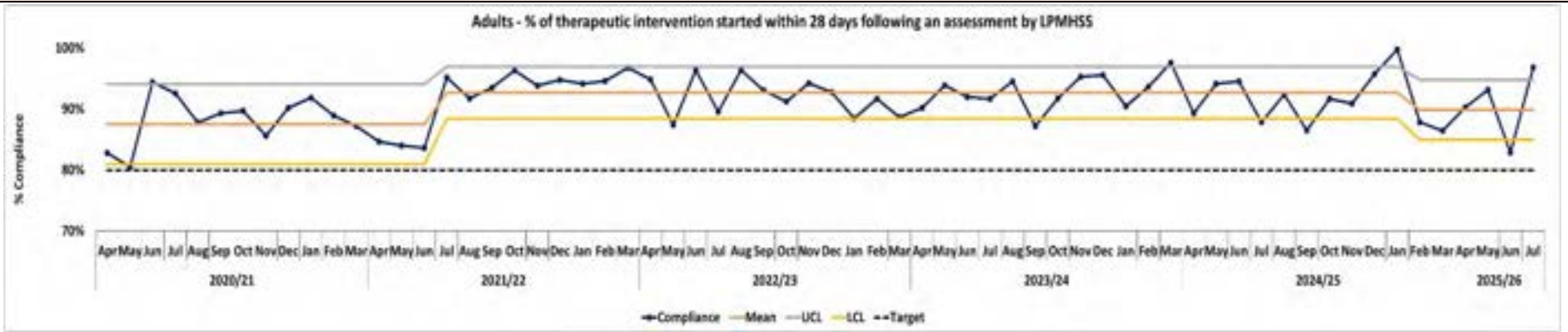
Staffing pressures across administrative and clinical teams have led to the use of additional bank sessions to reduce the backlog. This has resulted in improved performance over the past two months, despite ongoing resource challenges.

Referrals during July totalled 954, with the monthly average, thus far for 2025/26, equating to 868 referrals per month. However, referrals remain lower than pre-Covid, where levels were in the region of 1,000 to 1,100.

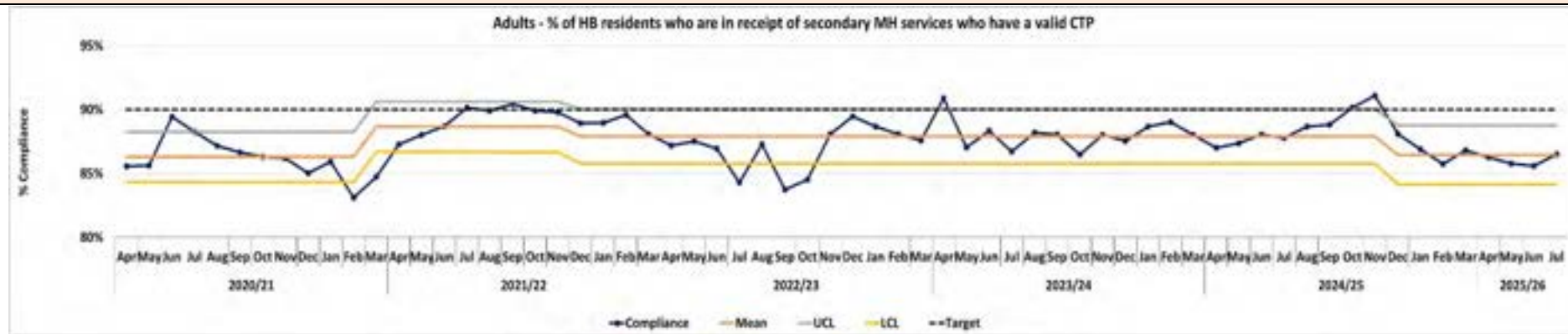
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.8 %) - Target 80 %

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during July improved to 96.8% and continues to remain above the WG target of 80%.

During the month, 307 of the 317 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (86.5 %) - Target 90 %



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance rate of 86.5% during July, a slight rise on the previous period, but remaining below the 90% WG standard, as has been the case for the past eight months.

Part 3: There were no requests made for an adult assessment under Part 3 of the Mental Health Measure during July.

% of patients waiting less than 26 weeks to start a Psychological Therapy (54.2 %) - Target 80 %

During July, Psychological Therapies compliance stood at 54.2%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has fluctuated between 48.9% and 59.7%.

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

At the end of July the waiting list has risen threefold from the pre-Covid levels to currently stand at 1,259 patients. During the past 12 months the list has ranged between 837 and 1,375 patients, with the monthly average being 962 patients.



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



How are we doing?

Part 1a: During July compliance across all teams improved to 91.9%. Due to an increase in demand and a reduction in capacity of admin and clinical staff, additional bank shifts were required to maintain access standards

Part 1b: Performance continues to be above target and is at 96.8%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 86.5% with compliance for the services shown below:

- Adult Services – 84.5%
- Older Adult Services – 92.4%
- Learning Disability Services – 90%.

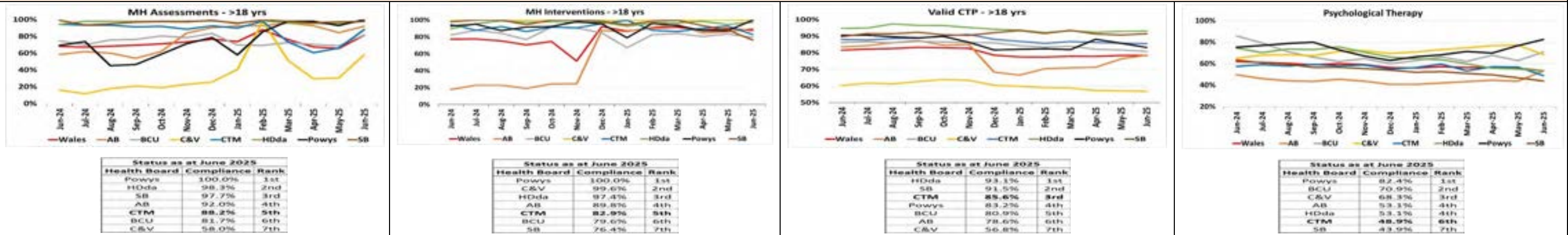
Psychological Therapies: The overall waiting list position at the end of July stands at 1,259 patients. Those patients waiting over 26 weeks currently stands at 576 service users. The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult & older adult mental health. The area with the highest number of waiting patients is Local Primary Mental Health Support Services.

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

- Part 1a:**
- Nursing capacity:** Staffing pressures continue to affect service delivery across several localities. Long-term sickness and reduced working hours (due to occupational health advice) have impacted clinical capacity in Bridgend, Taf, Rhondda & Cynon. In Cynon, maternity leave and short-term absences have further reduced availability, though partial backfill is in place. These challenges are being managed through established policies, with additional support provided via bank. Improvements in capacity are anticipated through Quarter 3.
 - Primary Care:** Vacancies within Health and Wellbeing Teams at GP surgeries in Taf and Merthyr have led to a slight increase in referrals. Additionally, changes in reporting (where LPMHSS now records the referral date as received by the Health Board rather than the service) are affecting compliance with the 28 day Part 1a standard. This is being closely monitored and pathway standardisation is being explored as part of the wider community redesign, with discussions scheduled for Quarter 3.
 - Room availability:** Limited availability of clinical rooms in Rhondda, Bridgend, and Taf (Dewi Sant) continues to restrict face-to-face appointment capacity. A strategic review of accommodation across all localities is planned for Quarter 4 to support long-term improvements in clinical space and service accessibility.
 - Administrative shortages:** Administrative capacity remains significantly reduced due to vacancies and long-term sickness, currently equating to a 46% loss in support across the service. This has affected referral processing, data collation and performance reporting. Bank support is ongoing and recruitment is underway, with on-boarding expected to continue through Quarter 3. A detailed review of administrative challenges is planned for Quarter 3 to inform future improvements.
 - IT systems:** Bridgend has transitioned to CTM systems to support standardisation. While this has introduced some challenges, such as duplicate patient records, validation is underway but delayed due to limited business support. Additionally, ongoing telephone line issues at Quarella Road are affecting appointment slot utilisation. IT services are working to resolve this. These factors may have impacted the accuracy of Part 1a performance reporting.
- Part 2:**
- Older Adult Services:** Compliance improved in July, rising to 92%. Cases that remain non-compliant are being actively monitored to ensure appropriate follow-up and support.
 - Adult Services:**
 - Cynon CMHT: Compliance among Social Workers and Community Psychiatric Nurses (CPNs) remains above 90%. However, the school holiday period may lead to a temporary reduction in August figures. Medical staff and Forensic services are currently reporting 0% compliance, with 11 and 10 cases respectively. These areas are under review.
 - Rhondda CMHT: All care coordinators are currently operating below 90% compliance, primarily due to limited medical and administrative cover. A Locum Consultant commenced mid August, which is expected to support improvement. However, ongoing administrative shortages continue to delay outcome collation, affecting overall compliance. Recruitment for administrative roles is now underway.
 - Forensic Services – Cynon: Further analysis is being conducted by the BISC team due to unusual data patterns. Medical compliance is expected to improve by Quarter 3 following the appointment of two full-time substantive consultants.

- Psychological Therapies:**
- Actions taken to improve position:** WPAS updates identified 300 LPMHSS duplicates; duplication eliminated and project developed to correctly outcome patient records. Uncertainty remains around impact on Psychological Therapies waiting list due to staffing gaps:
- Staff hours increased where possible; vacancies tracked and posts advertised promptly.
 - Longest waiters reviewed (10 CMHT, 88 LPMHSS) to inform demand & capacity work.
 - HIT post restructured into qualified Psychologist role within CMHT.
 - Vacant CAAP/AP posts under review for conversion to Psychologist roles in LPMHSS
 - CMHT CAAP & Consultant Psychologist supporting RTE locality weekly.
 - Referral forms now include travel and online therapy options.
 - Group therapy offer initiated for longest waiters in Bridgend LPMHSS.
 - LPMHSS waiting list validation started August 2025.
 - LPMHSS & Psychological Therapies included in 2025/26 IMTP; progress reported via ICB & IPM.

How do we compare with our peers?



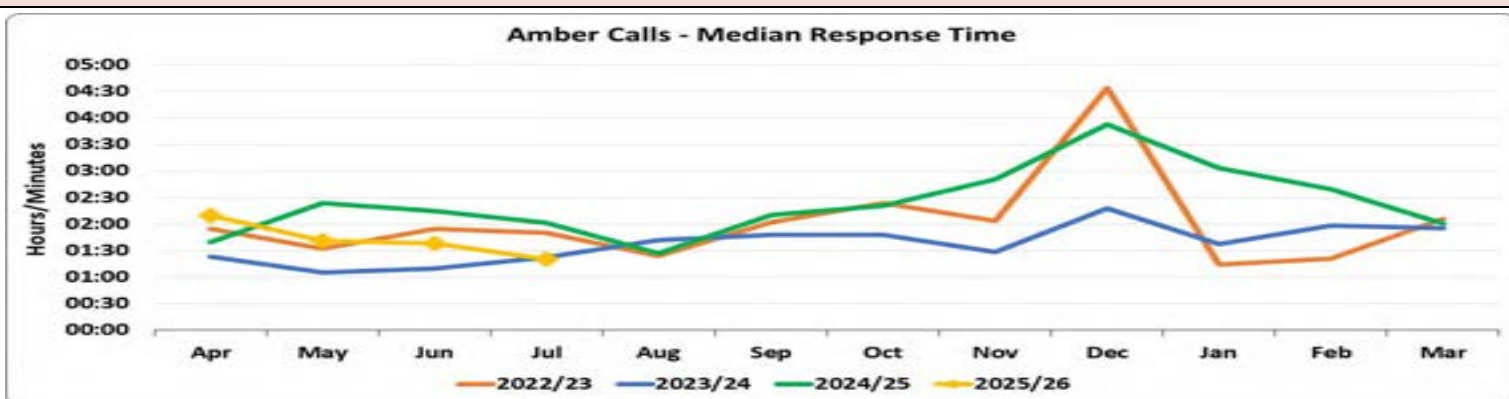


Emergency Ambulance Services – August 2025

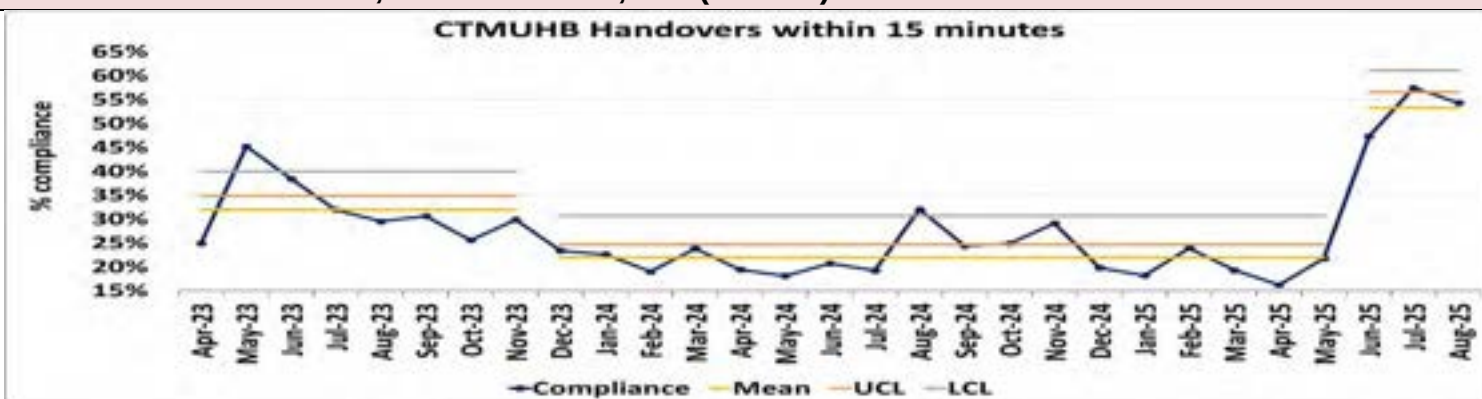
Median emergency ambulance response time to purple arrest category calls & Median emergency ambulance response time to red emergency category calls - each measure has a set Target of 8 minutes

Period	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Jul-25	04:57	08:18	08:19	09:36	07:49	11:16	07:17	09:52
Aug-25	04:13	08:45	09:28	10:25	08:13	09:45	07:54	09:45
Sep-25								
Oct-25								
Nov-25								
Dec-25								
Jan-26								
Feb-26								
Mar-26								

Median emergency response time to Amber Calls – Target is 12 month reduction trend July 2025 - 1 hour 20 minutes (N.B. there is a time lag in the data of approx. 1 month)



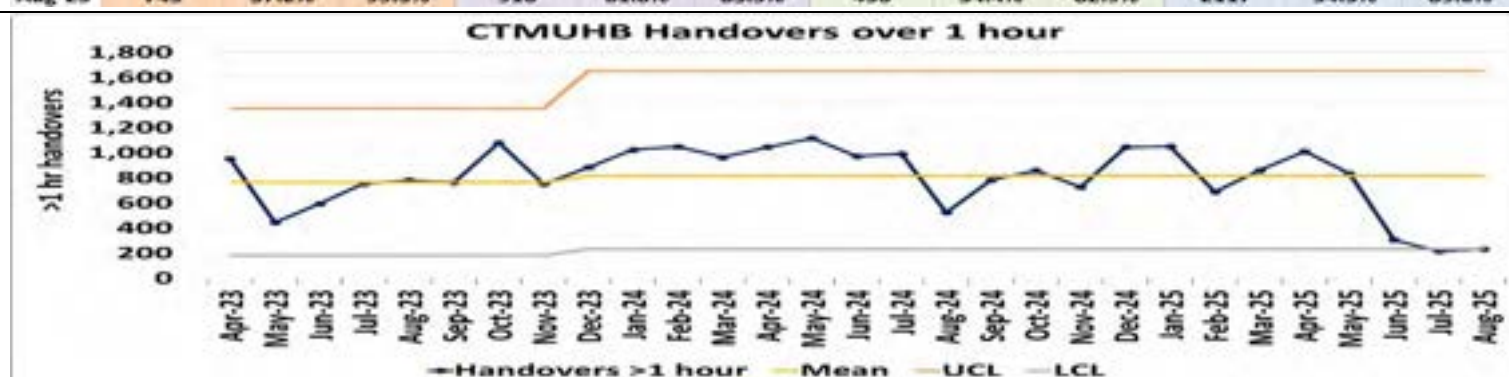
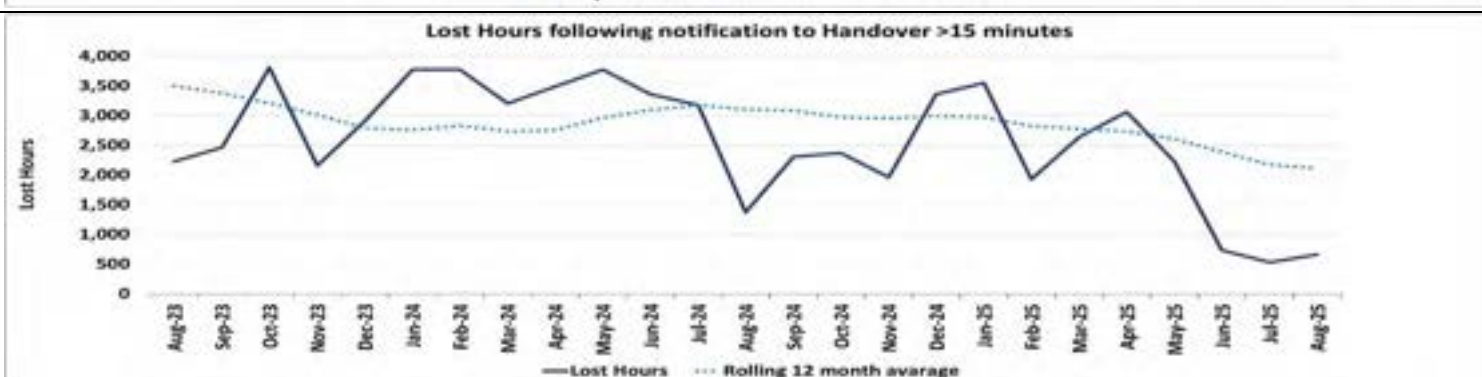
% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.
Total handovers – 2,117 of which 1,149 (54.3%) of handovers were within 15 minutes



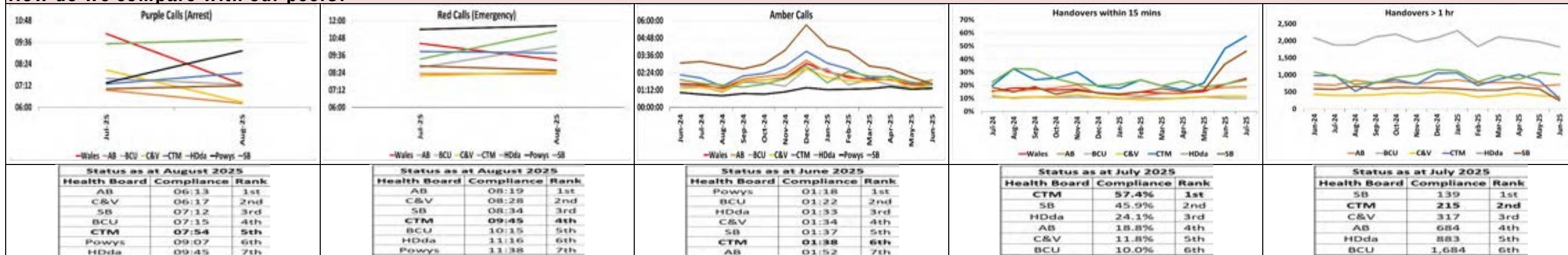
Number of ambulance patient handovers over 1 hour – Target Zero

233 handovers were over 1 hour (89.0% of handovers were within 1 hour)

Period	PCH			RGH			POW			CTMUHB		
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total Handovers	% <15 mins	% <60 mins
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%
Nov-24	806	20.7%	58.9%	792	39.8%	66.3%	391	24.8%	67.0%	1989	29.1%	63.4%
Dec-24	782	15.3%	48.2%	909	24.4%	53.7%	416	18.3%	47.4%	2107	19.8%	50.4%
Jan-25	788	16.8%	51.9%	950	17.3%	45.1%	371	23.7%	59.8%	2109	18.1%	50.2%
Feb-25	639	19.2%	60.9%	787	28.8%	58.8%	316	21.2%	63.6%	1742	23.9%	60.4%
Mar-25	694	15.6%	59.1%	873	21.8%	50.5%	378	20.6%	61.9%	1945	19.3%	55.8%
Apr-25	741	13.6%	49.4%	893	17.2%	47.0%	397	18.9%	58.9%	2031	16.2%	50.2%
May-25	771	15.0%	53.6%	920	26.3%	57.5%	368	24.5%	76.4%	2059	21.8%	59.4%
Jun-25	696	26.7%	73.7%	781	73.4%	93.3%	423	33.1%	83.2%	1900	47.3%	83.9%
Jul-25	775	51.4%	91.5%	904	74.1%	90.6%	388	30.7%	83.5%	2067	57.4%	89.6%
Aug-25	745	57.2%	99.5%	916	61.8%	83.5%	456	34.4%	82.9%	2117	54.3%	89.0%



How do we compare with our peers?



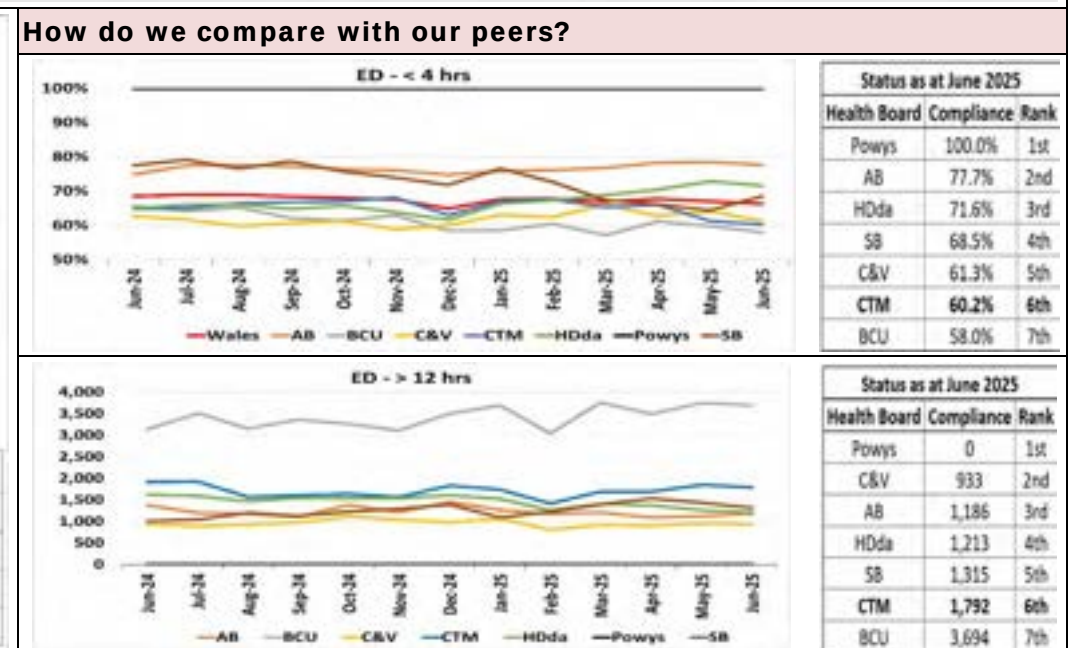
Emergency Ambulance Services continued overleaf:

 CTMUHB Unscheduled Care Group Emergency Ambulance Services continued – August 2025																																																														
How are we doing?					What actions are we taking & when is improvement anticipated?																																																									
Median Response Times to Purple Calls (Arrest) & Red Calls (Emergency): During August there were 97 Purple (Arrest) & 679 Red (Emergency) Incidents for the CTM area. The median response time for Purple was 7.54 minutes and the median response time for Red was 9.45 minutes, with the expected standard being an 8 minute median response. The National compliance for Purple & Red Calls was 7.16 and 9.15 minutes respectively. Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 1 hour and 20 minutes during July; 18 minutes shorter than the previous month and 41 minutes less than the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 80 and 232 minutes during the past twelve months. Ambulance Handover Compliance & Lost Hours: During August, ambulance conveyances to ED totalled 2,117, which is around 6% higher (127) more than the equivalent period of 2024. Performance against the 15 minute handover observed a rate of 54.3%, with the number of patients and ambulance crews detained longer than an hour totalling 233. The 12 month average is 718 patient breaches, which is around 23% lower than the equivalent 12 month timespan of the previous year (Sep 23 to Aug 24). <table border="1"> <thead> <tr> <th colspan="8">Hospital Handovers in minute time groups</th><th>Total</th></tr> <tr> <th>Aug-25</th><th>0 - 15</th><th>15 - 30</th><th>30 - 45</th><th>45 - 60</th><th>60 - 120</th><th>120 - 180</th><th>180+</th><th>Handovers</th></tr> </thead> <tbody> <tr> <td>PCH</td><td>426</td><td>209</td><td>84</td><td>22</td><td>3</td><td>1</td><td>0</td><td>745</td></tr> <tr> <td>RGH</td><td>566</td><td>109</td><td>48</td><td>42</td><td>82</td><td>29</td><td>40</td><td>916</td></tr> <tr> <td>POW</td><td>157</td><td>126</td><td>57</td><td>38</td><td>43</td><td>21</td><td>14</td><td>456</td></tr> <tr> <td>CTM</td><td>1,149</td><td>444</td><td>189</td><td>102</td><td>128</td><td>51</td><td>54</td><td>2,117</td></tr> </tbody> </table> Ambulance lost hours following notification to Handover (<i>waits longer than 15 minutes are counted</i>): August saw a total of 657 hours lost to the ambulance service following notification to handover at our emergency departments, representing a 52% reduction (711.5 hours) on the same period of 2024. Please note that Immediate (Red) Release Requests are no longer reported in the new Ambulance Performance Framework, but it is hoped that release requests for Arrest & Emergency calls will be reported when data is made available in the coming months.					Hospital Handovers in minute time groups								Total	Aug-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Handovers	PCH	426	209	84	22	3	1	0	745	RGH	566	109	48	42	82	29	40	916	POW	157	126	57	38	43	21	14	456	CTM	1,149	444	189	102	128	51	54	2,117	Development of CTM's Urgent & Emergency Care Rapid Improvement Plan continues with trajectories for improvement yet to be finalised. However, the improvement plan is now based on achieving the following: - 45 mins ambulance handover by October 2025 - Zero tolerance for any ED wait over 12 hours by October 2025. The above improvements will be aligned against the following assumptions: - Single Point of Access by November 2025. - All GP / 111 / NHSDW calls to be triaged by the Navigation Hub. - Zero tolerance to any GP expected patients (off pre-alerts) being sent to ED in the first instance by November 2025. - 'Ticket to Ride' for all WAST non-red Care Home attendances – implementation aligned with national work. - Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care. - 30 additional beds from August 2025. - 60 additional beds from November 2025. - 60-minute specialty in-reach by October 2025. - Sign off Internal Professional Standards (IPS). • Acute Medicine Transformation Programme (STAMP) at POW - 3 workshops undertaken. Discovery weeks progressed throughout August and provisional plans to develop an additional ambulatory area in ED and plan to remodel ambulatory services in progress. • Review of the Acute Medical workforce in progress at POW. • New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway. • Single Point of Access (SPOA) meeting with Primary & Community Care - programme established.			
Hospital Handovers in minute time groups								Total																																																						
Aug-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Handovers																																																						
PCH	426	209	84	22	3	1	0	745																																																						
RGH	566	109	48	42	82	29	40	916																																																						
POW	157	126	57	38	43	21	14	456																																																						
CTM	1,149	444	189	102	128	51	54	2,117																																																						
					What are the main areas of risk?																																																									
					• Although some additional uncommissioned capacity areas have closed, other areas remain open across all sites, but is under daily review by Directorate Management Team. • Despite escalation levels having reduced in July & August, there remains a risk of having to increase levels of escalation across all sites at any time. • Clinical decision making capacity is insufficient to meet demand in line with WG targets. Historically, there has been a heavy reliance on locum and agency staff to support rotas across the three ED's. Utilising out turn funding, the Directorate have now successfully recruited a number of additional consultants, anticipated to start in October and November. Due to long term sickness, there are significant gaps on the register rotas at POW and PCH. The Directorate are attempting to recruit fixed term registrars in the interim to negate the heavy reliance on internal and agency locums. Additional junior doctors have also been recruited and rota's redesigned, which were implemented in August to provide prospective cover, reducing the reliance on bank and agency whilst ensuring robust cover for the services.																																																									



% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%	Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Target is reduction compared to the same month in the previous year, towards the national target of zero

2,058 patients were waiting over 12 hours

[illegible]

What are the main areas of risk?

• Additional uncommissioned capacity remains open across all sites. • System flow remains highly impacted by capacity within social care. • Any increase may result in uncommissioned capacity being utilised to manage demand. • Although escalations levels have reduced, the risk of increasing to high escalation across all sites remains. • Heavy reliance on locum and agency staff to support rotas across the three ED's. This will reduce as recruited posts receive start dates and further invest to save opportunities are realised. • Historic difficulty in being able to recruit to registrar level posts. • Lack of flow out of the department for patients requiring admission.

The twelve hours performance observed that 2,058 patients were waiting in excess of 12 hours and for the past year the average rate of 12 hour patient breaches per month has been around 11% of the total attendances.

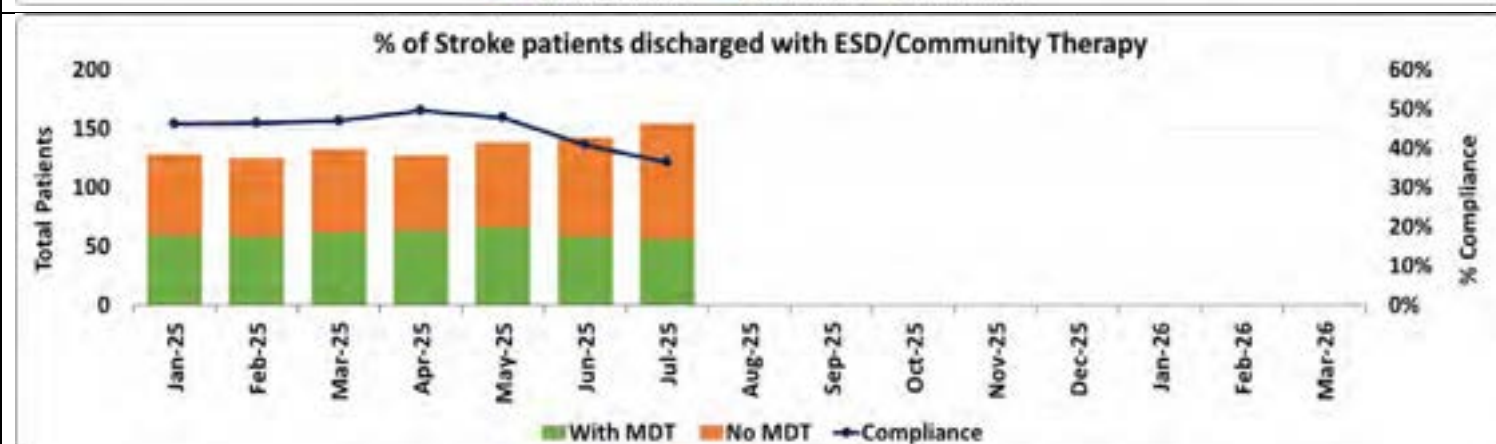
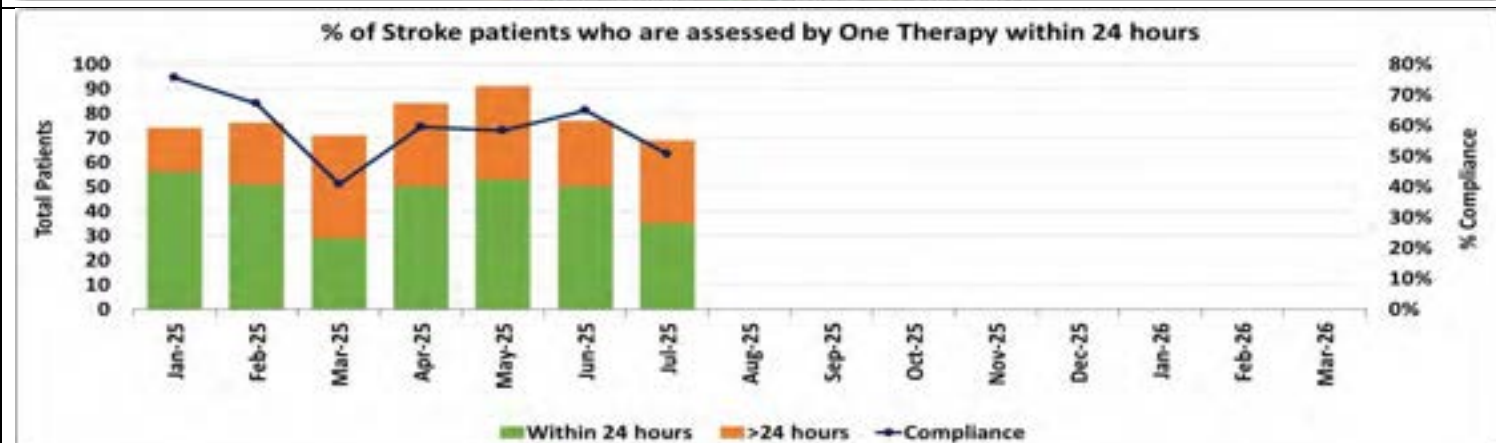
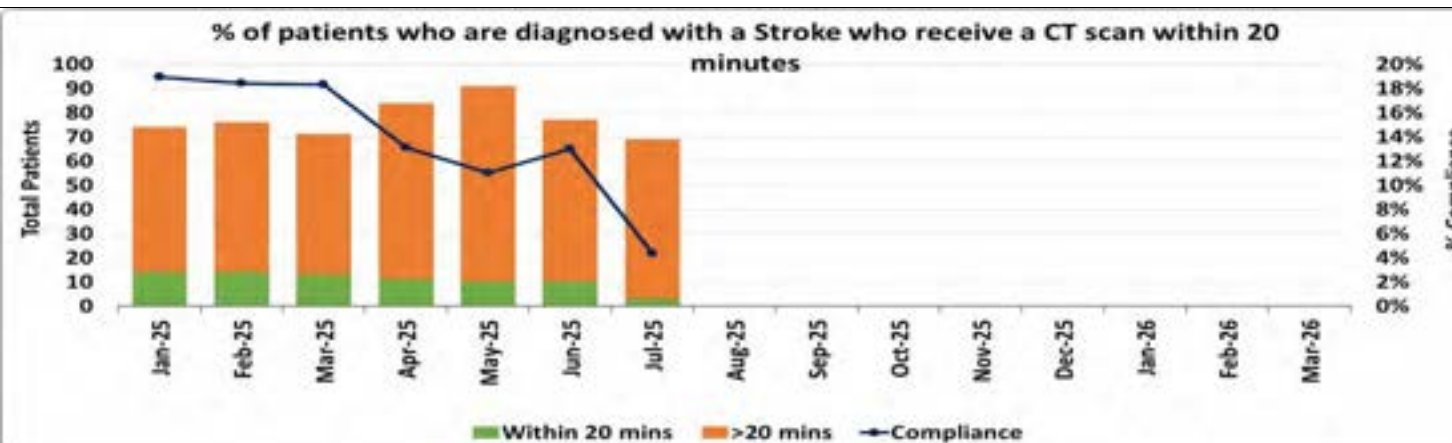
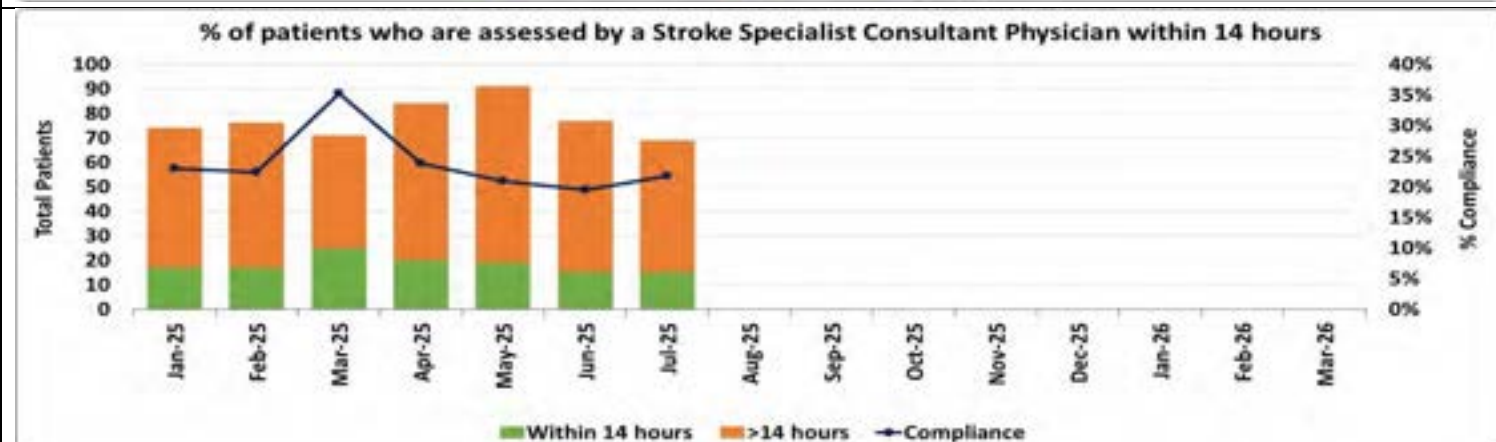
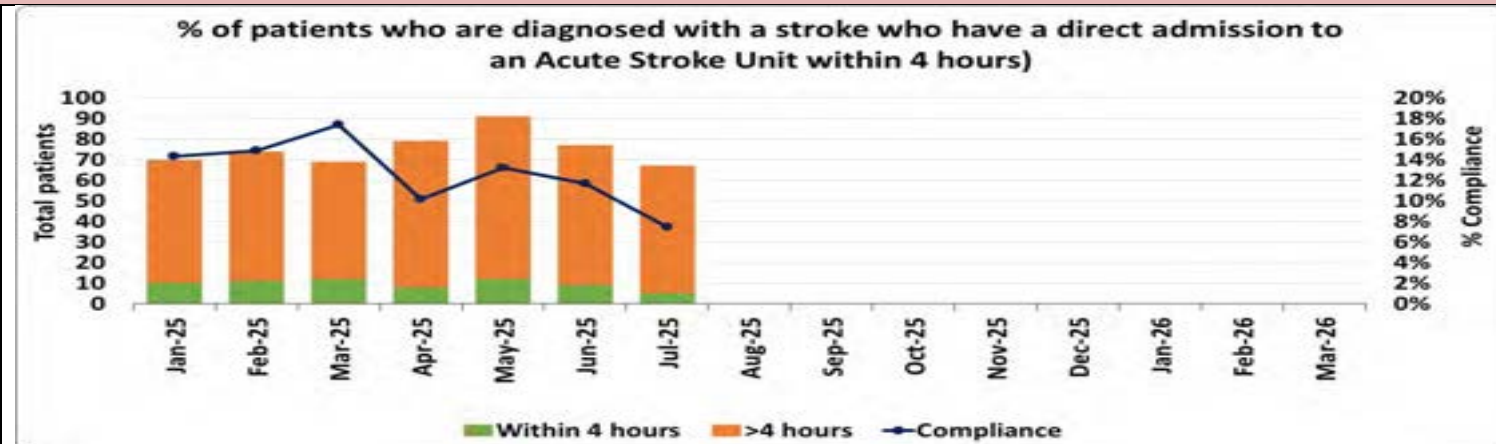


CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs) – July 2025

The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below. Please note that data quality issues remain whilst validation is undertaken in the forthcoming months.

Stroke Quality Improvement Measures		
Current month stats: July 2025		
% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes		
Total patients that received a scan	Patients scanned within 20 minutes	% Compliance
69	3	4.3%
% of thrombolysed stroke patients with a door to needle time of <= 30 mins		
Eligible patients for thrombolysis	Patients thrombolysed <= 30 minutes	% Compliance
4	0	0.0%
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours		
Patients admitted with Stroke	Stroke patients admitted to Stroke Unit <=4 hours	% Compliance
67	5	7.5%
% of patients who are assessed by a stroke specialist consultant physician within 14 hours		
Total Consultant Assessments	Patients assessed <=14 hours	% Compliance
69	15	21.7%
% of patients who are assessed by at least one therapy within 24 hours		
Total Therapy Assessments	Patients assessed <=24 hours	% Compliance
69	35	50.7%
% of patients discharged with ESD/Community Therapy MDT (rolling 3 months)		
Total Discharges	Patients discharged with MDT	% Compliance
154	56	36.4%



Stroke continued on the next page...

**How are we doing?**

- CTM Stroke services remain on the RGH site temporarily due to the critical incident at POW and the need for urgent service change at PCH due to senior specialist medical workforce challenges. Following recent recruitment process a 5th Stroke Consultant has been appointed and will start in post in January 2026. There is an ongoing reliance on agency staff to fill temporary gaps.
- Despite the temporary centralisation, there are flow constraints to the Stroke Unit with patients attending on all three acute sites for transfer to a stroke bed. The configuration of the Stroke Unit separates the acute and step-down rehabilitation patients between Ward 20 and Ward 19 at RGH, with acute stroke patients being admitted to Ward 20. Central monitoring has been installed on Ward 20 to support the acutely unwell patients.
- 4.3% of patients (3 out of 69) had a CT scan within 20 minutes. This KPI has changed from CT scan within 1 hour to CT scan within 20 minutes which has had a significant impact on performance outcomes.
- None of the 4 eligible stroke patients received thrombolysis within the 30 minute timeframe during July.
- 7.5% of stroke patients (5 out of 67) were admitted to ASU within 4 hours.
- 21.7% of patients (15 out of 69) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours. This standard will continue to be difficult to achieve whilst the consultant provision is a five-day service. A minimum of six consultants is required to achieve seven day working.
- 50.7% of patients (35 out of 69) were assessed by at least one therapy discipline within 24 hours. However there have been some data entry/quality delays with SSNAP which have subsequently been addressed and internal data collection suggests therapy performance at OT 88%, Physio 87%, SLT for communication 93% and SLT for swallow assessment 88% once patients have been admitted to the unit demonstrating the positive impact of patients being admitted as soon as possible.
- The rolling 3 month discharge compliance saw 56 stroke patients out of 154 (36.4%) discharged with ESD/Community Therapy MDT.

What actions are we taking & when is improvement expected?

Following a quality and assurance review to Ward 20, an overarching improvement action plan was developed, encompassing immediate improvements, workforce (medical and nursing) plans, ward based improvement huddle actions and estates actions. 80% of the actions are now complete, with the corporate risk score for stroke reducing from 20 to 16 as a consequence. The improvements made / progressing include:

- Provision of a dedicated therapy bay within the Stroke Unit at RGH which is a positive addition to the unit and enables patients to have access to therapy in a suitable environment within the ward. This has been a great improvement on the previous limited therapy spaces in POW and PCH. A number of complex factors are affecting maximum utilisation, but improvement plans across the pathway will have a positive impact.
- The Therapy workforce quickly moved to working as one team across the stroke unit following the move to RGH, to ensure appropriate use of skill mix and flexibility of staffing across the acute and rehab sections of the unit. The therapy teams have offered training and support to nursing colleagues who have moved to the unit who may not have worked in stroke care recently/previously.
- Improvements are being noted in all areas and reflected in AMaT scoring and training compliance.
- Valuable support being provided by iCTM team to improve ward communications, stock and storage and promotion of Simply Do actions.
- Service Redesign programme in place with review of acute and community pathways alongside bed modelling.
- MDT Stroke Unit Improvement huddles have been established and are currently focused on junior staff (both nursing, therapy and admin staff) to encourage engagement in improvements. These are also being supported by the iCTM team.

A plan phasing further improvements is being considered by EMB in September, with the first phase focussing on the sustainability of our 5 day service. Initial facets of the plan are expanding the community rehab bed base, improving flow at the front door and into CT, Enhancing the discharge process (including for out of area patients) and data quality and BI improvements.

The Consultant Medical resource should improve shortly with a new consultant appointment, and the anticipated return from maternity and long-term absence of senior staff. The resident doctors (previously on the POW and PCH sites) have combined into one team and are now rostered to rotate through both sides of the Stroke Unit to support the full hospital stroke pathway. The Stroke Nurse workforce has been through a transitional period with many new arrivals and experienced staff departing. Whilst a proposal to provide additional therapy provision to ensure patients access stroke-specific therapy rehabilitation, thereby improving timely access to rehabilitation and aiding flow, and supporting improved admission to the Stroke Unit within 4 hours is being considered as part of the IMTP process.

What are the main areas of risk?

- Continuing training needs for nursing workforce on Ward 19 as previously not accustomed to stroke care.
- Consultation has now closed and staff transport from POW to RGH ceased on the 1st September. Concerns raised by some staff as they are not able to drive and public transport is not an option. Working through possible rostering solutions but this is proving challenging.
- High vacancy rate within the Ward 20 template of the Unit and reliance on bank and agency staff, although 4.2 wte RNs have recently been appointed along with 6.0 wte HCSWs. Ongoing RN recruitment in progress.
- High reliance on locum consultants to enable the service to run adequately.
- Lack of office accommodation for secretarial, therapies and consultant staff at RGH and delays in moving the MDM room to within the ward template.
- RGH demand – increased diagnostic demand for Doppler, Echo and MRI.
- Increased pressure on WAST due to having to transfer self-presenters; mitigated by commissioned EMS crew.
- The ability to report data has been disrupted by a combination of the changes in how SSNAP requires data to be recorded manually. SSNAP reporting has now been re-established although some data quality issues remain.
- Lack of 7/7 working for CNS, Medical or Therapy teams.
- Lack of psychology support available to our patients post-acute stroke.
- The lack of flow into and out of the Stroke Unit for patients who no longer need to be on the acute pathway.
- The mixed acute/rehab model on the stroke unit
- Unmet need for rehab
- Ring-fencing stroke beds continues to be a challenge.



Data sourced from the National Hip Fracture Database (NHFD)

Improvement actions & risks

Data reported Quarterly – latest period to April 2025

(please note that the information below is updated quarterly)

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of April 2025 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database 9th June 2025)

Key Steps	KPI - Expected WG target of 75%		Wales Average	NHFD overall performance	Prince Charles Hospital	Royal Glamorgan Hospital	Princess of Wales Hospital
					Average cases		
					247	374	110
Getting to the right place	0	Admission to specialist ward	13%	9%	35%	11%	31%
	1	Prompt orthogeriatric review	69%	88%	0%	0%	46%
Getting up after surgery	2	Prompt surgery	52%	58%	71%	57%	84%
	3	NICE compliant surgery	66%	70%	53%	64%	58%
	4	Prompt mobilisation	76%	82%	64%	57%	78%
Getting back home again	5	Not delirious post op	59%	67%	0%	1%	81%
	6	Return to original residence	74%	74%	71%	68%	75%
	7	Bone medication	57%	55%	1%	16%	51%

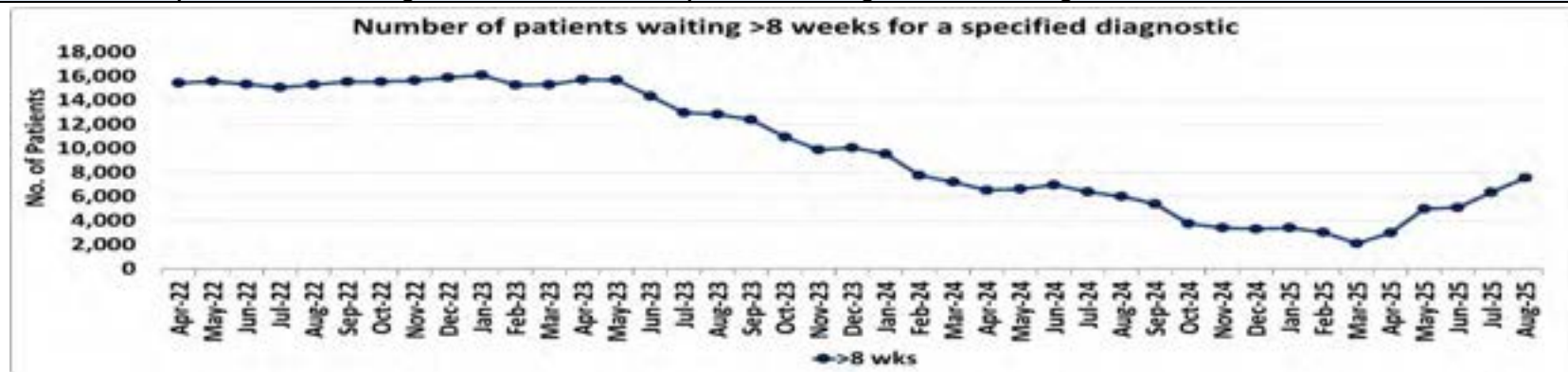
RAG Rating Definitions	
Red: Greater than 10% below 75% expectation	R
Amber: Within 10% of 75% expectation	A
Green: At or above 75% expectation	G

Please note that the critical incident declared at POW during October 2024 will have a direct impact on the KPI's above due to the system changes that were required to safely decant the POW site.

KPI	PCH	RGH	POW (applicable to October 2024)
0. Admitted to specialist ward - With nerve-block within 4 hours.	We endeavour to keep a dedicated hip fracture bed on the orthopaedic ward. Upon diagnosis of a hip fracture the patient can be 'fast tracked' to a bed on the orthopaedic ward.	Patient flow and bed availability continues to be an issue. Whilst a vacant bed dedicated for hip fracture patients is planned for, insufficient bed capacity results in this not always being operationally possible. Challenges continue for the same day transfer of patients from POW & bed availability.	We endeavour to admit majority of hip fracture patients to the trauma ward, but due to lack of bed availability in general throughout the hospital and long waits in ED it has not been possible to admit the patients to the trauma ward in a timely manner. These patients are transferred to the trauma ward on most occasions after surgery. However, since the POW critical incident in October we do not currently have any trauma intake.
1. Prompt orthogeriatric assessment - Assessed by a senior geriatrician (ST3+) within 72 hours of presentation.	Awaiting recruitment of orthogeriatrician. Business case is near completion and currently with CTM'S planning team.	RGH has no orthogeriatrician service. Care of the Elderly teams are unable to see fracture hip patients due to other work commitments. No orthogeriatrician or Care of the Elderly team input is available - referral to the medical on call team if the patients becomes acutely unwell. Discussions ongoing at Strategic Frailty Fracture Group.	Until October 2024, there had been a notable improvement with the appointment of the Orthogeriatric consultant. The critical incident will impact this KPI for the year ahead.
2. Prompt surgery - Surgery by the day following presentation with hip fracture.	We have implemented an all day trauma list that has been running for over a year, six days a week and most bank holidays. This has improved our efficiency in getting patients to theatre quickly.	We now have an all day Saturday trauma list and improvements in this KPI should be reflected in the year ahead. However, patient flow & bed availability remains an issue. Currently there is no Orthogeriatrician input at pre-op stage; this will be discussed at next Strategic Frailty Fracture Group.	Service has been impacted by the critical incident in October but some of the recurring themes prior to the incident were: staff shortages in theatre, lack of junior medical staff and trauma other than fracture hip needing to be addressed. Theatre utilisation is not optimum.
3. NICE compliant surgery - Surgical procedure consistent with the recommendations of NICE CG124.	We have, until recently used uncemented hemiarthroplasties for our hip fractures. We are, currently, changing our default hemi to a cemented version, as per NICE recommendations.		There is some difference of opinion on preference of treatment as well as probably inconsistent classification of the fracture type account for marginally less than expected performance. There appears to be a problem in data input. We will have to look at the data and the diagnosis updated/uploaded on NHFD to reflect on this figure.
4. Prompt Mobilisation after surgery - Mobilised out of bed (standing or hoisted) by the day after operation.		Physio education and documentation ongoing. MDT education all patients to be mobilised day 1 post-op	We are working to improve this KPI with regular training of nursing and physiotherapy staff, however this has been impacted by the critical incident and there being no inpatient acute trauma service since the declaration.
5. Not delirious when tested - Not delirious (<4 on 4AT test) when tested in the week after operation.		Clerking proforma use and education ongoing. Orthogeriatric Service would regularly review and improve this aspect.	With an orthogeriatric team in place, improvements are being made, but will take time to be reflected in the yearly rolling data
6. Return to original residence - Discharged back to original residence, or in that residence at 120 day follow-up.			There is shortage of staff in community as well as in hospital with shortage of beds which leads to longer hospital stay, delayed discharge and delayed support to be able to go to original place of residence.
7. Bone protection medication - Either i.v. medication at discharge or at 120 day follow-up.	This would be improved with a Fracture Liaison Service and orthogeriatric provision.	No orthogeriatrician or Fracture Liaison Service and no trauma co-ordinator. COTE have recently provided treatment proforma for T&O team to carry out blood tests and prescribing. We require a full orthogeriatrician service to provide a swifter service to our patients.	With an orthogeriatric team in place, improvements are being made but will take time to be reflected in the yearly rolling data. However, the critical incident will impact this KPI in the year ahead.



Number of patients waiting >8 weeks for a specified diagnostic – Target is Zero



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,037	2,113
2025/26	2,991	5,001	5,081	6,354	7,565							

Number of Patients waiting >8 Weeks for a Diagnostic Test			July 2025	Variance
August 2025				
Cardiology Cardiology Services	Echo Cardiogram	566	368	198
	Cardiac CT	88	71	17
	Cardiac MRI	2	13	-11
	Diagnostic Angiography	57	55	2
	Stress Test	14	9	5
	DSE	32	31	1
	TOE	6	3	3
	Heart Rhythm Recording	1	3	-2
Bronchoscopy Colonoscopy Gastroscopy Cystoscopy Flexi Sig Radiology	B.P. Monitoring	0	0	0
		3	1	2
		611	629	-18
		325	356	-31
		34	5	29
		388	405	-17
	Non-Cardiac CT	1,762	1373	389
	Non-Cardiac MRI	69	37	32
Imaging Physiological Measurement Neurophysiology	NOUS	3,013	2445	568
	Non-Cardiac Nuclear Medicine	11	8	3
	Fluoroscopy	30	26	4
	Urodynamics	129	108	21
	EMG	342	324	18
	NCS	82	84	-2
Total		7,565	6,354	1,211

How are we doing?

Provisionally, at the end of August, 7,565 patients have been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a 19% growth on the previous period and a 25% increase on the equivalent period of last year.

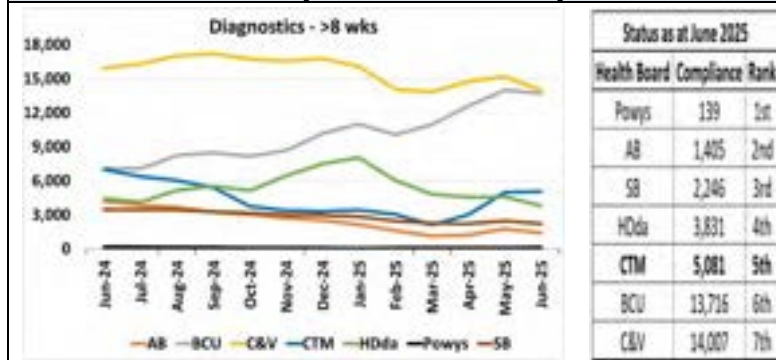
In comparison to the previous month, we observe that during August the number of patients breaching a cardiology diagnostic has increased by 213 patients to 766 patients waiting longer than the desired timeframe, which can be largely attributed to Echo Cardiogram increasing to 566 breaching patients.

Endoscopy diagnostics has seen a minimal reduction this month and there remains 1,361 patients waiting in excess of 8 weeks for a procedure.

The NOUS service has observed a growth of 23% on the July reported position, with 3,013 patients currently breaching the 8 week target.

We have also seen that there has been a growth of 28% from the previous period in the number of breaching patients waiting for Non Cardiac CT, currently standing at 1,762 patients waiting longer than the desired timeframe.

How do we compare with our peers?



What actions are we taking & when is improvement anticipated?

Radiology:

- Trajectories for NOUS and CT show scanning capacity shortfalls arising from demand for services continuing to increase.
- Further additional funding has been approved for CT. The allotted funds have been utilised to staff the unfunded CT sessions at POW.
- Further funding has been allocated for NOUS to support diagnostic waits, RTT vascular and USGI work. We are experiencing some issues with staff uptake for additional work. Onboarding of locum agency staff is in progress.
- MRI has a small cohort of GA Paeds patients that need coordinating with the anaesthetics department, coupled with Arthrograms which need Consultant Radiologist input.
- Commencement of new Band 5 radiographers into vacant posts.
- Radiology reporting timescales for MR and CT are at an acceptable level due to the uplifted outsourcing budget. An increase in USC demand reporting is observed & RTT escalations resulting in additional outsourcing to meet targets. The service has a current workforce gap due to maternity leave in the reporting radiographer team. Existing staff have been onboarded on to the staff bank to close the reporting gap. A business case has been submitted with a plan to address. A new SpR rota has been implemented with plain film reporting sessions to help close the current demand gap.
- Reduction in the median Radiology SCP waiting times from request to scan has been successful - less than 10 days wait in some modalities.

Endoscopy:

- D&C modelling completed to inform the development of a recovery plan - anticipated to run from Sep 25 to Jan 26 in order to achieve the 8 week target.
- Modelling has illustrated a core capacity shortfall to meet USC, RTT and surveillance pathway patients as there are insufficient trained staff to fully operate 3rd theatre at PCH. Indications are that this theatre, when fully staffed, will resolve the demand-capacity deficit, however this is unlikely to be achieved using existing staffing until the summer of 2026.
- A limited number of weekend lists are being carried out during Sep & Oct.
- A full insourcing team (nurses and Endoscopist) are in theatre C to support reducing the waiting list to <8 weeks.
- The OCP for the launch of a new pan CTM TNE service based out of POW has concluded with service launch expected in the coming months.

What are the main areas of risk?

Radiology:

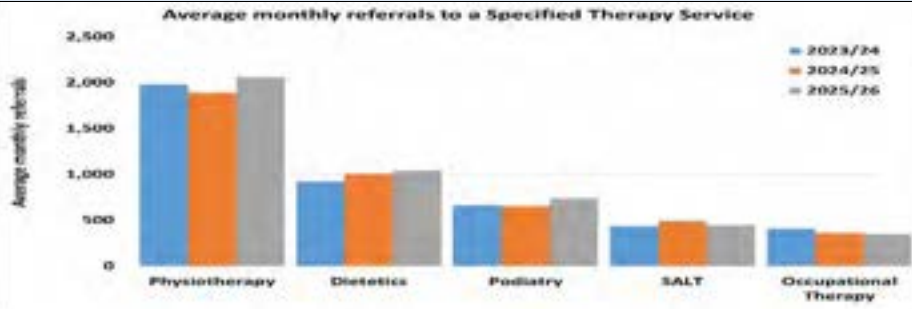
- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the revised BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.
- Limited additional CT funding.
- The business case for additional CT staffing is yet to be approved.
- Sustained increase In Hours/Out of Hours CT emergency demand at RGH.
- Increased pressure at RGH due to changes in pathways since the POW Critical Incident and consequent changes to patient pathways.
- NOUS – recruitment and training underway to help build a resilient workforce, but this will take time to embed. National changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients. Additional funding has been awarded to continue WLI/additional clinics to recover current performance. The service is experiencing issues in relation to uptake for the additional sessions. Number of the Ultrasound team are suffering RSI symptoms; either not scanning or on reduced lists - workforce review underway.
- Further pressure is observed where Planned Care RTT WLI schemes are increasing demand on Radiology Services and driving an increased waiting list.

Endoscopy:

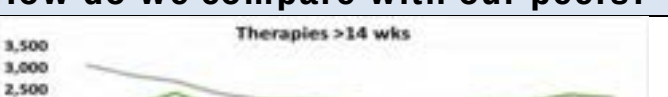
- Withdrawal of Planned Additional Activity Rate (PAAR) funding to facilitate weekend Endoscopy lists is a significant risk.
- Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM waiting list.
- Lack of WLI/backfill uptake from Endoscopists.
- Inadequate nursing establishment at PCH for 30 sessions, in addition to sickness and staff turnover meaning the substantive nursing workforce is highly fragile pan CTM.
- There are 2 Consultant vacancies in POW.
- There is a significant risk to delivery of targets due to additional procedures generated by conversions through increased outpatient appointments as part of the new Welsh Government programme.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

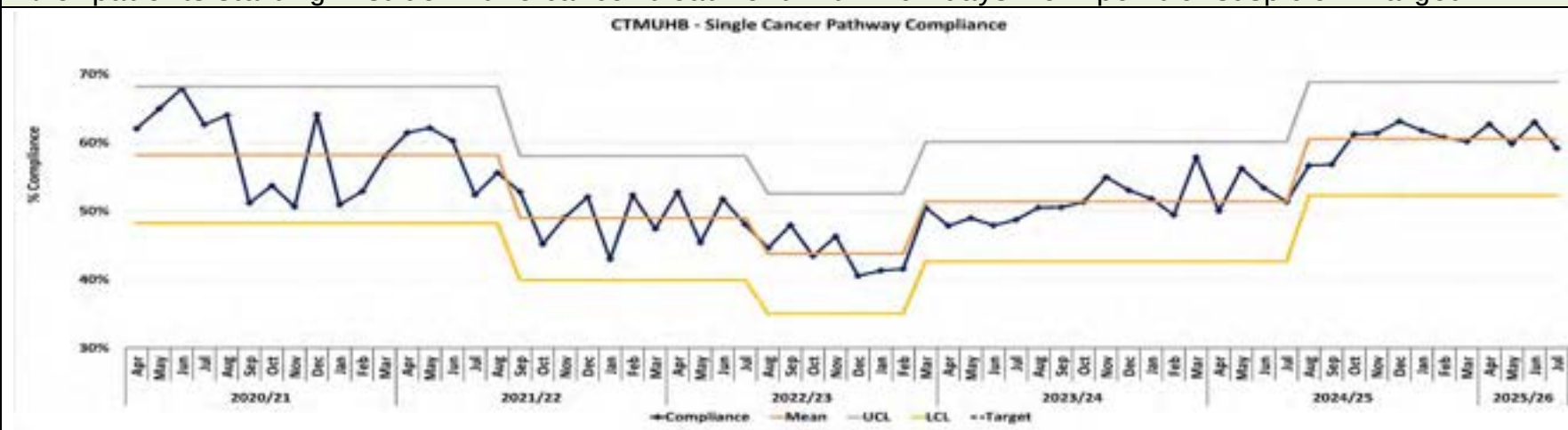
Therapies – August 2025 (provisional position)

Number of patients (all ages) waiting >14 weeks for a specified therapy – Target is Zero														Therapies - How are we doing?																																									
<table><tr><th>Number of Patients waiting >14 Weeks for a Therapy August 2025</th><th>Total Waits</th><th>Waits >14 wks</th><th>% >14 wks</th></tr><tr><td>Dietetics</td><td>901</td><td>0</td><td>0.0%</td></tr><tr><td>Occupational Therapy</td><td>249</td><td>5</td><td>2.0%</td></tr><tr><td>Physiotherapy</td><td>1,385</td><td>25</td><td>1.8%</td></tr><tr><td>Podiatry</td><td>733</td><td>1</td><td>0.1%</td></tr><tr><td>Speech & Language</td><td>424</td><td>4</td><td>0.9%</td></tr><tr><td>Total</td><td>3,692</td><td>35</td><td>0.9%</td></tr></table>				Number of Patients waiting >14 Weeks for a Therapy August 2025	Total Waits	Waits >14 wks	% >14 wks	Dietetics	901	0	0.0%	Occupational Therapy	249	5	2.0%	Physiotherapy	1,385	25	1.8%	Podiatry	733	1	0.1%	Speech & Language	424	4	0.9%	Total	3,692	35	0.9%											During August there were 35 patients waiting in excess of 14 weeks for an initial therapy assessment (the majority being Physiotherapy patients, 25). As it currently stands, we observe there has been a small reduction of breaching patients (11) compared to the same period of 2024.													
Number of Patients waiting >14 Weeks for a Therapy August 2025	Total Waits	Waits >14 wks	% >14 wks																																																				
Dietetics	901	0	0.0%																																																				
Occupational Therapy	249	5	2.0%																																																				
Physiotherapy	1,385	25	1.8%																																																				
Podiatry	733	1	0.1%																																																				
Speech & Language	424	4	0.9%																																																				
Total	3,692	35	0.9%																																																				
														Occupational Therapy - we are reviewing the number of Did Not/Could Not Attend appointments to identify whether we can reduce this and increase appointment capacity.																																									
What actions are we taking & when is improvement anticipated?																																																							
- Continue to ensure administrative staff are applying the RTT rules appropriately. - Exploring opportunity to integrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals. Engagement with Primary care service to deliver first line interventions to enable improved access and timeliness for those needing AHP provision. - Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency – already initiated in the Children’s Speech & Language Therapy service.																																																							
What are the main areas of risk?																																																							
Ongoing increase in referrals to physiotherapy services with no additional resource investment resulting in increased waiting times. Monitoring staff wellbeing, as this has been highlighted as an area of concern with staff.																																																							
Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches without additional workforce resource.																																																							
Significant wait for Level 3 Adult Weight Management Service continues.																																																							

Audiology Services – August 2025 (provisional position) <i>N.B. due to the changes in reporting Audiology from April 2025, previous years data is no longer comparable.</i>																									
Number of adults waiting more than 14 weeks for all audiology pathways Target - Month on Month Reduction													Number of children waiting more than 6 weeks for all audiology pathways Target - Month on Month Reduction												
Includes hearing aids, tinnitus & balance:													Includes new assessment & intervention pathways:												
Adult Audiology >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Children's Audiology >6 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,198	1,424	1,188	1,234	1,403								2025/26	360	367	339	381	443							
Audiology - How are we doing?													What actions are we taking & when is improvement anticipated?												
There are 1,403 adults waiting beyond the target for adult hearing pathways (>14 weeks) and 437 children waiting more than 6 weeks for audiology assessment pathways.													- Revised admin process to limit the number of children waiting >6 weeks. - Trialing a reduction in appointment time for new assessments from 1 hour to 45 minutes; increasing capacity by 25% for new adult hearing assessments. - Review of ENT D&C across CTM. Results show that between 50-70% of the capacity we allocate to ENT clinics are used. A revised pathway to allow the release of this unused capacity into Audiology to address waiting lists is proposed.												
What are the main areas of risk?																									
We have agreed a local policy to prioritise urgent existing patients. This ensures we see those most in need earlier and attempts to mitigate the risks of long waits for existing adults who have hearing aids.																									

How do we compare with our peers?					Audiology - benchmark for 2025 not yet available																																																																														
 <table><tr><th colspan="3">Status as at June 2025</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr><tr><td>SB</td><td>3</td><td>1st</td></tr><tr><td>Powys</td><td>20</td><td>2nd</td></tr><tr><td>AB</td><td>77</td><td>3rd</td></tr><tr><td>CTM</td><td>98</td><td>4th</td></tr><tr><td>C&V</td><td>566</td><td>5th</td></tr><tr><td>BCU</td><td>904</td><td>6th</td></tr><tr><td>HDda</td><td>2,306</td><td>7th</td></tr></table>	Status as at June 2025			Health Board	Compliance	Rank	SB	3	1st	Powys	20	2nd	AB	77	3rd	CTM	98	4th	C&V	566	5th	BCU	904	6th	HDda	2,306	7th	 <table><tr><th colspan="3">Status as at June 2025</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr><tr><td>Powys</td><td>100.0%</td><td>1st</td></tr><tr><td>SB</td><td>99.7%</td><td>2nd</td></tr><tr><td>BCU</td><td>98.4%</td><td>3rd</td></tr><tr><td>AB</td><td>98.2%</td><td>4th</td></tr><tr><td>CTM</td><td>95.9%</td><td>5th</td></tr><tr><td>C&V</td><td>71.8%</td><td>6th</td></tr><tr><td>HDda</td><td>63.1%</td><td>7th</td></tr></table>	Status as at June 2025			Health Board	Compliance	Rank	Powys	100.0%	1st	SB	99.7%	2nd	BCU	98.4%	3rd	AB	98.2%	4th	CTM	95.9%	5th	C&V	71.8%	6th	HDda	63.1%	7th	 <table><tr><th colspan="3">Status as at March 2025</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr><tr><td>Powys</td><td>0</td><td>1st</td></tr><tr><td>SB</td><td>0</td><td>1st</td></tr><tr><td>BCU</td><td>23</td><td>3rd</td></tr><tr><td>C&V</td><td>308</td><td>4th</td></tr><tr><td>CTM</td><td>471</td><td>5th</td></tr><tr><td>AB</td><td>1,657</td><td>6th</td></tr><tr><td>HDda</td><td>1,862</td><td>7th</td></tr></table>	Status as at March 2025			Health Board	Compliance	Rank	Powys	0	1st	SB	0	1st	BCU	23	3rd	C&V	308	4th	CTM	471	5th	AB	1,657	6th	HDda	1,862	7th
Status as at June 2025																																																																																			
Health Board	Compliance	Rank																																																																																	
SB	3	1st																																																																																	
Powys	20	2nd																																																																																	
AB	77	3rd																																																																																	
CTM	98	4th																																																																																	
C&V	566	5th																																																																																	
BCU	904	6th																																																																																	
HDda	2,306	7th																																																																																	
Status as at June 2025																																																																																			
Health Board	Compliance	Rank																																																																																	
Powys	100.0%	1st																																																																																	
SB	99.7%	2nd																																																																																	
BCU	98.4%	3rd																																																																																	
AB	98.2%	4th																																																																																	
CTM	95.9%	5th																																																																																	
C&V	71.8%	6th																																																																																	
HDda	63.1%	7th																																																																																	
Status as at March 2025																																																																																			
Health Board	Compliance	Rank																																																																																	
Powys	0	1st																																																																																	
SB	0	1st																																																																																	
BCU	23	3rd																																																																																	
C&V	308	4th																																																																																	
CTM	471	5th																																																																																	
AB	1,657	6th																																																																																	
HDda	1,862	7th																																																																																	

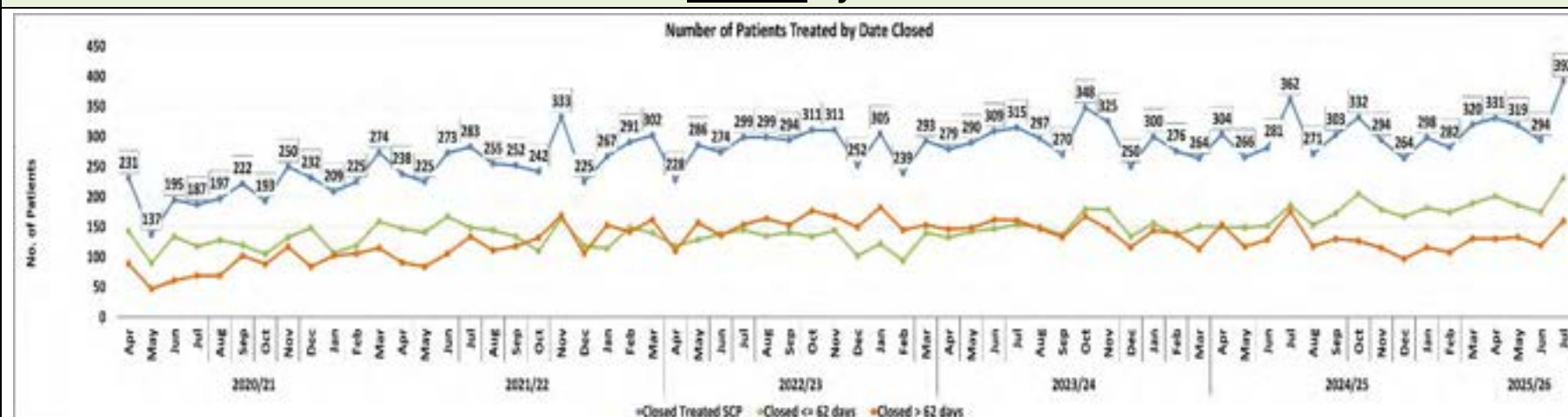
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target - 12 month improvement trend towards national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - July 2025				
	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Tumour site				
Head and neck	5	8	13	38.5%
Upper GI	18	8	26	69.2%
Lower GI	14	28	42	33.3%
Lung	32	20	52	61.5%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	87	5	92	94.6%
Brain/CNS	2	0	2	100.0%
Breast	21	13	34	61.8%
Gynaecological	7	14	21	33.3%
Urological	35	55	90	38.9%
Haematological	5	3	8	62.5%
Other	6	5	11	54.5%
Total	232	160	392	59.2%

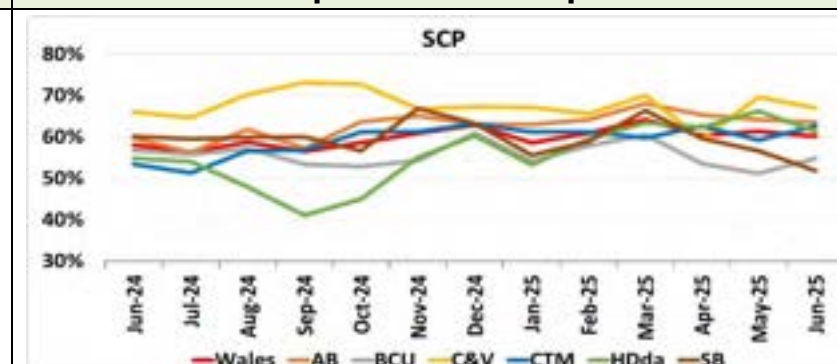
Compliance during July was 59.2% and falls just below the current mean (60.5%). Two of the tumour sites reached the desired target threshold of 80% this period, as seen in the table above. Predicted compliance for August currently stands at 59.3%. First outpatient (25%) and diagnostic stage (45%) delays continue to be the most significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology, with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date



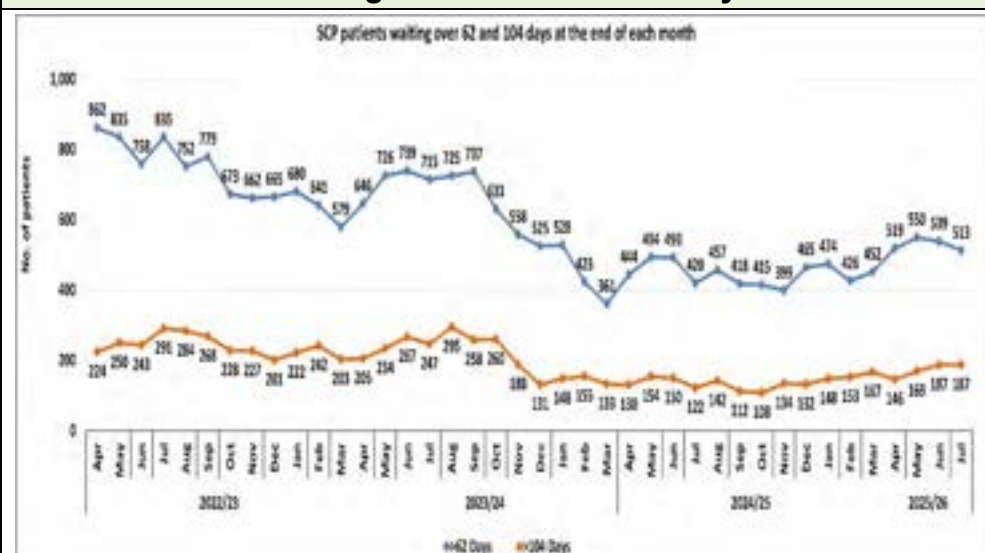
July saw the highest number of Cancer treatment volumes in the past 5 years, which led to a marginal reduction in the number of cancer patients waiting over 62 days but no change in the number waiting in excess of 104 days.

How do we compare with our peers?



Status as at June 2025		
Health Board	Compliance	Rank
C&V	67.0%	1st
AB	63.5%	2nd
CTM	62.7%	3rd
HDda	61.4%	4th
BCU	54.9%	5th
SB	51.9%	6th

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



What actions are we taking & when is improvement anticipated?
1. Implement a comprehensive training program for all staff, focusing on customer service, product knowledge, and problem-solving skills. This will be completed by Q3 2024. 2. Introduce a new loyalty program to incentivize repeat purchases and increase customer retention. Launch scheduled for Q4 2024. 3. Optimize the website and mobile app to improve user experience and streamline the purchasing process. Updates will be rolled out in stages throughout 2024. 4. Enhance inventory management to ensure product availability and reduce stockouts. Implementing a new system by Q2 2025. 5. Strengthen social media presence through regular engagement and targeted advertising campaigns. Ongoing effort starting immediately.

- Rollout of digital vetting continues.
- Continuation of outsourcing of pathology.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.
- MDT leads are undertaking an audit to understand our compliance with the national optimal pathways and straight to test guidance.
- Additional Bowel Screening Wales (BSW) endoscopy activity has been undertaken through August. This has significantly improved the endoscopy waiting list for this pathway.

What are the main areas of risk?

- National shortage of isotope affecting breast and urology cancer pathways as TRAMs (Transforming Access to Medicines) Radiopharmacy facilities in the South East Wales region is delayed and SBUHB are currently the only providers to the whole region.
- 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.
- Long wait for BSW referrals.
- Admin and nursing resource to undertake additional outpatient lists.
- Single consultant for laparoscopic nephrectomies.
- Delays for patients coming through Breast Test Wales referral pathway.



CTMUHB Planned Care Group

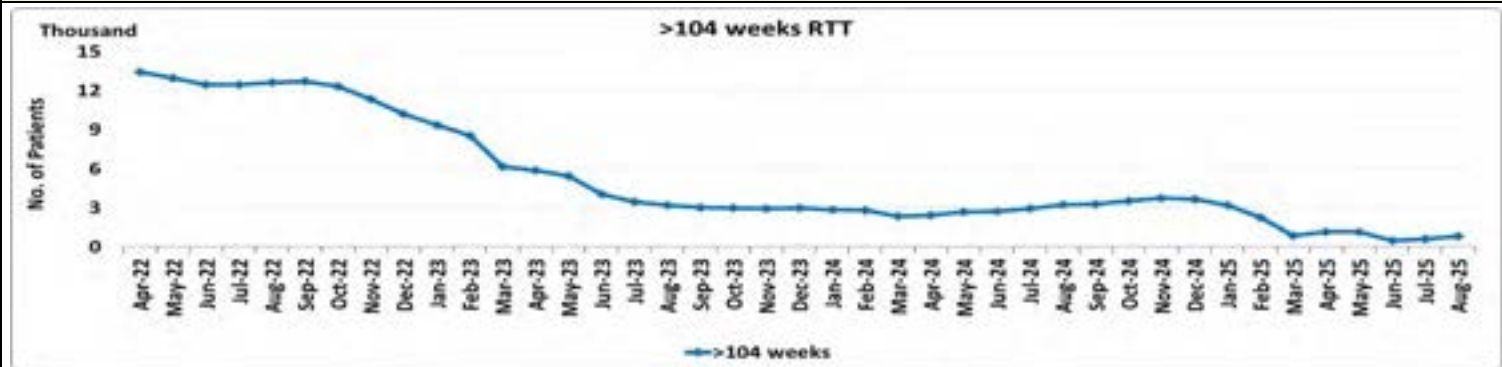
Referral to Treatment Times (RTT) – August 2025 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** **(14,258)** Target is Zero



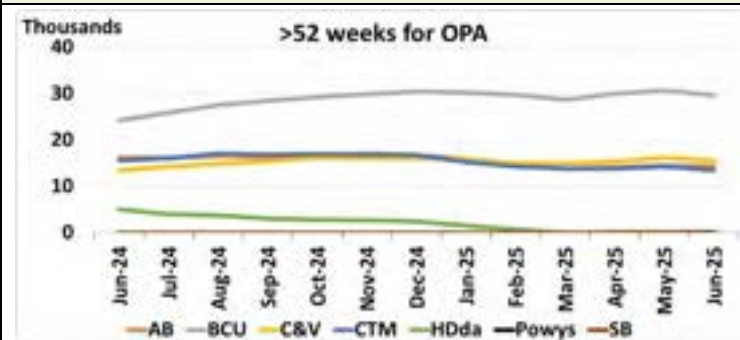
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of August is 14,258; an increase of around 3% (399) on the July reported position.

Number of patients waiting **>104 weeks RTT (808)**
Target is Zero

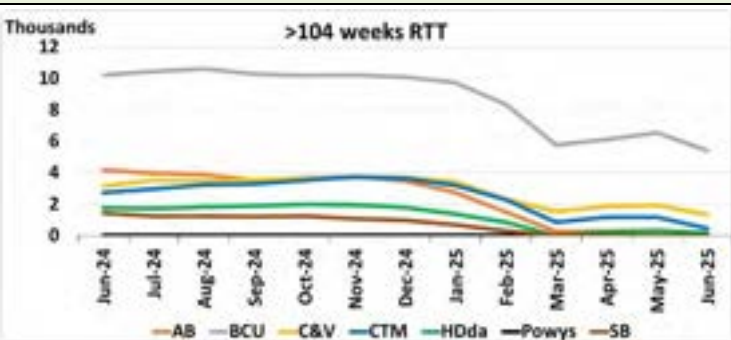


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of August is 808. As it currently stands this is an increase of 193 patients from the position reported in July.

How do we compare with our peers?



Status as at June 2025		
Health Board	Compliance	Rank
SB	0	1st
Powys	4	2nd
HDda	71	3rd
CTM	13,429	4th
AB	14,364	5th
C&V	15,542	6th
BCU	29,578	7th



Status as at June 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
AB	139	3rd
HDda	144	4th
CTM	463	5th
C&V	1,319	6th
BCU	5,382	7th

Total number of open pathways per specialty - August 2025 (provisional)					
Specialty	All urgent patients waiting >12 weeks	Patients waiting >52 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery	9	0	0	0	603
Cardiology	1,326	669	886	0	4,814
Clinical Immunology	100	167	167	0	418
Colorectal Surgery	526	0	232	0	3,017
Dermatology	801	592	667	0	5,922
Diabetic Medicine	113	18	18	0	593
Diagnostics	0	1	6	0	6,105
Ear, Nose & Throat Service	1,038	2,775	3,676	1	11,092
Endocrinology	53	75	84	0	1,083
Gastroenterology	758	9	228	0	3,121
General Medicine	69	102	145	0	683
General Surgery	833	129	763	7	4,899
Geriatric Medicine	23	5	10	0	596
Gynaecology	2,033	1,165	2,266	18	9,072
Haematology (Clinical)	76	33	34	0	452
Nephrology	69	41	44	0	293
Ophthalmology	785	3,645	4,408	43	15,909
Oral Surgery	365	345	508	0	2,836
Orthodontics	121	56	56	0	471
Orthopaedics	2,762	1,835	4,690	719	14,786
Paediatrics	65	17	19	0	2,352
Pain Management	168	422	441	0	1,851
Respiratory Medicine	161	167	227	0	2,189
Restorative Dentistry	22	20	20	0	93
Rheumatology	271	212	337	1	1,885
Sport and Exercise Medicine	0	0	0	0	19
Therapies	0	0	0	0	1,086
Urology	1,940	1,418	2,372	1	8,628
Vascular Surgery	43	340	355	18	1,140
Total	14,530	14,258	22,659	808	106,008

RTT continued on the next page...

	Referral to Treatment Times (RTT) continued - August 2025
What actions are we taking & when is improvement anticipated? <u>Cardiology:</u> - Continue to maintain waits under 104 weeks. - Extensive validation being undertaken. - Insourcing plan agreed with clinics due to commence September. <u>Dermatology:</u> - Continue to maintain waits under 104 weeks. Plans in place to achieve 52 weeks by the end of Q4 - WLIs coordinated to ensure this position. - Paediatric Consultant due to commence in October. <u>ENT:</u> - Improved performance continues - reducing monthly cohort numbers earlier in the month. - Weekly validation with management team continues and proven beneficial in managing the waiting lists, as evident in the reduction in the number of longest waiting patients. - RGH admin and clerical training to manage waiting lists and basic validation commences early September. <u>Gastroenterology & Endoscopy:</u> - Waiting list fully validated down to 36 weeks to ensure the list is accurate. - Additional weekend and evening clinics until end of September to help support the backlog of first appointments and to achieve and maintain the 52 week Gastro position. - Remodelling of medical workforce to release additional capacity with the recent appointments of 2 x WTE Specialty Doctors & 1 x WTE Specialist Doctor. - Full Gastro D&C undertaken to understand service constraints – early analysis shows slightly more capacity than demand at stage 1 – however there remains a backlog of patients. - Full Endo D&C undertaken alongside Performance Lead to inform the development of a recovery plan. The recovery plan will run from August 2025 in order to achieve the 8 week diagnostic target. - A plan has been developed for structural clinical review of long waiting surveillance patients pan CTM. Administrative and clinical validation is ongoing. - Weekend Endoscopy lists and BSW lists are being carried out throughout September & October. - Insourcing team (clinicians and nurses) are in place in Theatre C at PCH as part of Endoscopy Recovery. - Meeting with procurement is in place to discuss a flexible/Ad hoc contract for BSW to support in delivery of BSW targets. <u>General Surgery:</u> - Awaiting rollout of electronic vetting - to include all sites to improve turnaround time. - Cancer referrals are on the increase; teams are undertaking additional clinics to support. <u>Gynaecology:</u> - Administrative and clinical validation work is ongoing to manage demand. Clinical validation & re-allocation of long waiting patients into general Gynae clinics to expedite first appointment. - Weekly theatre meetings held to ensure capacity is allocated to USC and long waiting patients. Working with theatres to secure all backfill available. <u>Ophthalmology:</u> - All cataract surgery now being undertaken in POW with both ophthalmic theatres utilised every day and additional weekend clinics at RGH - National insourcing programme due to commence, initially with general and ocular plastics patients to reduce wait times @ stage 1. <u>Orthopaedics:</u> - Plan to utilise backfill opportunities with Hand surgery sessions throughout September. - The National Insourcing Programme is due to commence, initially with Hand patients, to reduce the waiting times at Stage 1. Pending successful implementation, the intention is to rollout to Hips. - Operational Support Manager recruited and due to start shortly - dedicated to waiting list teams / management for ongoing RTT and robust auditing & validation. - Work ongoing with BMI pathways to actively monitor Orthopaedic patients whilst they are reducing their BMI prior to listing for surgery. <u>Respiratory</u> - Continue to maintain waits under 104 weeks. - WLI plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. <u>Rheumatology</u> - WLI plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. <u>Urology:</u> - Validation continues at all stages. - Urodynamics – continuation of validation - new consultant commenced beginning of September. <u>Vascular:</u> - Additional clinics running Sep to Nov to support the reduction in patients waiting >78 weeks target by end of March 2026. - Additional weekend lists organised from September to December to help support with patients making their way through the pathway following additional stage 1 sessions (funding permitted). - New vetting criteria agreed bringing CTM in line with other health boards - all day triage sessions arranged to review referrals for patients waiting 1st OPA to identify if they meet the new criteria helping to reduce inappropriate referrals. (n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment)	

	Referral to Treatment Times (RTT) continued - August 2025
What are the main areas of risk? <u>Dermatology:</u> • High rate of sick absence within the nursing team • Staff burnout. <u>ENT:</u> • Radiology – no longer funded to support RTT and is having an impact on the waits up to 21 weeks. • Reduced theatre activity in November - limited in the cases that can be undertaken in the Vanguard Units. <u>Gastroenterology and Endoscopy:</u> • Changes required to Gastro vetting process as there are variations across the 3 sites. • Straight to Test patient cohort pathway to be reviewed as currently incorrectly recorded as Stage 1 - distorting waiting list numbers • Medical workforce gaps at consultant level and difficulty in recruiting replacements. Workforce models being reviewed, but current reliance on Locum Consultants is providing an unreliable service. • Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM waiting list. • Launch of a new CTM TNE service in POW will enable significant scale up from the current pilot level of provision. The OCP is now complete - currently awaiting the recruitment of a TNE nursing establishment and estates approval for the drying cabinet. • Inadequate nursing establishment at PCH for 30 sessions, in addition to sickness and staff turnover resulting in a highly fragile nursing workforce pan CTM. • Key risk to the delivery of Endoscopy Recovery is the potential conversions from additional outpatient activity. • Lack of availability of funding for Endoscopy weekend lists is a key risk to the achievement of Welsh Government Endoscopy targets. <u>General Surgery:</u> • The reduction of theatres at RGH for an upgrade of air ventilation theatre systems from October until February 2026 will delay urgent and routine patient surgery although cancer surgery remains priority. This could increase the number of emergency admissions and will add to the already long waiting list of patients awaiting surgery. • Vanguard theatres RGH – due to the criteria of what can be undertaken in the theatres, we are limited with cases we can treat. Any cases unsuitable will require treatment in the main theatre at RGH or PCH, for which there is limited capacity. • Ongoing issues with rate payments being approved in time for activity to take place. • Reliant on interdependencies for investigations to take place, which can be lengthy in wait due to the USC demand taking priority. Interdependencies will need to provide additional support to meet patient demand in the middle stages of the patient pathway. <u>Gynaecology</u> • Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis. • Shortages in equipment availability are impacting on allocation of patients despite equipment currently being shared across POW DSU / PCH / RGH and the Vanguard theatres • Limited pre-assessment capacity across all sites. <u>Ophthalmology:</u> • Regional team untimely returning unsuitable patients. <u>Orthopaedics:</u> • A number of waiting list coordinators are currently absent from work which could impact on how many patients we can book – it is hoped that the newly appointed manager can backfill in the short term. • A number of secretarial vacancies have had an impact on the volumes of Stage 2/3 validation. • Concerns exist with some clinicians who are wary of insourcing activity - potentially adding additional OPA appointment to ensure there is confidence in the outsourced clinical judgement <u>Urology:</u> • Sick absence of core specialist consultant will affect our ability to achieve RTT target due to patient cohort mix and skill set for TURP procedures. • Reduction in theatre in-patient lists - loss of some RGH theatre activity. <u>Vascular:</u> • Risk to achieving RTT target for end March if Planned Care Recovery and PAAR funding not continued for Stages 1 & 4. • Risk to target if Doppler scans do not progress through pathway in timely manner with ongoing additional funding required to meet demand (Stage 2). • Vetting risk – this may result in a large number of calls being generated on receipt of letter contesting decision. Potential for patients being re-referred back by GP and having to be re-added to waiting list if new referral deemed to fit criteria.	



CTMUHB Planned Care Group

Follow-up Outpatients Not Booked (FUNB) – Provisional Position August 2025

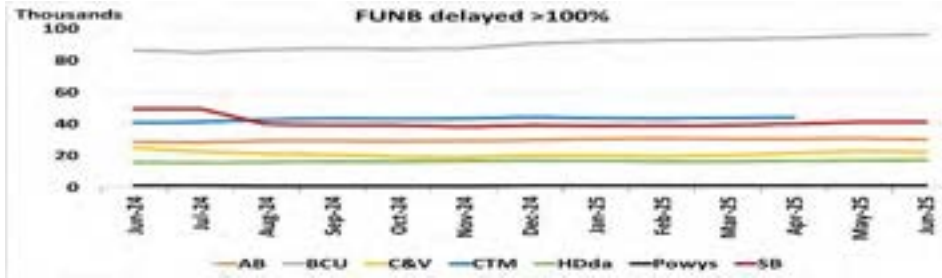
Number of patients waiting for a Follow-up with documented target date

Number of patients waiting for a Follow-up delayed over 100% - Target Reduction compared to same month in the previous year

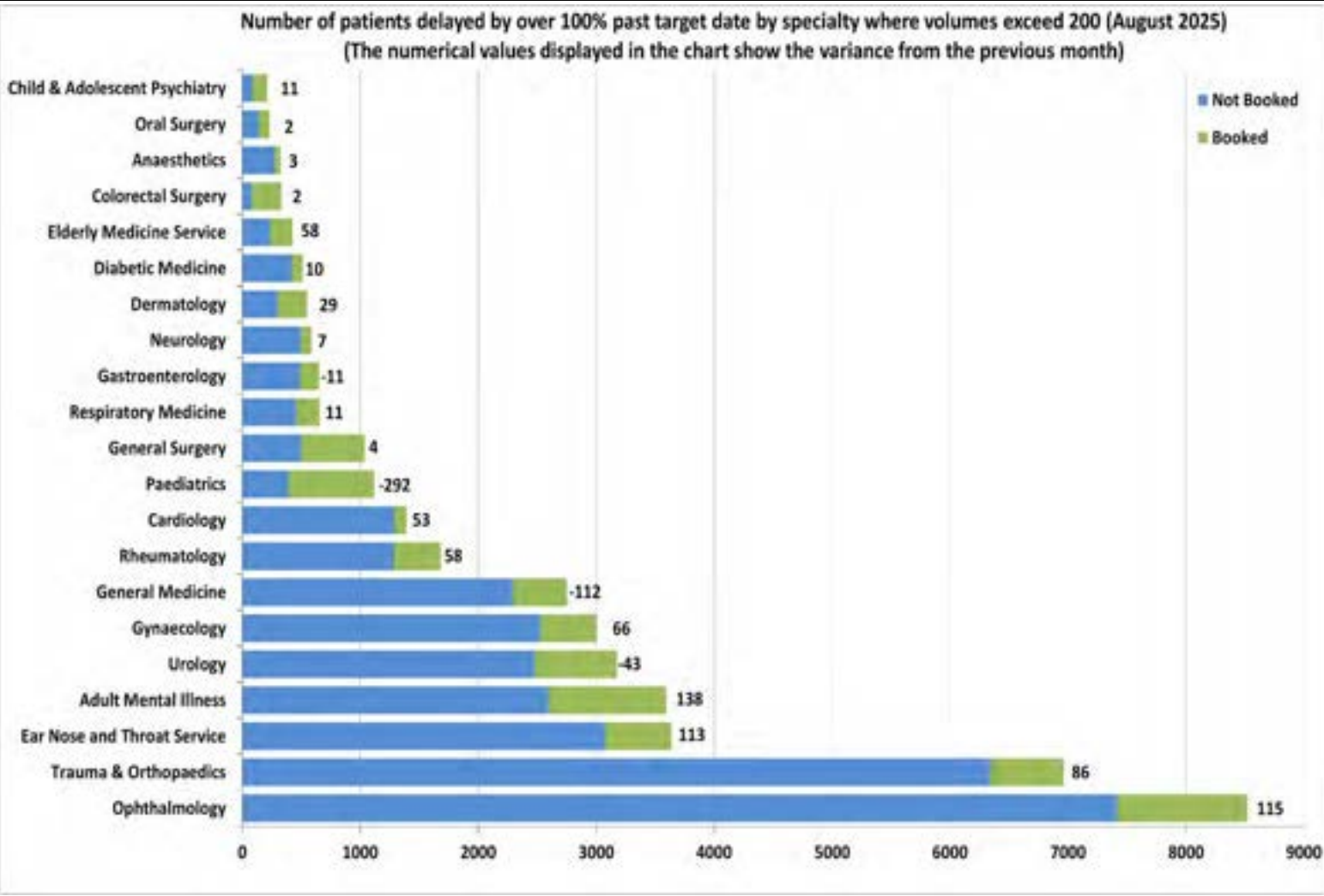
No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
0	78,841	60,758	139,599	34,027	8,467	42,494	30.4%



How do we compare with our peers?



Status as at June 2025		
Health Board	Compliance	Rank
Powys	1,410	1st
HDda	17,203	2nd
C&V	22,503	3rd
AB	30,349	4th
SB	41,276	5th
BCU	96,342	6th
CTM	Data not currently available	



How are we doing?

Please note that data for May & June continues to be validated and will not be available until the next iteration of this report.

The number of patients waiting for a follow-up appointment in CTM at the end of August 2025 provisionally stands at 139,599, which is a 3% reduction on the number of patients waiting during the equivalent period of 2024.

There are currently no patients without a documented target date.

Of the patients waiting, 42,494 (30.4%) have waited more than 100% longer than their clinician advised.

The average monthly follow-up activity from April to July 2025 is 1.1% (408) attendances higher at 38,030, when compared with 2024/25 levels, but remains 3.7% (1,476) lower than pre-Covid activity volumes.

What actions are we taking & when is improvement anticipated?

ENT:

- FUNB continues to grow - lists will be sent to clinicians weekly to action within their admin sessions or if they have reduced theatre activity.
- The management team to validate patients clerically in the first instance to identify duplicates and action accordingly.

General Surgery, Breast & Vascular:

- Clinical & admin validation ongoing
- FUNB numbers are monitored and validated weekly, with the promotion of SOS (See on Symptom) and PIFU (Patient Initiated Follow-up).
- Consultants provided with the FUNB waiting list to review and provide advice on the next stage i.e face-to-face appointment required or discharge with advice.

Gastroenterology & Endoscopy

- Ongoing Clinical & admin validation of gastro waiting list, although numbers are still increasing due to the ongoing work on the RTT position.
- Potential to recruit locum consultant to support with Endoscopy workload – undertake FUNB clinics to reduce waits.

Ophthalmology:

- FUNB remains a problem with validation proving unsuccessful due to high volume – a solution is being sought.
- Working with the National CIN group to ensure clinically appropriate patients are put onto a PIFU or SOS pathway.

Orthopaedics:

- Working with the National CIN group to align process for follow-up and discharges.

Gynaecology:

- Validation processes continue for all patients exceeding their planned follow up timeframe.

Urology: Clinical & admin validation continues. Admin Support Manager leading on FUNB ensuring staff are trained to reduce duplicates & that non face-to-face actions are actioned accordingly.

What are the main areas of risk?

ENT:

- Duplicate patients due to lack of knowledge & outcomed incorrectly.

Gastroenterology and Endoscopy:

- FUNB demand outstrips capacity and is increasing due to the additional activity for RTT.

General Surgery:

- Limited face-to-face clinic capacity for FUNB.
- Validation ongoing.
- Medical Records staff are often short on resource and cannot accommodate additional clinic sessions, although supporting as much as possible.
- Consultant engagement required with the SOS and PIFU patient outcomes.

Ophthalmology:

The FUNB list remains very high with patients being delayed longer than desired.

Urology:

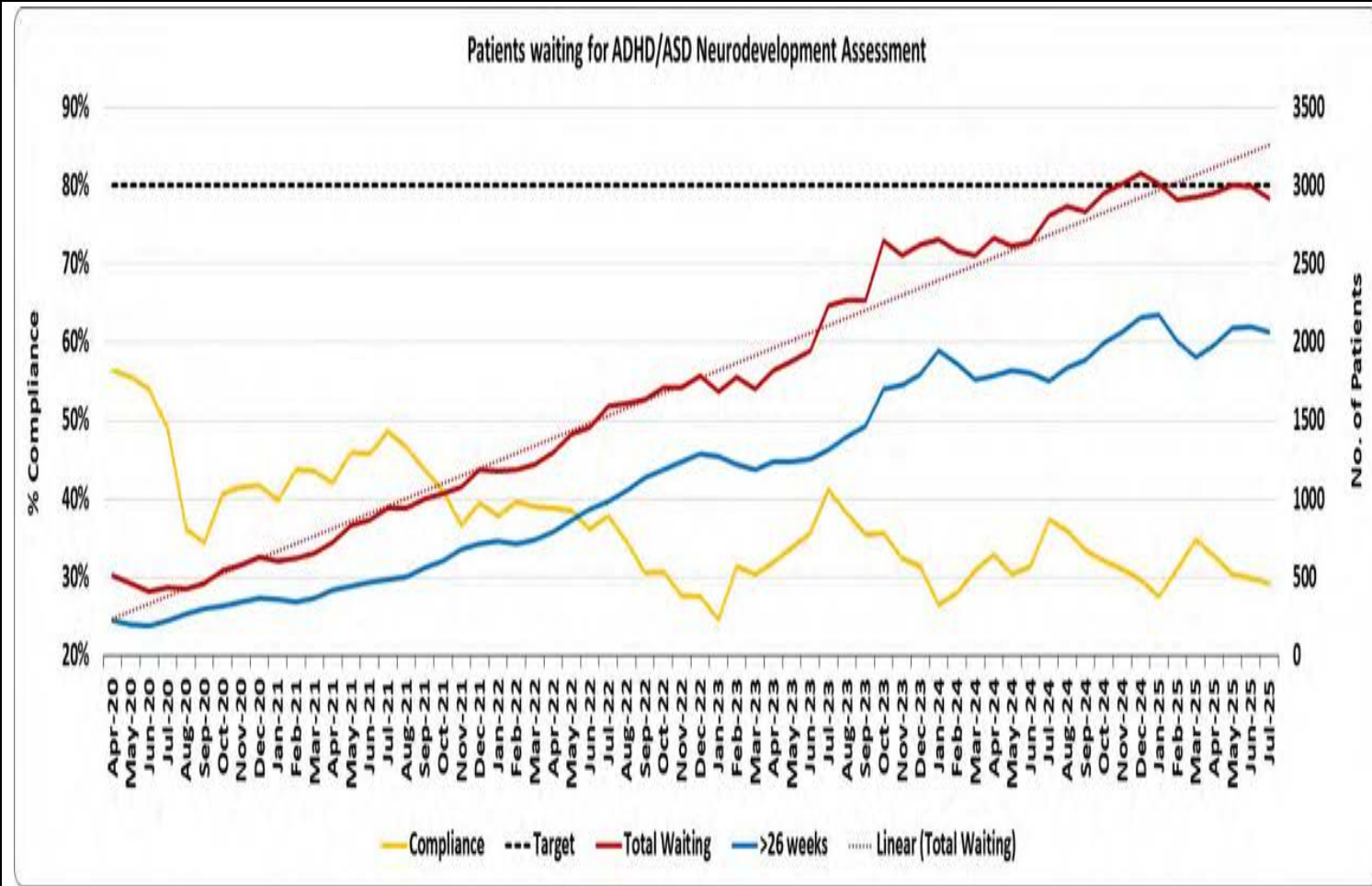
- Numbers continue to increase - continual validation of patients is taking place.
- Patient outcomes not actioned correctly.



CTMUHB Children & Families Care Group

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

July 2025 - 29.3 %



How are we doing?

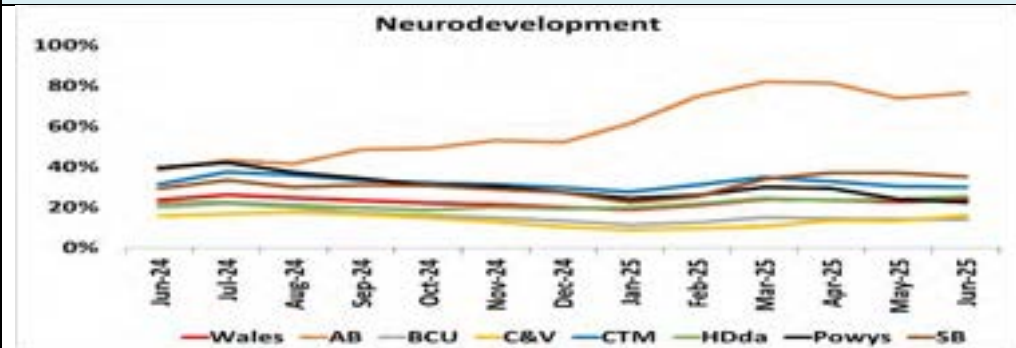
We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,921 patients (July 25); with the greatest growth occurring during 2023/24.

During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 204 per month, despite robust triage decisions at the point of referral being made.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopment continues to remain low at just under 30%.

During the past 12 months compliance has been fluctuating between 27.6% and 36.0%, 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 June 2025		
Health Board	Compliance	Rank
AB	76.4%	1st
SB	35.2%	2nd
CTM	29.9%	3rd
HDda	25.2%	4th
Powys	22.5%	5th
C&V	15.8%	6th
BCU	14.0%	7th

What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to ND services. We were able to recruit 3.0 wte B7 ND Practitioners on a fixed-term basis until March 2026, funded at risk through the expected NDIP funding, of which all are now in post and working at full capacity following induction/training periods. We were also able to recruit a 0.4 wte Locum SLT from March 2025 to support with the waiting list, although this post had to be discontinued in mid-July because of the lower than expected NDIP funding received from WG for 2025/26. Staff within the core ND team, as well as within other departments, were also willing to continue with additional hours to reduce the backlog, but again this ceased from July because of the lack of funding available.
- Pharmacy input supporting post-diagnosis follow-up titration & monitoring helps to release medical colleagues to support the waiting list further. The Pharmacy department have agreed to release an additional 0.2 wte Pharmacist and NDIP funding will support a 0.2 wte Pharmacy technician to assist this work.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity is closer to meeting the current demand (if demand remains stable, which seems unlikely based on previous projections). However, this does not address the backlog of patients nor the ever increasing follow-up caseload of children being prescribed ADHD medication, which further impacts on the capacity of the core team for new patient appointments. CNS/AHP staff recruited last year are actively supporting with the new patient and follow-up waiting lists.
- Improving our website in conjunction with local authorities and third sector has increased our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset and anecdotal feedback suggests that this is already starting to make an impact.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We had anticipated that the waiting list over the coming months would decrease as additional staff commence in post and additional/overtime hours continued. The lower than expected NDIP funding for this year will mean that the waiting list and average waiting times are likely now to increase. As of 1st July, the longest waiting patients have been waiting 102 weeks (2 children), with 43 children waiting over 91 weeks. This position is likely to deteriorate further with the reduction in capacity for new patient appointments
- Following the ND event held at the end of 2024 with leads from Health, Education, Social Care, 3rd Sector and Parent/Carer Network, WG are supporting CTM's NDAT (ND diagnosis at triage) pilot. 61 children have now had a diagnosis of autism confirmed based on referral information received, without the child needing any further assessment and a short feedback appointment provided for the family only. This number will continue to rise over the next few months – focusing on new children being referred to the service as well as children already on the waiting list who have been nominated by their schools. This approach on average takes about one third of the time as a typical assessment process.
- Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.
- Revised referral protocols for school-aged children have been launched which we anticipate will start to reduce the number of inappropriate referrals we receive, although we are unlikely to be able to measure the full impact of this until the end of 2025.
- CTM ND Service were selected by WG to trial an AI scribe called Magic Notes, to support with the time taken for clinical staff to write assessment reports. If the DPIA can be successfully approved by Information Governance/Cyber Security, then it is anticipated that this will reduce the time required for this element of the pathway and more children from both the new patient and follow-up waiting lists could be seen within existing job plans.

What are the main areas of risk?

- A reduction in new patient assessment capacity as a result of reduced additional hours/overtime through NDIP and an increasing ADHD medication follow-up caseload will mean that longest and average waiting times start to increase. Prioritisation will need to be given to concluding assessments that have already been started as well as ensuring safe ADHD medication management. Unlike other HBs in Wales where this work returns to CAMHS; in CTM this work remains with the ND team.
- Ongoing risks that demand continues to rise despite the region focusing on a needs-led approach to support and efforts to provide myth busters on new referral paperwork.
- We have 4 members of staff on fixed-term posts (3.0 wte) who are providing the majority of new patient appointments. If these roles cannot be extended into 2026/27, even before any NDIP funding for the region is confirmed, then we risk losing these staff when we have invested heavily in terms of time and external training for their roles.

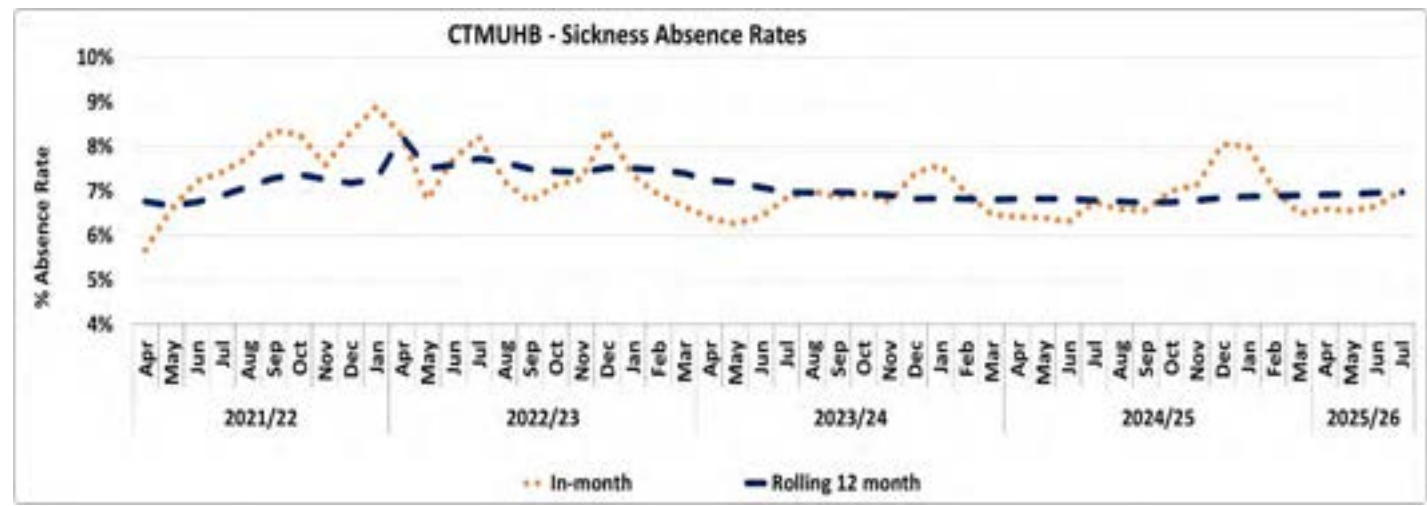
2.4 Welsh Government Performance Indicators: Quadruple Aim 3 - A Motivated & Sustainable Workforce

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key: Trend Target/Trajectory	Key: Hit Target	Target Failed
				Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.98%	Jul-25
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.38% (2024-25)		5.45%	May-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		3.3% (provisional)	Jul-25
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		68.8%	Aug 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Jun to Aug 2025 does not currently include medical staff)

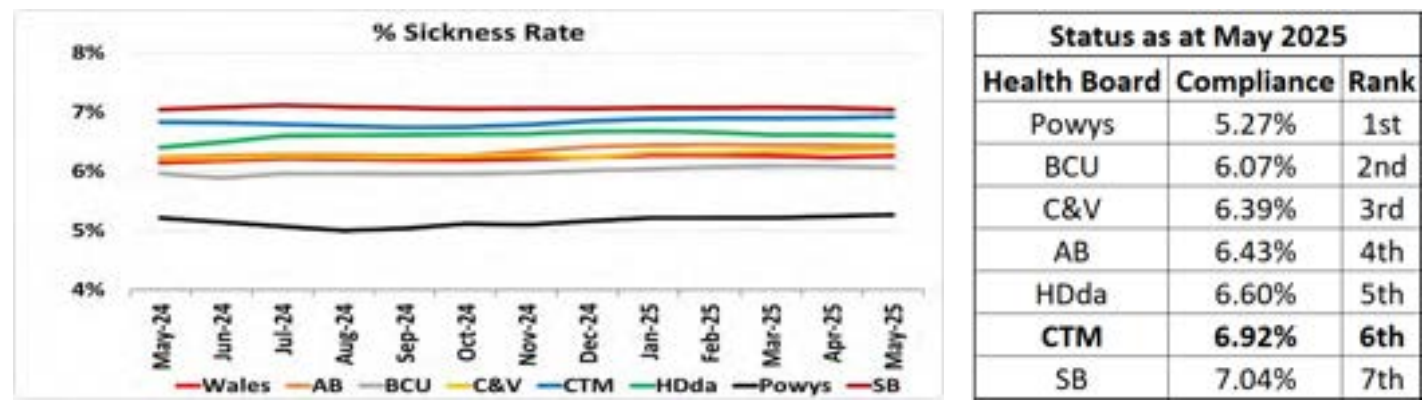


CTMUHB Workforce Metrics

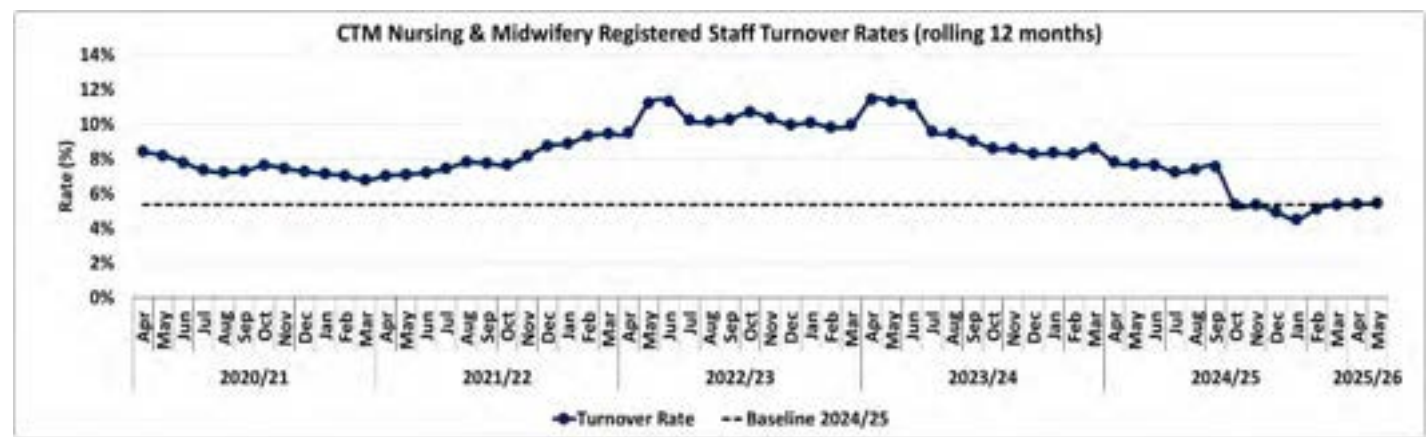
% of sickness absence rate of staff – Target is 12-month reduction trend
July 2025 (6.98 %)



How do we compare with our peers?

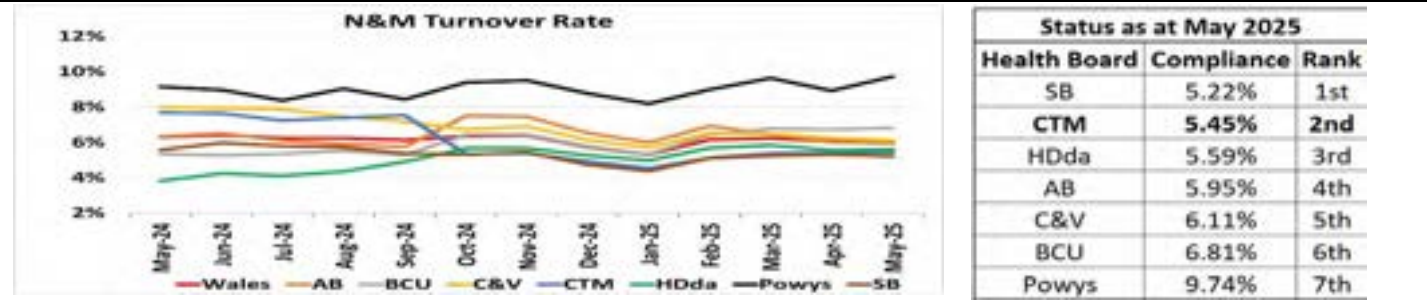


Turnover rate for CTMUHB N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2024-25



N.B. there is a time lag in reporting due to the inability to locally monitor staff leaving NHS Wales.

How do we compare with our peers?



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

The rolling twelve-month sickness rate to July 2025 is provisionally 6.98% and is slightly higher than the equivalent rolling 12 month period of the previous year (6.80%). The in-month sickness rate is 7.03% and is also higher than July 2024 (6.75%) and continuing to remain higher than our desired target of 4.5%.

The HB's primary sickness absence reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in approx. 37.3% of the total days lost. The second highest reason is Other known causes - not elsewhere classified, at around 8.8% of the days lost.

The staff group with the highest sickness level continues to be Estates & Ancillary, with a rate of 10.84%.

Actions we are taking:

- Improved access points for timely and consistent Attendance and Wellbeing advice/guidance.
- New third stage tracker to reduce formal case management timelines.
- Active participation in the All Wales Working Group to develop the new policy.
- Targeting support for complex, long term absence cases.
- Raising awareness of Reasonable Tailored Adjustment Agreements to support staff back in to work.
- Waiting times for manager referrals to Occupational Health have reduced due to targeted triage – this is now below the All-Wales target time.
- Maternity Services recently identified as a hot spot and there is currently a review of sickness levels underway.
- The recent launch of the People Plan includes success measures related to absence, wellbeing and Occupational Health services which will help inform and track the impact of the Plan.
- An action plan being developed to address the sickness rates across CTM and better understand hot spot areas, root cause analysis and the real term cost of sickness absences.

Risks:

- Failure to reduce sickness rates impacts on health and wellbeing across our workforce and their employee experience, especially if this increases demand/pressure on others to deliver services.
- There is a high risk of increased use of variable pay to fill workforce gaps.
- Impact on staff morale and motivation, productivity and engagement.

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

The reported position at May 2025, for N&M registered staff leaving NHS Wales, saw a slight increase on the previous 12 month rolling period to 5.45%. The equivalent timespan of the previous year saw rates of 7.68%. (June 2023 to May 2024). The CTM turnover, including those leaving CTM but not necessarily leaving NHS Wales, was 7.99% for the same period (May 2025).

The turnover rates continue to be monitored with Care Groups and Professional Groups to ensure there is a continued reduction for improved workforce sustainability.

Actions we are taking:

- The recently appointed Retention Lead will help drive and progress retention initiatives to support a reduction in turnover.
- We are reviewing the Lateral Moves Scheme to ensure stability, resilience and sustainability of the process, as the appetite increases and as we rollout to other staff groups.
- Reviewing N&M/HCSW shift patterns across the HB, supporting a fair and consistent approach and is fit for the future.
- Reviewing of our Moving On Questionnaire for improved engagement and to better inform the reasons for people leaving CTM.
- Understanding turnover levels and the reasons behind them is one of the success measures from the recently launched People Plan.

Risks:

- Potential loss of talent, skills and expertise affecting patient care.
- Potential increase of variable pay.
- Potential impact on staff morale and motivation, productivity and staff engagement.
- Increased sickness absence due to the impact of increased vacancies and possible difficulties in filling vacant posts.

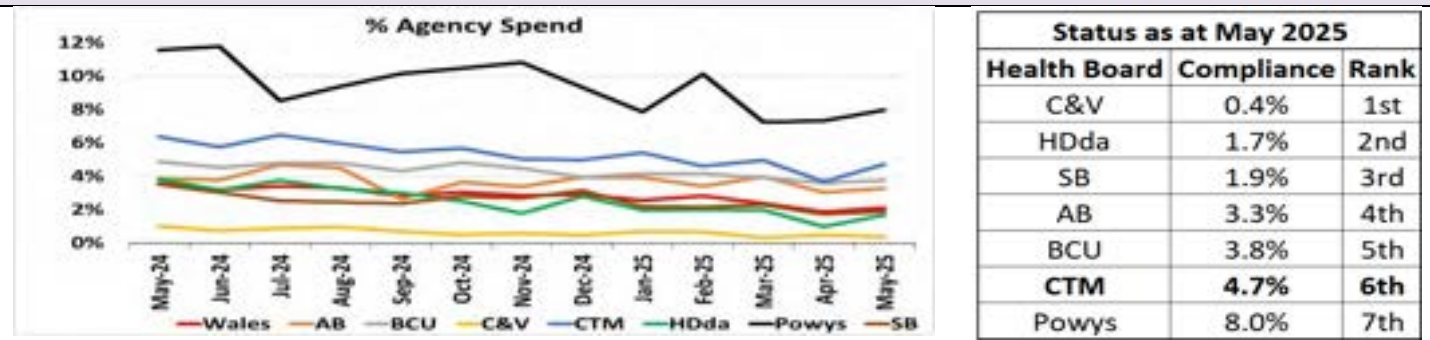


CTMUHB Workforce Metrics

Agency spend as a percentage of the total pay bill – Target 12 month reduction trend
July 2025 – 3.3 %



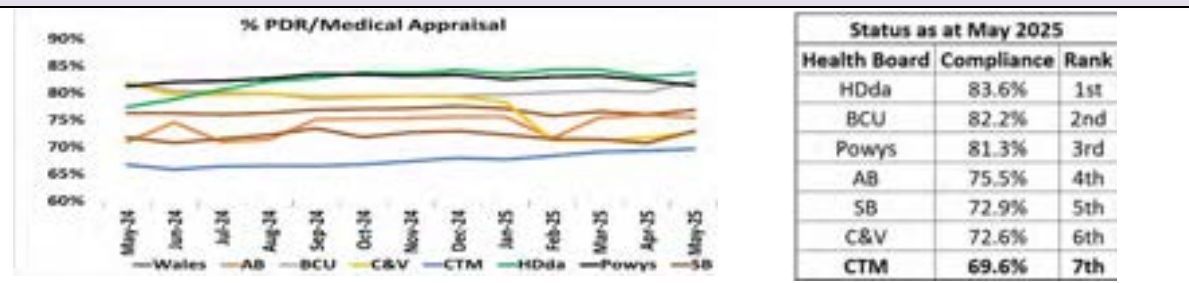
How do we compare to our peers?



% headcount by organisation who have had a PADR/ medical appraisal in the previous 12 months (excluding M&D in training) – Target 85 %



How do we compare to our peers?



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

As at July 2025 (Month 4) the CTM agency spend as a percentage of the total pay bill was 3.3%, as seen in the chart to the left, with the overall agency spend for 2025/26 (YTD) totaling 3.8%.

- Actions we are taking:**
- Assessing agency to bank conversion for N&M and M&D, with further scoping for bank to substantive conversion.
 - Continuing work to improve workforce controls to mitigate the use of high-cost agencies.
 - Medical Rate escalation is in place for anything in excess of 5% requiring approval from the Executive Medical Director's Office.
 - Nursing Agency reduction or conversion to bank is underway.
 - Roster improvement, utilisation and optimisation plan is in development.
 - M&D Bank and Agency provider changed in June on a six-month direct award, with a full procurement exercise running alongside for the longer-term solution.
 - Full implementation of the new Locum Provider has introduced a robust system that supports long-term savings delivery plans and efficiencies of high-cost premium temporary staffing spend. Since the launch for the M&D Bank, we have received a number of requests to join and recruitment is underway. This presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective recruitment plan to fill established vacancy gaps with permanent solutions. CTM has also identified potential opportunities of temporary spend savings of AHPs/HSS.
- Risks:**
- Failure to reduce variable pay within 2025/26 to meet the UHB savings target, resulting in an inability to invest in service transformation.
 - Lack of sustainable and affordable workforce solutions to meet workforce gaps.
 - Current system provision does not meet the correct functionality to support the work of the savings delivery programme and future transformational work. Actions are underway to mitigate (as identified above; the roster improvement, utilisation and optimisation plan is in development).

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

PADR compliance is improving slowly, currently standing at a provisional rate of 68.8%. Compliance for the past year has ranged between 66.5% and 69.6%, recognising that this remains below the WG target of 85%. For Medical Appraisals, the overall CTM position at the end of quarter one of 2025/26 was 92.58%.

Actions we are taking:

A series of actions are underway following receipt of the final Internal Audit report which was given an overall 'reasonable' assurance rating. Specifically, an enhanced PDR Briefing Report has been designed and shared with Care Group leadership teams via the Heads of People to drive engagement in PDR across CTM. This includes detailed compliance figures and data on staff that have never had a PDR, aiming to target these groups to expedite any improvements in PDR compliance.

Alongside this data, additional feedback is being collated via MS Forms on the briefing to gain qualitative insights into the process and the impact it is having on staff development.

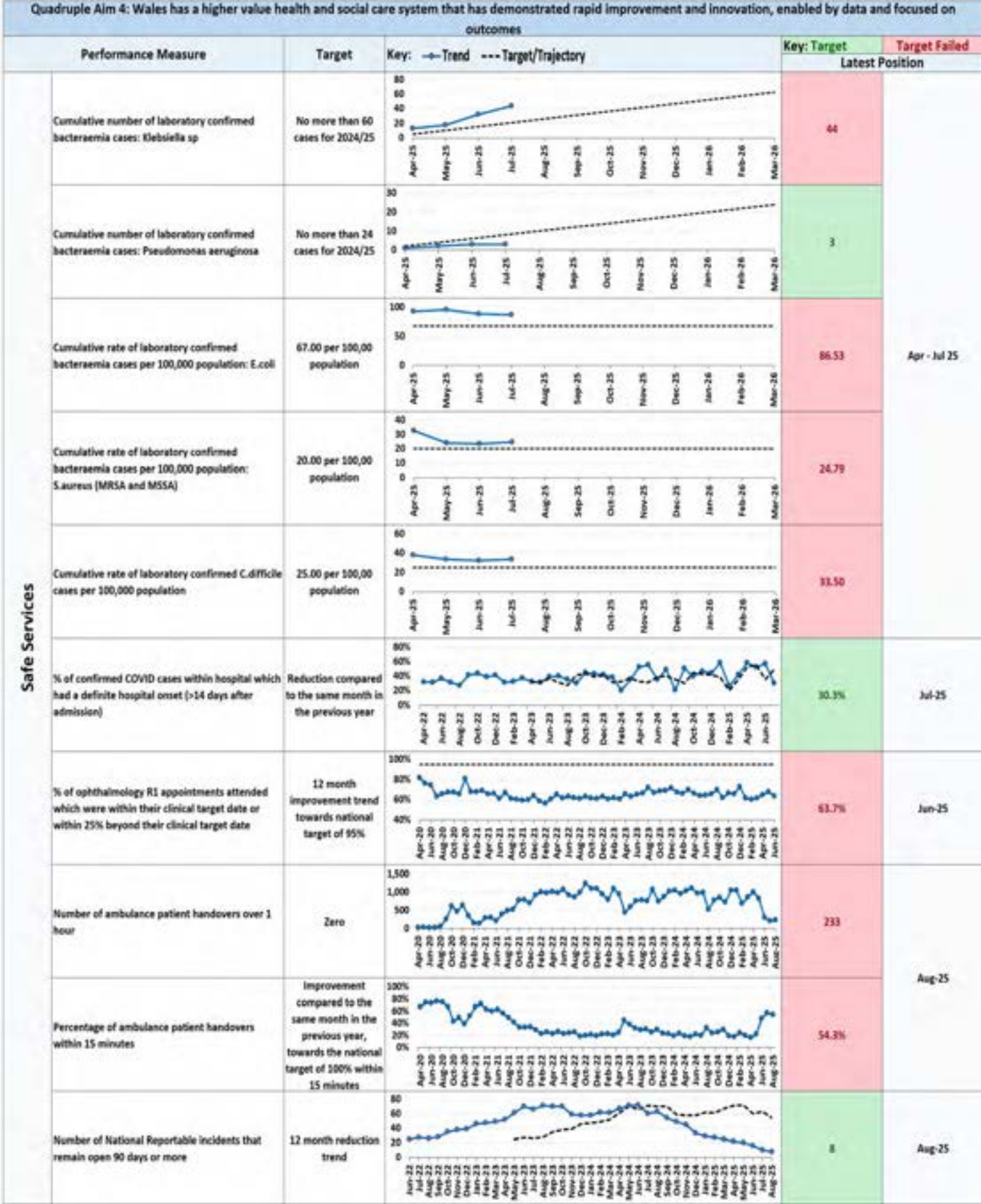
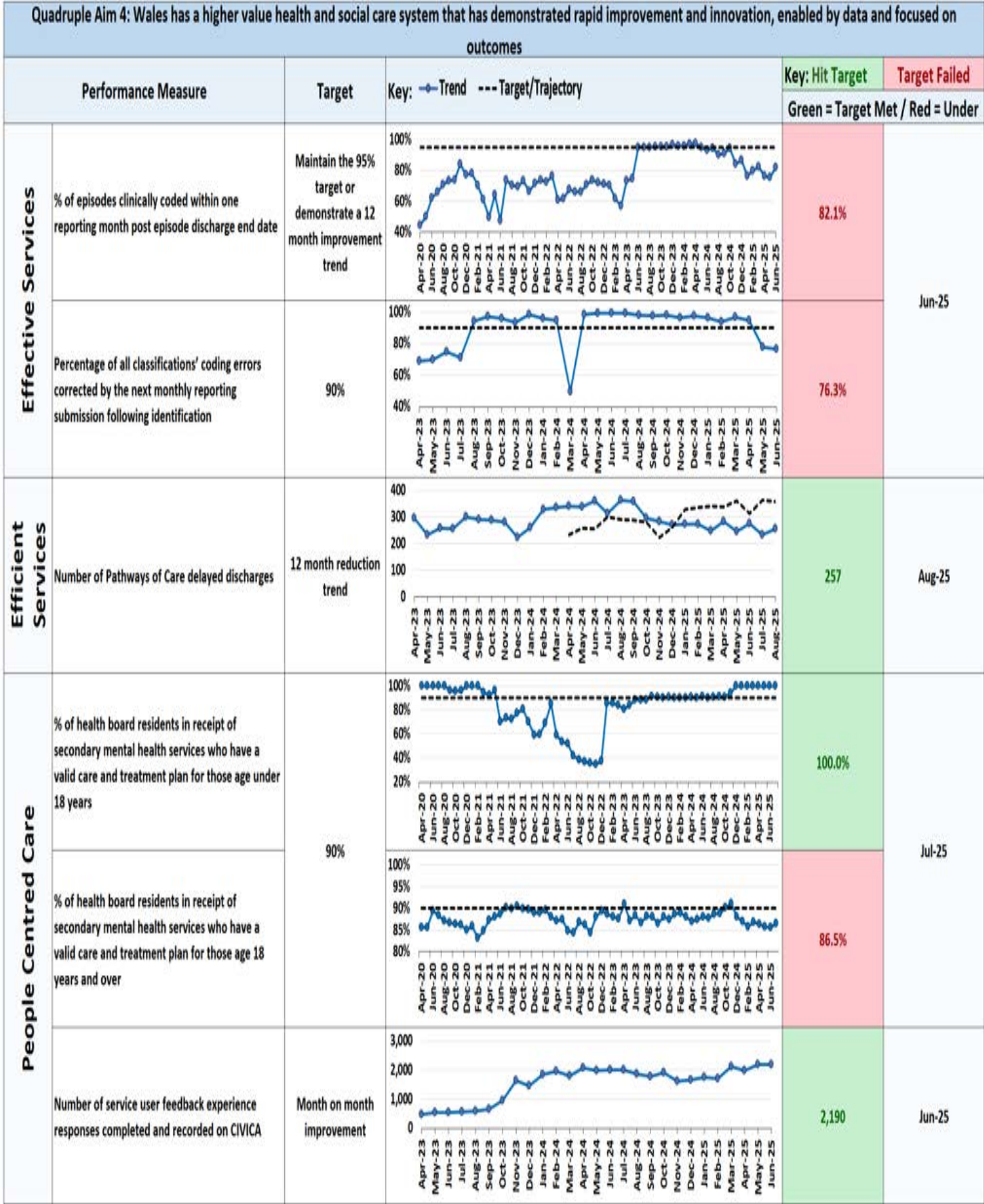
- Risks:**
- Lack of objectives aligning to CTM strategic ambitions.
 - Impact on morale, motivation, and employee experience, ultimately impacting retention.
 - Loss of dedicated time for a conversation for individual and manager to discuss work performance and provide two-way feedback, development opportunities and career aspirations.
 - Impact on the pay progression process and individual receipt of timely increments.

Core Learning Level 1:

Compliance for level 1 training currently sits at 81.30%. This is a slight year on year improvement albeit below the target of 85%. CTM is actively participating in a national review of the level 1 training requirements.

CTM Level 1 Core Mandatory Training Compliance August 2025	
Health, Safety and Welfare	86.7%
Equality, Diversity & Human Rights	86.3%
Safeguarding Adults	85.3%
Moving & Handling	84.4%
Safeguarding Children	84.1%
Information Governance	81.8%
Violence & Aggression	80.9%
Fire Training	79.9%
Infection Prevention and Control	78.5%
Resuscitation	64.4%
HB Overall Compliance	81.3%

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



% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95 % target or demonstrate a 12 month improvement trend – June 2025 – 82.1 %



How are we doing?

During June 2025, the compliance for the completion of clinically coded FCE's (Finished Consultant Episodes) improved to 82.1%, however the position sits below the in month WG target of 95%.

At the start of September the overall coded position for April to August 2025 currently stands at 70.7% and the backlog accrued for the first quarter of 2025/26 largely coded with the position now at 90%.

Compliance for the correction of errors within 35 days was 76.3% during June with 90 of the 118 errors corrected within the requisite timescale and there are 21 uncorrected errors remaining.

Current Coded Position as at 1st September 2025

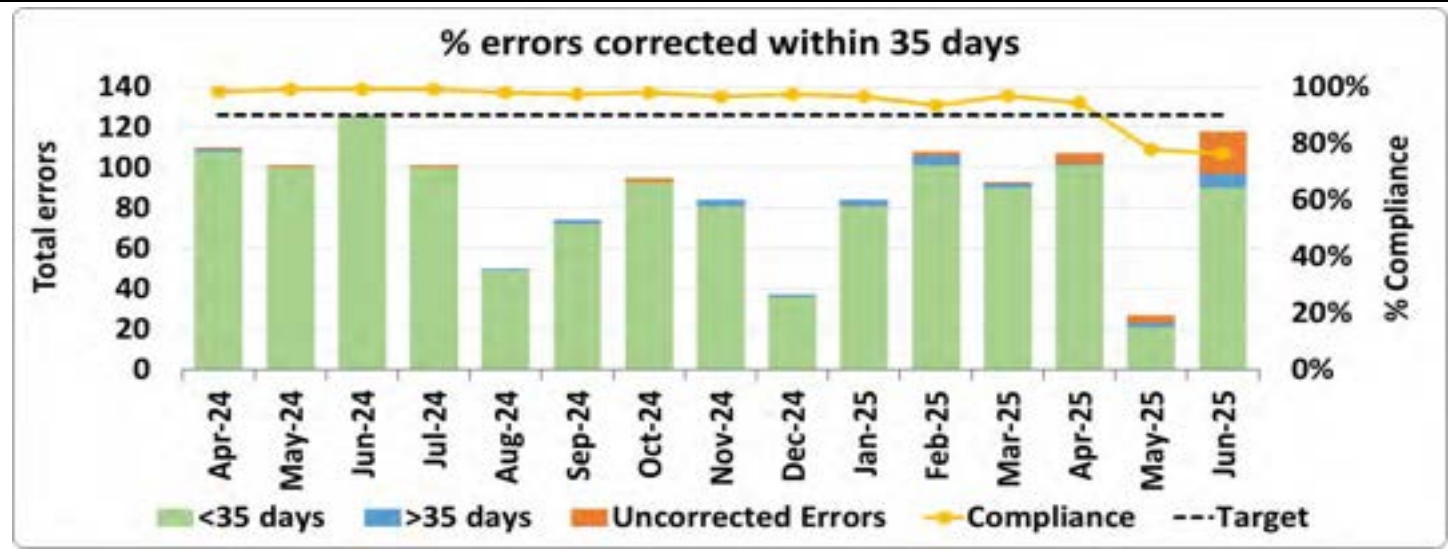
2025/26	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-25	11,039	10,503	536	95.1%
May-25	11,575	10,054	1,521	86.9%
Jun-25	11,832	10,335	1,497	87.3%
Jul-25	12,246	7,063	5,183	57.7%
Aug-25	9,607	1,823	7,784	19.0%
Total	56,299	39,778	16,521	70.7%
Uncoded Backlog (April to June 2025)		3,554	10.3%	

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

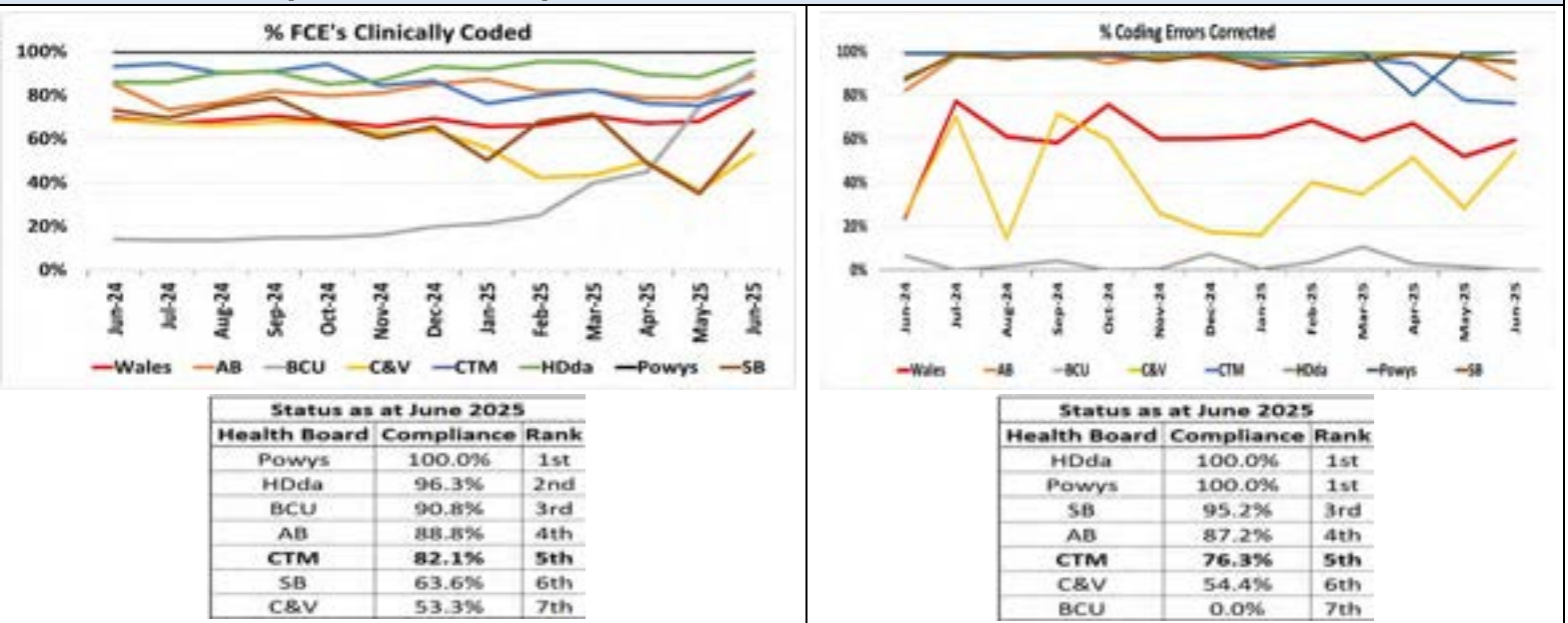
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding capacity and processes to be re-appraised. Positively, we are seeing improvements in the quality of data following the move, as colleagues observe at first hand the benefit of accurate data being recorded.

Use of the autocoder has diminished as the data scientist supporting the software and the use of it has been pulled away to support other priorities.

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90 % - June 2025 – 76.3 %



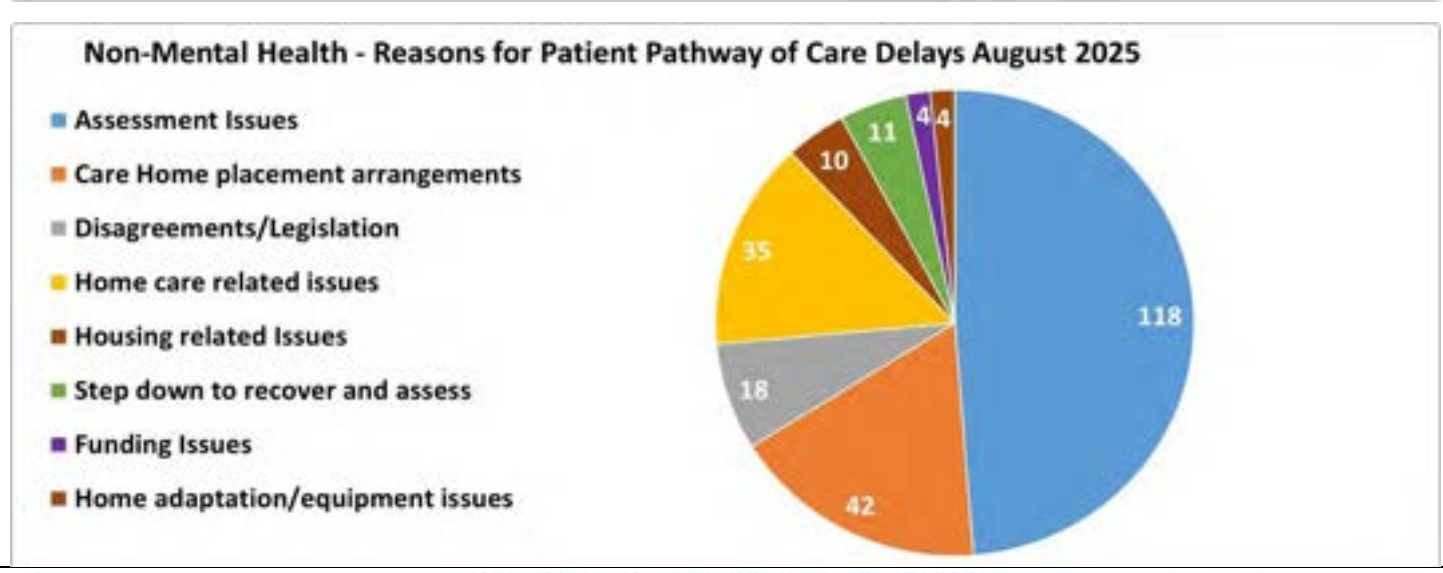
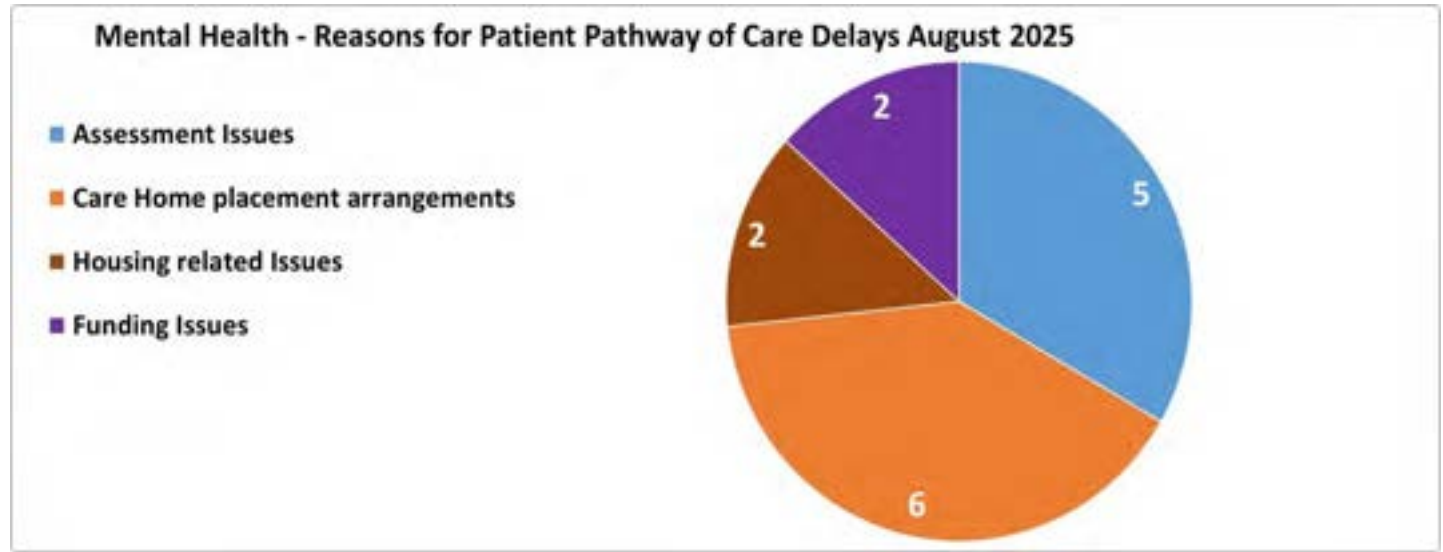
How do we compare with our peers?



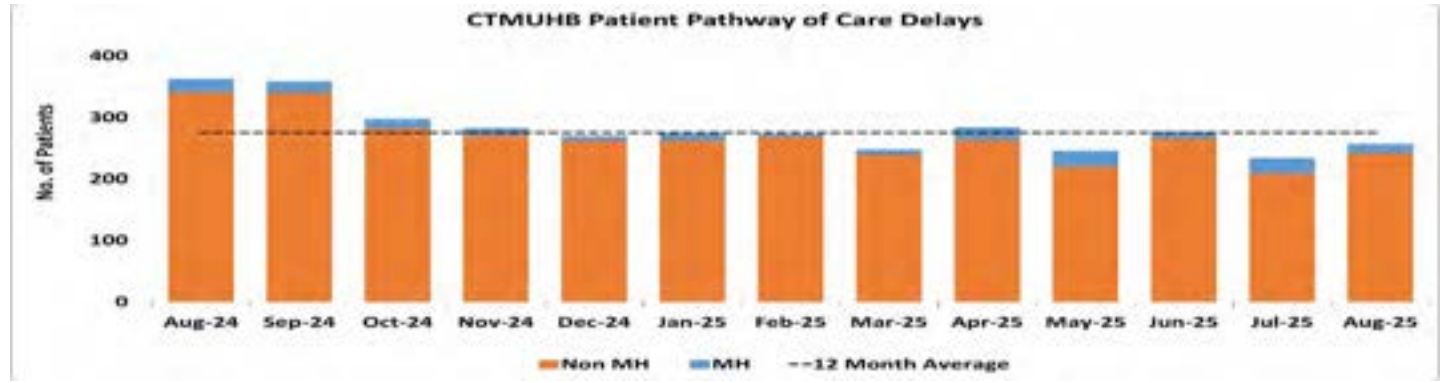


Efficient Services – Pathways of Care Delayed Discharges - census date 20th August 2025

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 15 / Non Mental Health Delays = 242



Delays by Local Authority - August 2025								
Healthcare Facility	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Total
PCH		5		13		3	8	29
POW	34				3		2	39
RGH	4		2	2			47	55
YCC	1	1		28			37	67
YCR	2			1			22	25
YGT	9		1				18	28
Glanrhyd	13							13
Ty Llidiard							1	1
Grand Total	63	6	3	44	3	3	135	257



How are we doing?

257 Pathways of Care Delayed Discharges were reported in the August snapshot census. This is 18 (6.6%) delayed patients lower than the 12 month average of 275.

During the past 12 months, assessment issues account for the majority of delays; 40.9%, averaging 113 patients per month, as detailed in the table below:

Reason for Delay	Aug-25	12 month average	Assessment Delay Flag - August 2025	
Assessment Issues	123	113 40.9%	Awaiting completion of assessment by social care	33
Care Home placement arrangements	48	54 19.6%	Awaiting joint assessment	27
Home care related issues	35	39 14.1%	Awaiting completion of assessment Nursing	26
Transfer related issues	0	14 4.9%	Awaiting Continuing Healthcare (CHC) Assessment	11
Disagreements/Legislation	18	21 7.5%	Awaiting Social worker allocation	10
Step down to recover and assess	11	12 4.4%	Awaiting completion of best interest decision	7
Housing Related Issues	12	9 3.4%	Awaiting completion of AHP/Allied Health Professional Assessment	3
NHS Bed related issues	0	2 0.8%	Awaiting completion of assessment Pharmacy	3
Funding Issues	6	7 2.4%	Awaiting completion of assessment Pharmacy	1
Home adaptation/equipment issues	4	5 1.9%	Assessment through the language of choice	1
Total	257	275	Other	1
			Total Assessment Issues	123

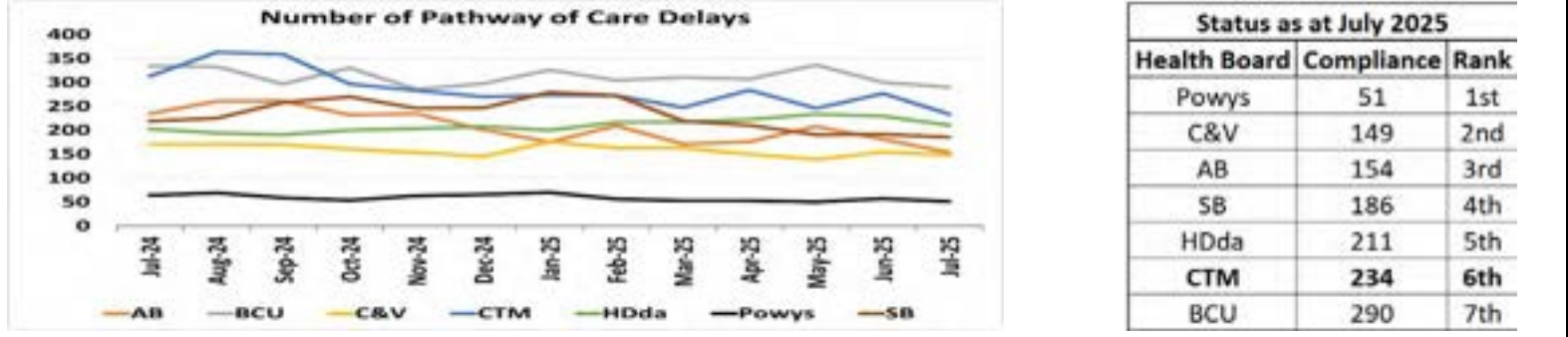
What actions are we taking & when is improvement anticipated?

- Develop straight to service for Pathway 1 services in MTCBC and BCBC.
- Implement process for trusted assessment into LA residential homes in RCTCBC.
- Review discharge model to ensure an integrated front door approach in line with WG recommendations.
- Explore options for joint commissioning with regard to Funded Nursing Care (FNC).
- Ensure discharge professionals work in an integrated way using demand and capacity data from both internal and external delay codes to produce proposal to re-design the discharge service in CTM.
- Ensure that the trusted assessor role is aligned to local authority areas and are managed collaboratively between partners to reduce Pathway 1 assessment delays and increase Pathway 0 discharges.
- Re-design the Supported Discharge Notification (SDN) as a referral that is monitored to track referrals to Social Care, DLNs and other discharge support services to ensure effective use of the EToC.
- Develop an electronic Nursing Needs assessment launched from EWB in line with EToC design principles.
- Roll out EWB across system and map process with external stakeholders.
- Escalation process for enhanced care patients who cannot progress to DST in acute with no suitable community capacity available.

What are the main areas of risk?

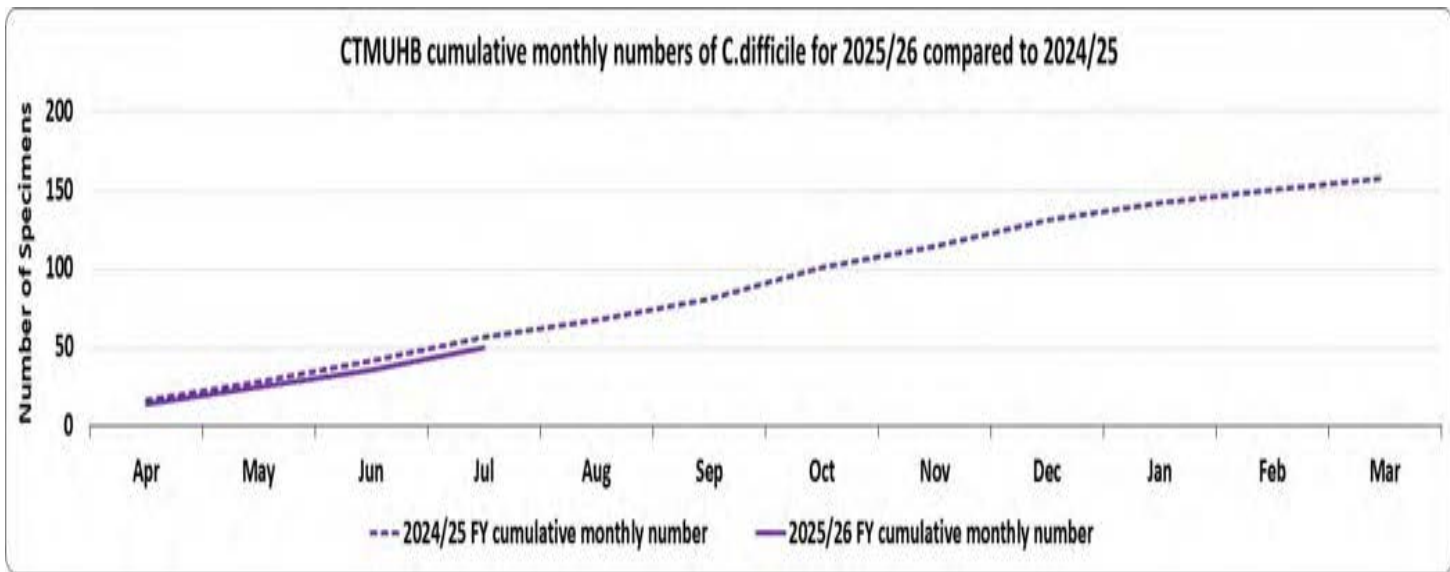
- Inconsistent discharge model; significant variation across sites and areas.
- Lack of robust, consistent governance and senior oversight of discharge performance and PoCD improvement.
- D2RA not embedded into practice, leading to an over reliance upon formal care support at point of discharge.
- Increased numbers and length of delays for patients subject to court of protection processes.
- Assessments inappropriately being completed in acute settings.
- No consistent model of discharge across local authority boundaries with no strategic coordination and escalation of out of area discharges.
- Data quality issues in the accuracy of the data held on EWB.
- No discharge service at the front door for frailty.

How do we compare with our peers?



CTMUHB Safe Services – Healthcare Acquired Infections – April to July 2025

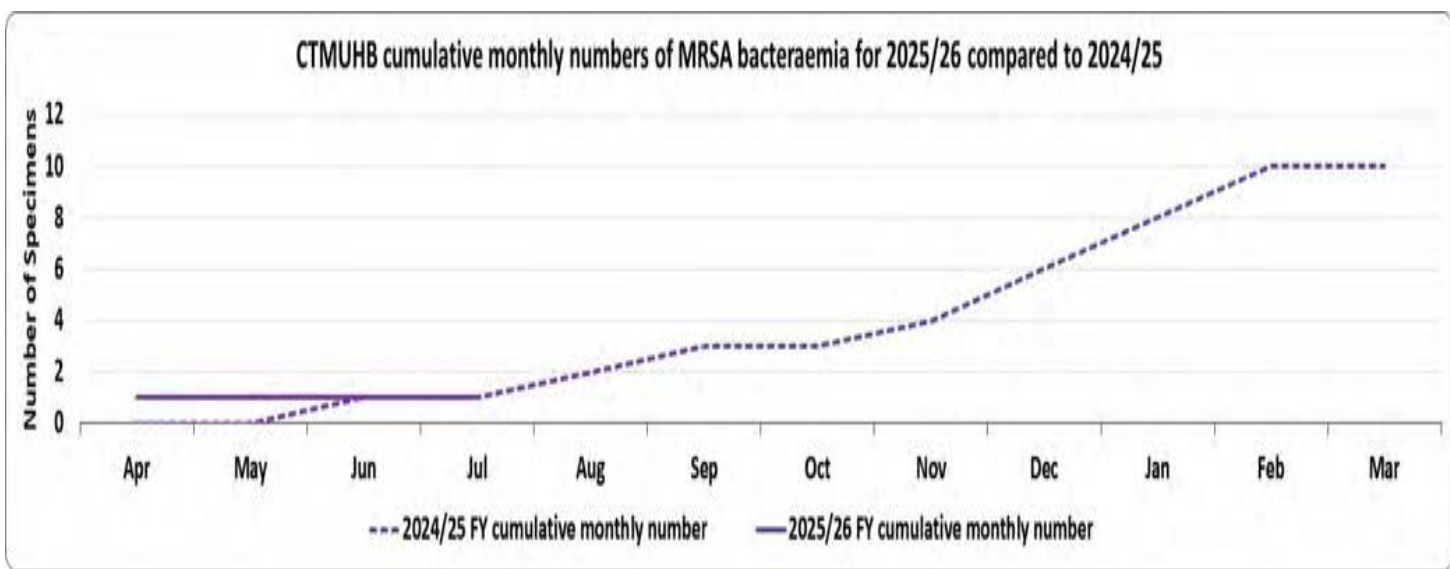
C.difficile



50 C.difficile cases have been reported by CTM for the period April to July 2025. This is 7 fewer cases than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 33.50, which compares favourably to the All Wales rate of 41.69.

In CTM, 44% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient). The IPC team continues to work with care groups to improve the RCA process in order to maximise opportunities for learning and sharing best practice, as well as ensuring the reviews are done by a multidisciplinary team in the shortest time possible. We have eliminated the backlog of reviews and most reviews are now being done within 3-4 weeks from specimen date, with the goal to further reduce to 3 weeks. IPC is working as part of the all Wales C.difficile collaborative to support a Wales wide strategy and a CTM strategy meeting will be held in September with microbiology, IPC, Pharmacy and QI team to discuss all CTM strategy and projects to work towards reduction. It is essential to ensure that there is capacity and work pathways created to work with primary care, with the support of microbiology antimicrobial stewardship as well as microbiology to ensure cases are reviewed and lessons learned are acted upon. The reduction of C.difficile cases can only be achieved with a co-ordinated effort between primary and secondary care.

MRSA



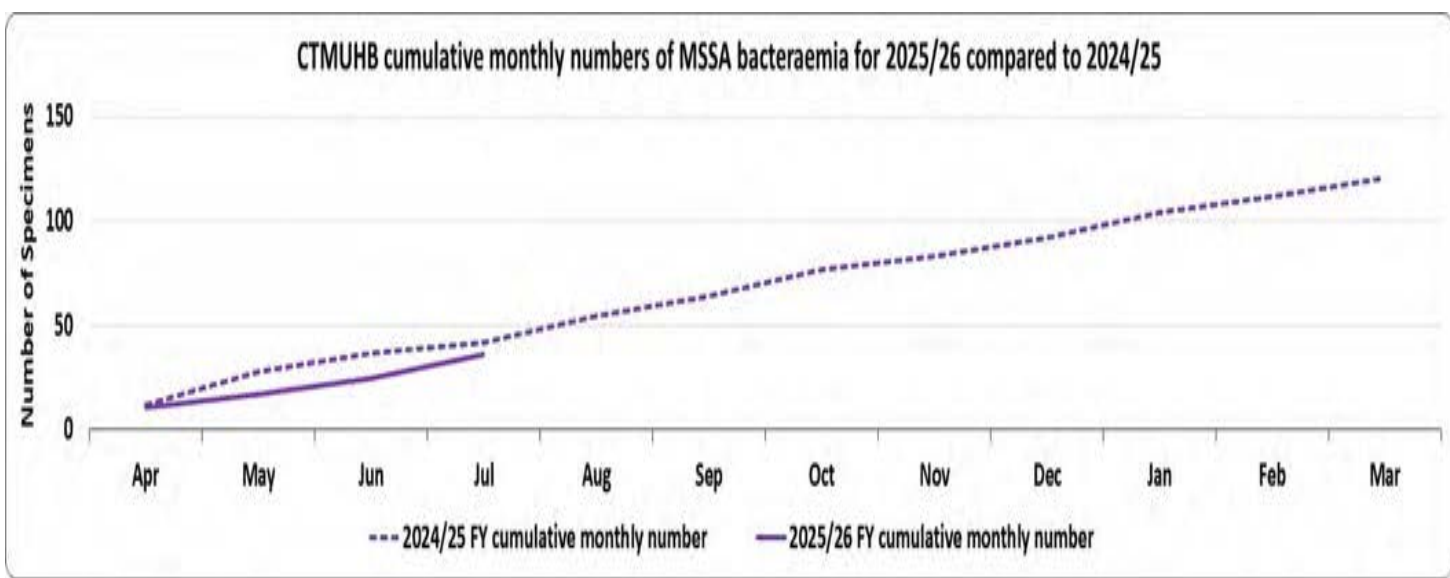
1 MRSA bacteraemia (hospital onset) has been reported by CTM for April to July 2025, which is the same as the equivalent period during 2024/25. The provisional rate per 100,000 population for 2025/26 is 0.67 and is below the All Wales rate of 2.17.

ANTT (Aseptic Non-Touch Technique) training is to be re-instated as mandatory for all the professionals. It is essential to work towards increasing the overall compliance with IPC fundamental (mandatory) training.

The IPC team has conducted Point of Prevalence Studies (PPS) for `Bare Below the Elbows' across CTM and results have been presented at IPCC. The team are currently working on summarising the findings and will distribute to clinical settings for awareness. Initial results have revealed significant poor compliance in RGH & PCH, in particular within Nursing and Medical staff groups; POW results remain outstanding.

It is important to understand the route of this infection in the community and it is essential that there is co-ordination between primary and secondary care towards achieving the zero goal. In general, the reduction of MRSA is entwined with MSSA and more detail is explained below.

MSSA



36 MSSA bacteraemia have been reported by CTM for April to July 2025. This is 6 cases fewer than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 24.12, which compares to the All Wales rate of 26.28. 72% of the specimens taken are community onset.

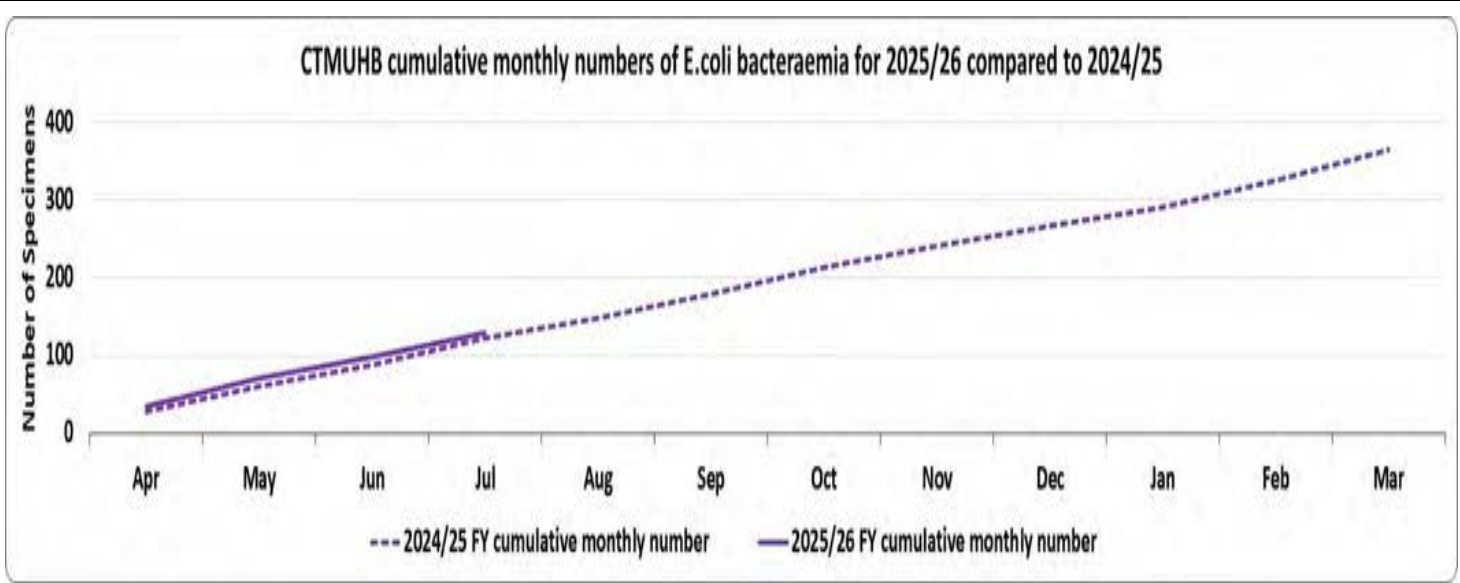
It is essential to focus on understanding the community onset cases, alongside adequate reviews from the positive cases. With support from epidemiology there is a need to understand if this is affecting specific pockets of population, geography or is it a general problem, as well as ensuring that lessons learned are incorporated into the primary care practice. This work has not been able to progress due to lack of epidemiology support for CTM, although NHS Wales has just successfully recruited an epidemiologist (fixed term).

CTM's ANTT training has not yet been reinstated as mandatory and this is essential to enable us to achieve high rates of compliance, as well as with training in IPC Levels 1 & 2 and ensure adequate compliance with the completion of the insertion and maintenance bundles for invasive devices.

IPC is working towards strengthening training in needs identified as well as conducting a point prevalence study regarding key issues such as bundle completion. IPC has presented this to IPCC and will be taking actions to ensure visibility within clinical areas. The PPS will help to more accurately inform on areas where the HB needs to focus and consequently further reduce infections.

CTMUHB Safe Services – Healthcare Acquired Infections – April to July 2025

E.coli



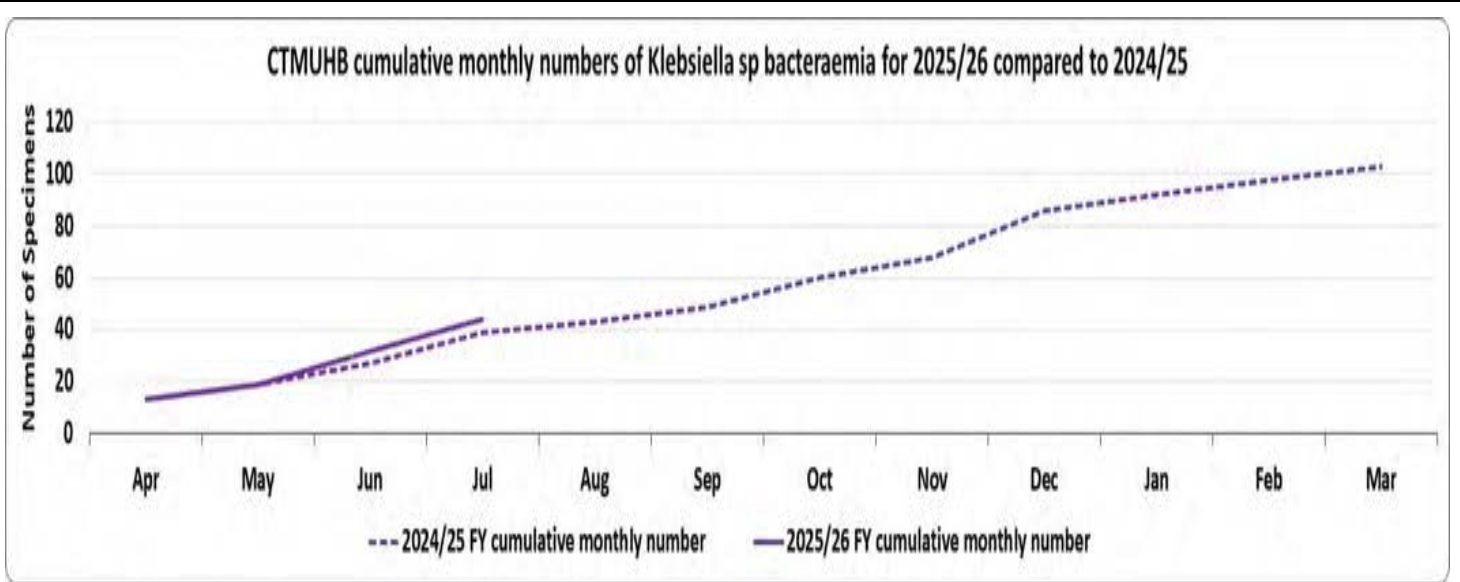
129 E.coli bacteraemia have been reported by CTM for April to July 2025. This is 19 more cases than the equivalent period of 2024/25. The provisional rate per 100,000 population for 2025/26 is 86.43, which is higher than the all Wales rate of 68.73.

Community onset cases account for 84% of the specimens taken and a number of cases are linked to a urinary catheter. Urinary catheter management needs to be improved across CTM. The HB currently has a catheter passport available, this is in full use at community but use in inpatient settings needs to be strengthened. IPC and the Bladder and Bowel team are looking at ways of collaborating more closely.

The re-instatement of ANTT will be essential to achieve a reduction and that all clinical leaders take ownership to ensure that their staff are completing the IPC mandatory training.

It is essential to ensure for E. Coli, as for any other HCAI, that we create a learning matrix to identify HB themes to guide future actions. The IPC team is looking at ways to develop and implement this and considering the possibility to use ICNet to record the findings so the data can be utilised by the epidemiologist.

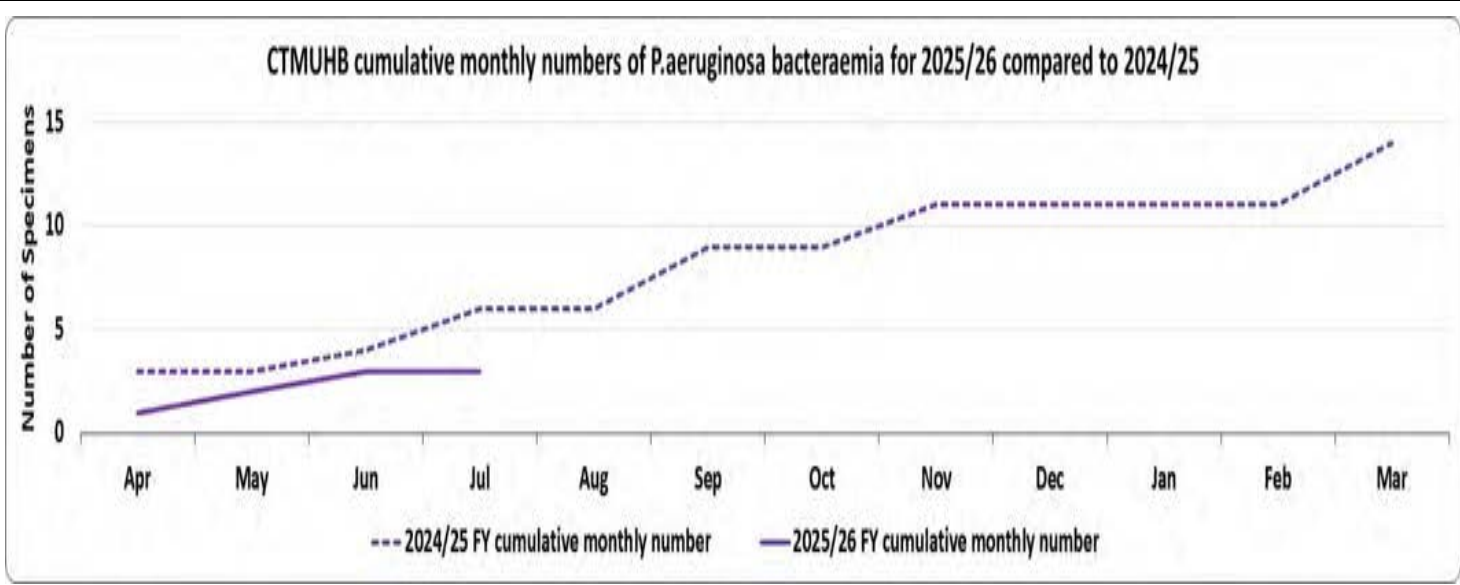
Klebsiella sp



44 Klebsiella sp bacteraemia have been reported by CTM for April to July 2025. This is 5 cases more than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 29.48, which compares to the All Wales rate of 23.83.

Of the specimens taken, 75% are community acquired infections. Work is required to strengthen IPC training compliance, in particular ANTT, completion of insertion and maintenance bundles as well as ensuring full rollout of catheter passport for both inpatients and community.

P.aeruginosa



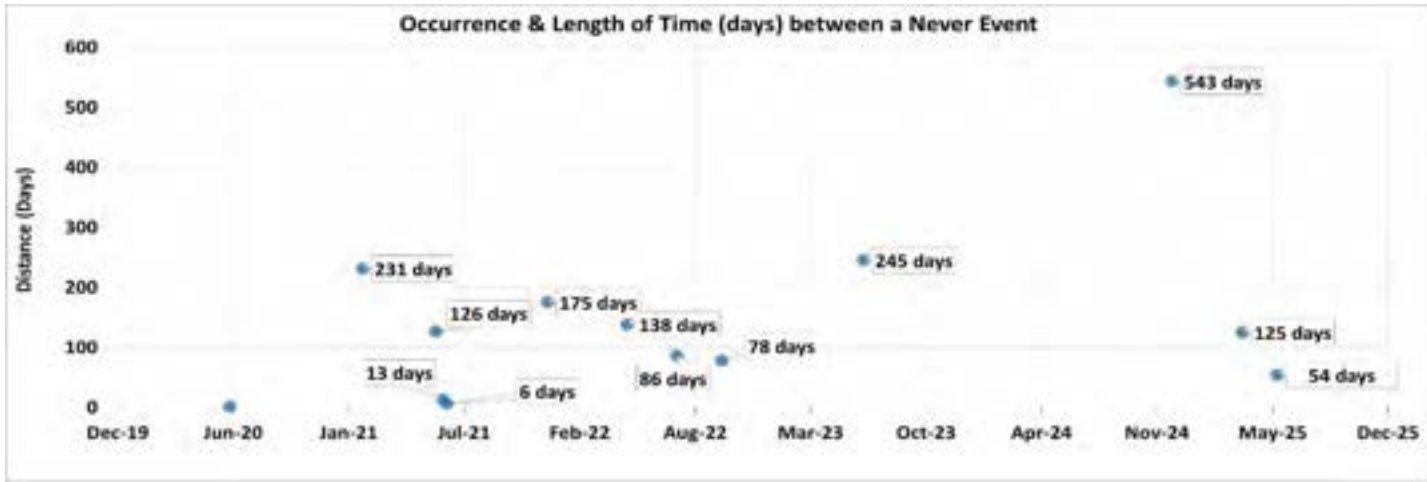
3 P.aeruginosa bacteraemia (2 community acquired) have been reported by CTM for April to July 2025. This is 3 cases fewer than in the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 2.01, which compares favourably to the All Wales rate of 4.95.

It is essential to reinforce education and training on Hand Hygiene practices and ensuring we work towards robust insertion and maintenance bundle completion for catheters and cannulas across CTM. Ensure that areas of augmented care are quickly alerted for findings in the water systems and that all required staff attend ANTT training. Support required to ensure this becomes mandatory training and that we achieve a compliance greater than 85%.

Community focus is essential to ensure a sustained reduction on the rates of infection for all Gram micro-organisms.

Safe Services – Never Events & Nationally Reportable Incidents

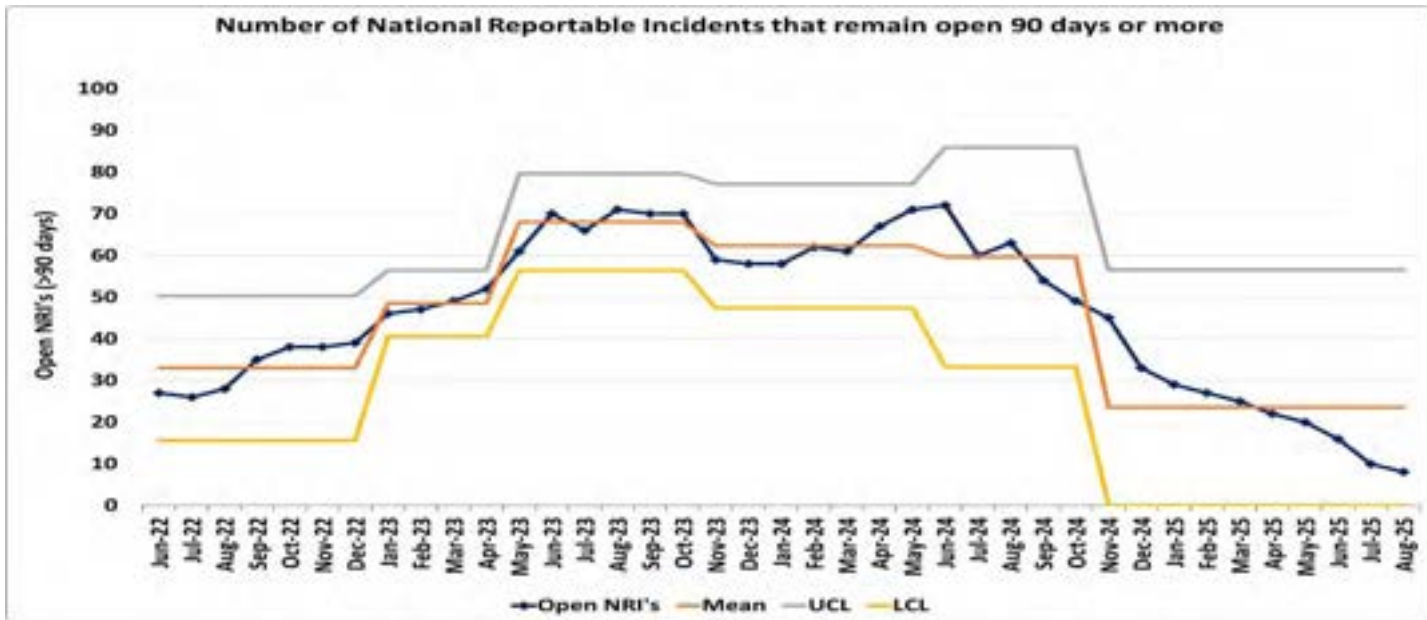
Number of Never Events – August 2025 – Zero Never Events Reported



Never events are serious patient safety incidents within clinical practice that, by definition, should never happen. They are considered wholly preventable because national guidance or safety recommendations are in place 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.

During the past year there have been 3 Never Events reported. December 2024 - investigations relating to wrong site surgery have concluded, however the investigations for the April & June 2025 events remain ongoing.

Number of National Reportable Incidents that remain open 90 days or more – Target is 12 month reduction trend – August 2025 – 8

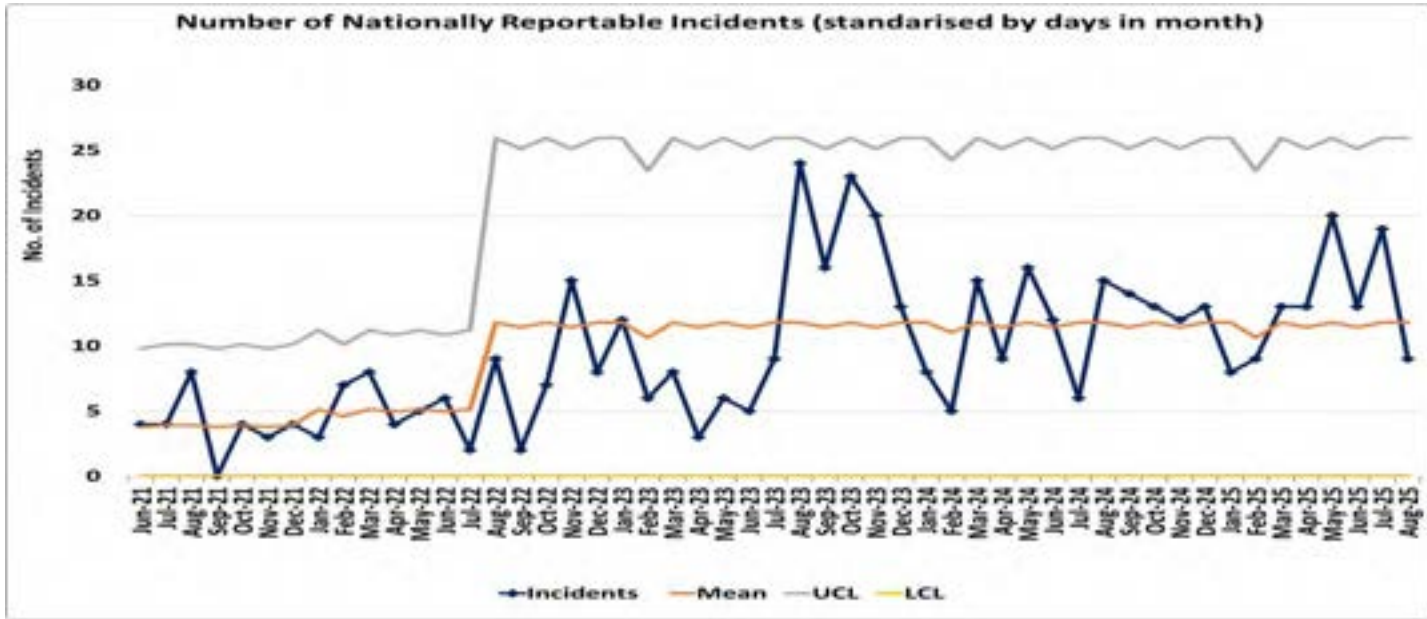


As at August 2025, the number of open National Reportable Incidents past the 90 days timeframe, reduced further to 8 in total.

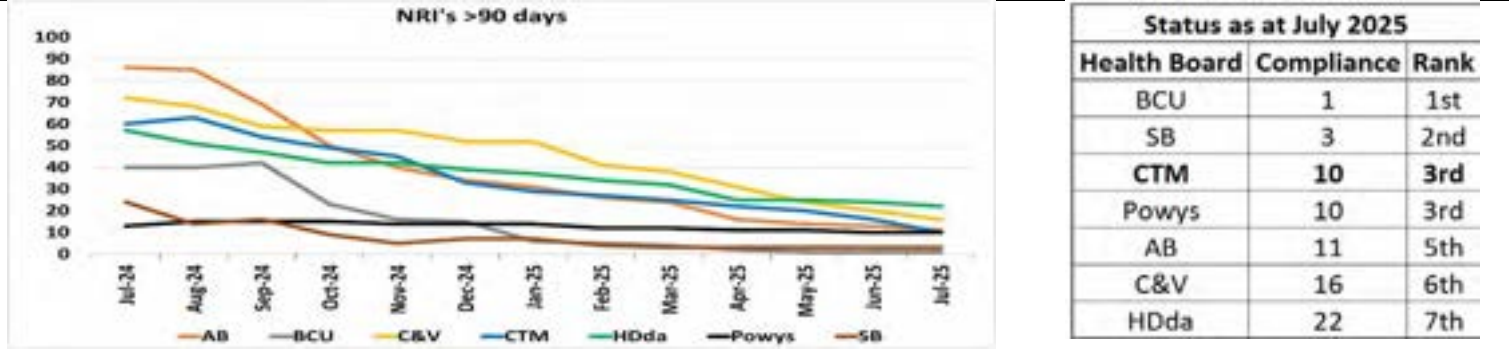
During August, 9 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 156 incidents submitted during the past 12 months.

As at the 1st September 2025, the Health Board currently has 50 open Nationally Reportable Incidents, of which 24 are overdue the timescale for completion. Focused work continues to be undertaken to ensure investigations are concluded and ensure a timely outcome is provided to patients and their families.

Type of Nationally Reportable Incidents	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Total
Pressure Damage	3	8	6	6	2	4	5	3	7	6	15	3	68
Maternity/Neonatal adverse occurrence	1	3	1	2	4	1	3		5	2		5	27
Infection Prevention & Control	3			2			3	3	2				13
Admission / Transfer / Discharge	3					1	1	5	3	3			16
Treatment, Procedure	1		3	1		2				1	1		9
Patient/Service user death			2		1	1		1	1	1	1	1	9
Clinical Assessment, clinical diagnosis	2	1							2		2		7
Medication	1												1
Slip, Trip or Fall		1		1									2
Equipment/Devices								1					1
Monitoring/Observations													0
Communication			1										1
Diagnostic							1						1
Transport					1								1
Grand Total	14	13	13	12	8	9	13	13	20	13	19	9	156



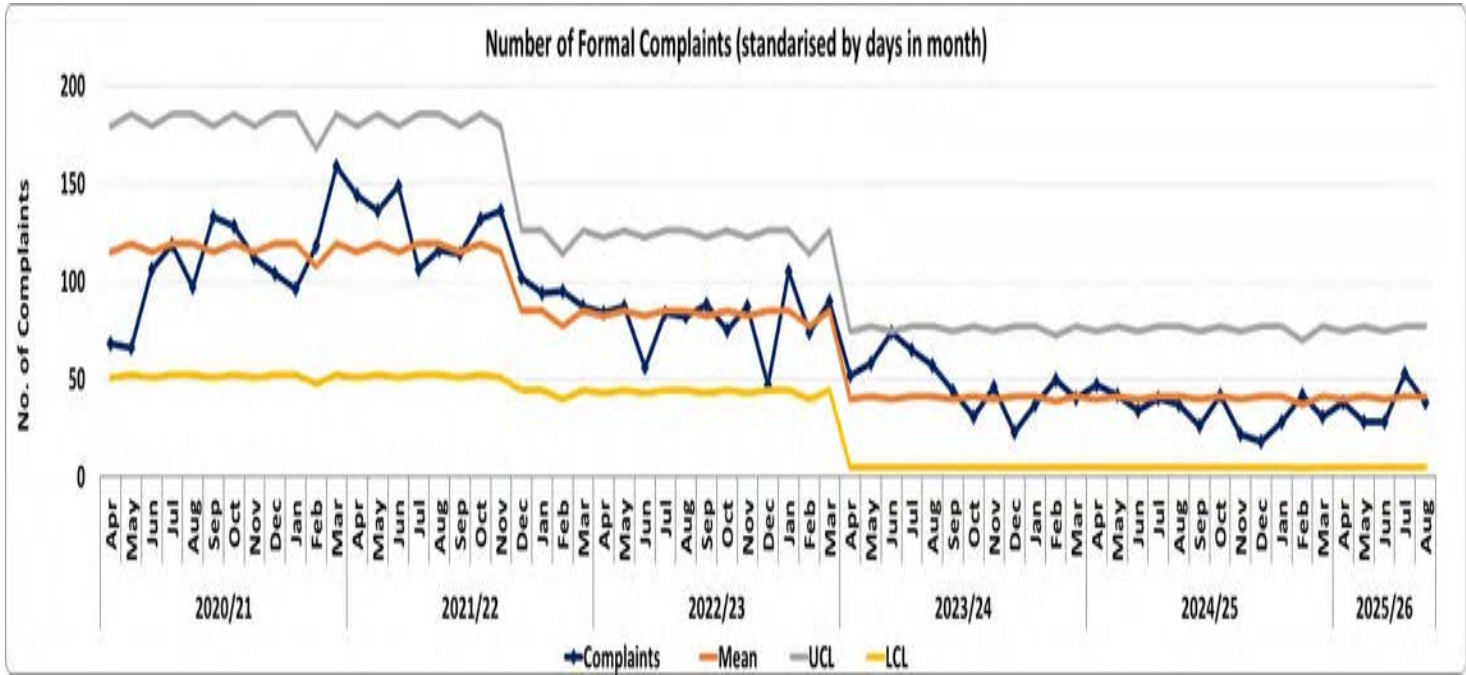
How do we compare with our peers?



Status as at July 2025		
Health Board	Compliance	Rank
BCU	1	1st
SB	3	2nd
CTM	10	3rd
Powys	10	3rd
AB	11	5th
C&V	16	6th
HDda	22	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – August 2025 - 38 Formal Complaints

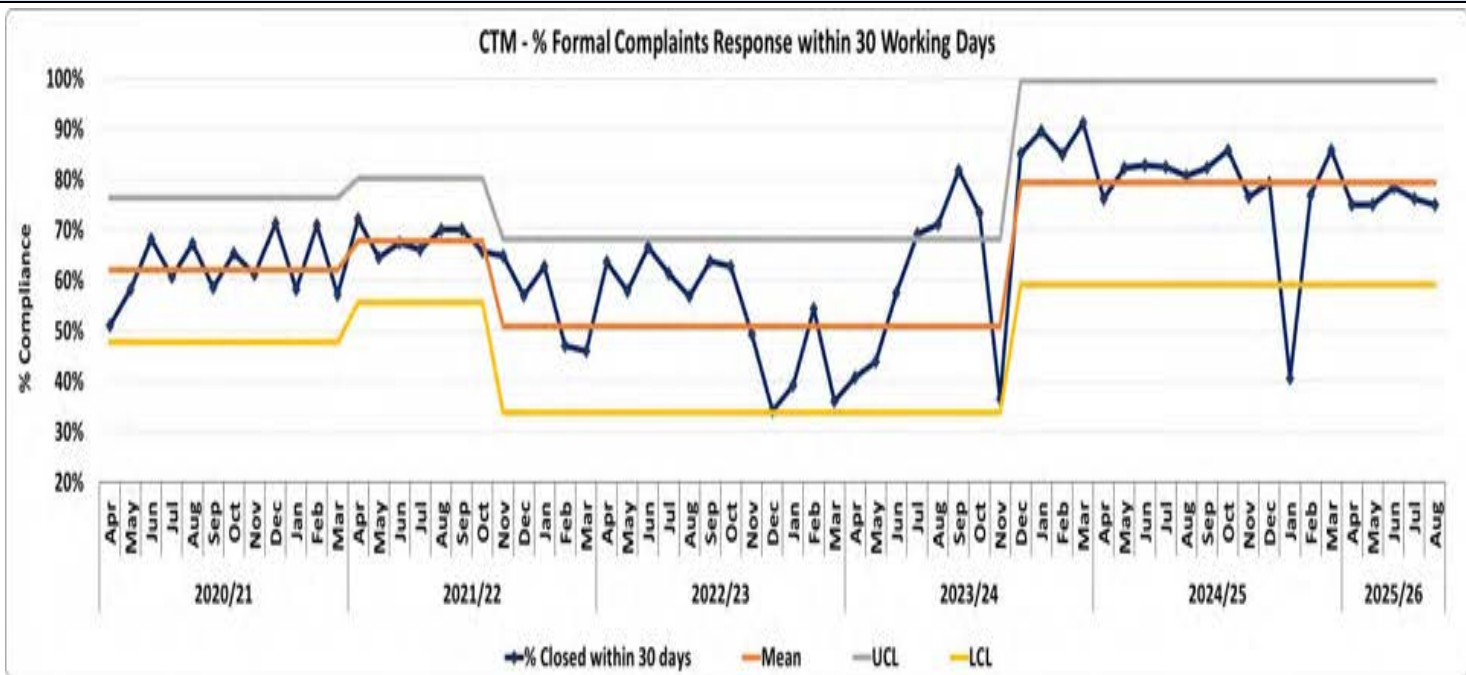


During August, 38 formal complaints were received within the organisation and managed in line with the ‘Putting Things Right’ regulations.

During the past 12 months, 424 formal complaints have been received by the HB with the vast majority (72%) relating to clinical treatment/assessment. The top five themes during the past year are displayed in the table below:

Top Five - Main Themes from Complaints during the last 12 month period	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Total
Clinical Treatment/Assessment	23	24	15	18	24	32	26	31	21	22	40	30	306
Discharge Issues	2	7	1	0	2	1	1	0	0	3	2	2	21
Communication Issues (including Language)	2	4	1	1	1	2	0	0	3	0	1	2	17
Patient Care	0	2	3	0	3	2	1	3	0	1	0	0	15
Medication	0	3	1	0	2	0	0	1	2	0	1	2	12

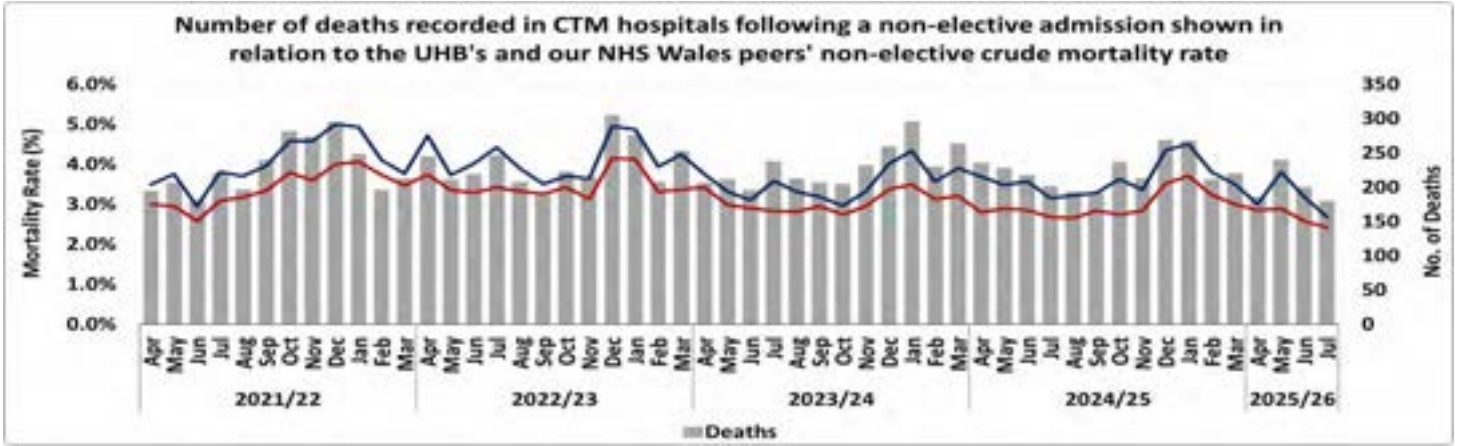
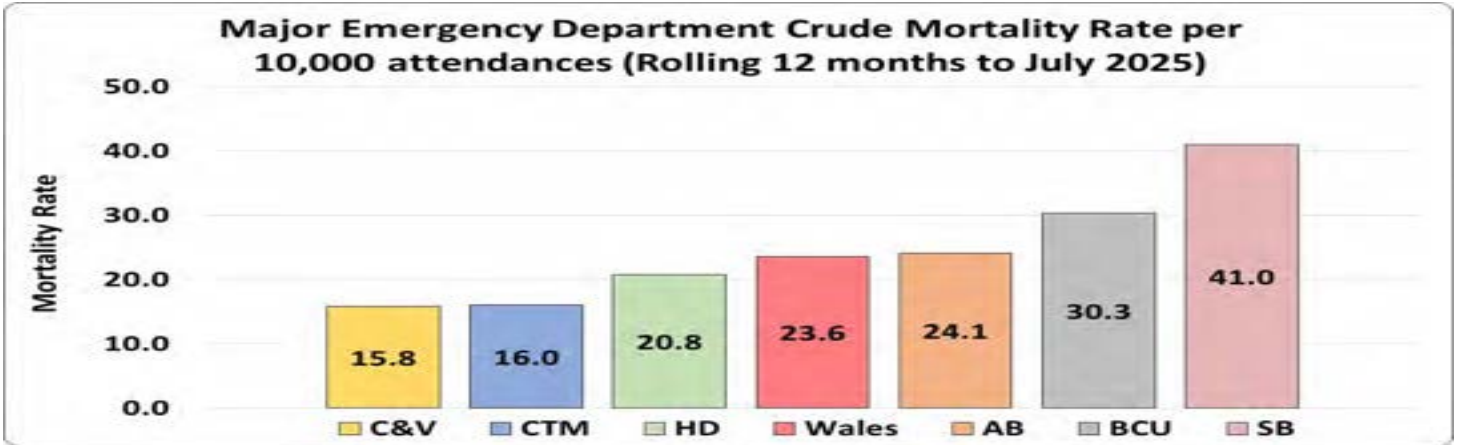
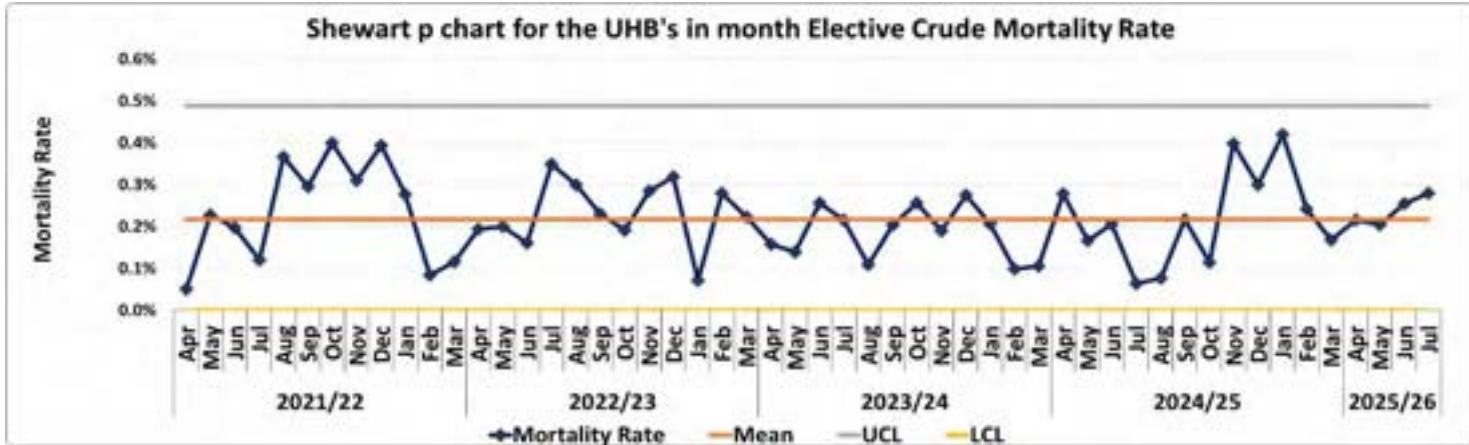
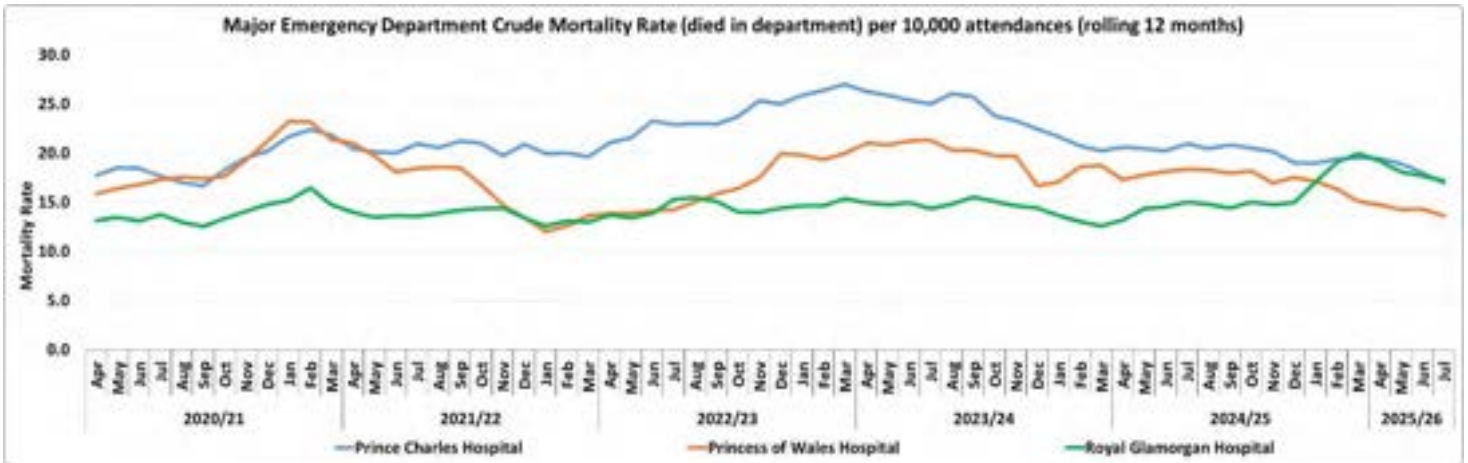
% formal complaints response within 30 working days – August 2025 – 75.0 %



During August, compliance for formal complaints responded to within 30 working days was 75%, falling below the current mean of 79.3% but resting on the set target of 75%.

As at 3rd September 2025, the Health Board had 64 open formal complaints. Of these, 13 complaints were open over 30 working days which represents an improvement from the position at the beginning of July. Focused work continues to be undertaken to improve the efficiency of the Health Board’s concerns triage process to ensure a timely response.

CTMUHB Focus on Crude Hospital Mortality Rates to July 2025



The observed increase in the growth of rate over the winter months is expected and in line with both previous years and our peers, as seen in the chart above.

The various mortality indicators used by the Health Board are also influenced by the changes in clinical practice. With more patients now being admitted following a presentation to the Emergency Department we are observing a lower ED crude mortality rate, but a higher inpatient crude mortality rate.

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 reports 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/>).

A digital solution to improve the efficiency and effectiveness of the mortality review process has been implemented and has been in operation since the start of 2024.

Finance Update – Month 05

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

3. Key Risks / Matters for Escalation

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The key risks for the **Quality** quadrant are:
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work continues to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.

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))	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Effective
	Efficient, Equitable, Person Centred, Timely, Safe

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

5. Recommendation

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

2025-26 Finance Report

Month 5

Summary

Situation	Background
This Finance report outlines our financial performance for Month 5 (i.e. the period to 31st August 2025). This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 5 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 25/26 was submitted to Welsh Government (WG) at the end of March 2025. This plan showed a breakeven position with a net risk to the plan of £41.8m. This plan has subsequently been approved by WG. As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2023/24 & 2024/25), delivering the breakeven plan in 2025/26 would allow the Health Board to meet its financial duties.

Assessment	Recommendation
Overall Revenue position - 2025/26: • The M5 position reported a £0.1m deficit against our plan. • The current year forecast break-even position has been maintained at M5. • The risks to the breakeven forecast are significant (M5: £13.7m), there remain a number of risks and opportunities that may impact the breakeven forecast and these are summarised on Page 19. Recurrent Revenue position: • The submitted IMTP for 2025/26 planed for an underlying recurrent surplus of £1.7m by the end of 2025/26. • As at M5 we are reporting a forecast underlying deficit at the end of 2025/26 of £4.2m. This deterioration in the recurrent deficit reflects lower than anticipated allocations for 24/25 pay awards and 25/26 national insurance changes. Cashflow: • The cash balance at the end of M5 was £7.0m. Capital Position: • The capital resource limit is currently £87.5m and the forecast is to achieve a breakeven position.	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 31st August 2025.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7-8	YTD Performance & Forecast
9	Forecast Underlying Position
10	Non Delegated Reserves
11-13	Pay Expenditure Trends
14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risks & Opportunities
20	Capital Expenditure – Available M2
	Statement of Financial Position – Available M3
21	Cash Flow forecast - Available M2
	Public Sector Payment Policy Compliance – Available M3

Overall Revenue Position

- The M5 position reported a deficit of £0.1m with a year to date deficit of £6.3m.
- The forecast current year break-even position has been maintained at M5.
- The forecast recurrent position has been retained at £4.2m deficit at M5.
- The net opportunities/risks to the forecast break even position have improved at M5 but remain significant at £13.7m (IMTP: £41.8m) which are summarised on Page 19.

Savings Position

- Actual savings in M5 was £1.4m which was £1.5m below the M5 target of £2.6m.
- The M5 forecast In year savings is £22.4m, which is £8.9m below the £31.3m target.
- The M5 forecast Recurrent savings is £26.2m, which is £5.1m below the £31.3m target

Cash

- The cash balance at the end of M05 was £7.0m, this is slightly above our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a balance of £2.0m.

Capital

- The Capital Resource Limit for 2025-26 of £87.5m was issued on the 2nd September 2025.
- Expenditure to M5 amounted to £31m.
- The outturn capital position is breakeven.

Summary Income & Expenditure Account



	M5 Actual	M5 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(131.1)	(628.9)	(1540.8)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.2)
03. Welsh NHS Local Health Boards & Trusts Income	(6.0)	(29.6)	(76.6)
04. WHSSC Income	(1.1)	(5.9)	(13.1)
05. Welsh Government Income (Non RRL)	(0.0)	(0.2)	(0.3)
06. Other Income	(4.0)	(20.8)	(49.3)
Total Allocations & Income	(142.4)	(685.3)	(1680.2)
08. Primary Care Contractor	14.3	69.6	167.7
09. Primary Care - Drugs & Appliances	8.9	44.7	107.7
10. Provided Services - Pay	71.1	318.7	768.4
11. Provider Services - Non Pay	10.4	50.2	121.1
12. Secondary Care - Drugs	4.7	25.0	61.7
13. Healthcare Services Provided by Other NHS Bodies	24.5	121.6	302.0
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	2.9	29.2	80.0
16. Other Private & Voluntary Sector	1.0	5.8	12.1
17. Joint Financing and Other	1.4	7.0	17.0
18. Losses Special Payments and Irrecoverable Debts	0.4	2.1	3.6
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	17.6	38.4
23. AME Donated Depreciation\Impairments	0.0	0.2	0.5
25. Profit\Loss Disposal of Assets	(0.0)	(0.0)	(0.0)
Total Expenditure	142.4	691.7	1680.2
Grand total	(0.1)	(6.3)	0.0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M5 year to date position is reporting a deficit of £6.3m.
- We are currently forecasting a year end break-even position.
- With the exception of DEL Depreciation there are no material changes to future expenditure levels compared to the year to date average monthly expenditure.



Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0
Month 4	1.5	6.3	0.0
Month 5	0.1	6.3	0.0

Key Points:

- The M5 YTD overspend of £6.3m includes a £7.0m shortfall in savings.
- Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated), the YTD position has recognised a £0.7m adverse impact.
- Following confirmation of lower than anticipated allocations for the 25/26 national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £0.9m adverse impact.
- During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision of £1m having to be recognised, at M4 the YTD position has recognised £0.4m of this adverse impact.
- During M5 the Health Board has confirmed an accountancy gain of £4m which has been recognised.
- Further details of the key drivers for the YTD are provided overleaf.



Key Points:

- The M5 position is reporting a £6.3m deficit (Overspend) against the plan, of which £6.9m relates to delegated budgets with a £0.6m surplus position within non delegated budgets and reserves.
- The Main driver of the deficit position is the £7.0m shortfall in savings delivery compared to the straight-line target of £13.0m.
- During M5 an accountancy gain of £4.0m has been confirmed and recognised in M5.
- There remains a requirement of £5.2m of mitigating actions to achieve our break even forecast. During M5 an executive review of plans has identified actions to release £1.7m of plans leaving £3.5m to be identified.
- This £3.5m of mitigating actions yet to be identified is mainly attributed to lower than anticipated allocations for the 24/25 pay award and 25/26 national insurance changes
- A separate Finance Performance report has been prepared which sets out the Delegated financial performance of the individual Care Groups and directorates as at Month 5 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.

Forecast Underlying Position



Underlying Position	Plan £m	Delegated Recurrent @ M5	Non Delegated Recurrent @ M5 £m	Total Recurrent @ M5 £m	Total Recurrent @ M4 £m	IMTP Recurrent £m
Initial Financial Plan	(1.7)	0.0	(1.7)	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	3.1	2.0	5.1	9.8	0.0
Operational Variances	0.0	3.2	(3.5)	(0.3)	0.0	0.0
Financial Plan Variances	0.0	0.0	(1.7)	(1.7)	0.0	0.0
Additional Financial Allocations	0.0	0.0	5.9	5.9	5.9	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	(3.1)	(3.1)	(9.8)	0.0
Grand Total	(1.7)	6.3	(2.1)	4.2	4.2	(1.7)

Key Points:

- The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 planed for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.
- The latest savings returns have indicated recurrent savings of £26.2m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £5.1m. At M4 we are anticipating this shortfall will be met by year end through £9.8m of further mitigating actions.
- The recurrent adverse impact of lower than anticipated allocations for 24/25 pay awards and 25/26 national insurance changes is £5.9m
- As at M5 the underlying position has been retained at recurrent deficit of £4.2m (£4.2m surplus at M4).



Non Delegated Reserves



Reserves	Plan £m	Issued @ M5	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(3.7)	(0.4)	1.2	(0.8)	(0.8)
Brought Forward Planned Care	11.9	(9.9)	2.0	(2.0)	0.0	0.0
Recurrent Investment Plans	6.3	(2.0)	4.3	(4.3)	0.0	0.0
Non Recurrent Investment Plans	1.0	0.2	1.2	(0.7)	(0.5)	0.0
Cost Pressures – Inflation	3.8	(1.9)	1.9	(1.2)	(0.7)	1.4
Cost Pressures – Growth/Demand	3.2	(1.1)	2.1	(2.0)	(0.1)	(0.1)
Cost Pressures – POW Non Rec	10.0	(7.9)	2.1	(2.1)	0.0	0.0
Savings Target yet to be identified	(9.6)	5.5	(4.1)	4.1	0	0
Planned Deficit/Surplus	0.0	1.4	1.4	0.0	(1.4)	(3.1)
Grand Total	29.8	(19.4)	10.4	(7.0)	(3.5)	(2.6)

Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M5 £24.9m has been issued with £14.5m remaining. As at M5, there has been £3.5m of favourable variances forecast for the year end.
- The Savings target of £31.3m identified £21.7m to be issued to Delegated budgets with the remaining £9.6m to be issued as central executive led programmes to be identified as opportunities for the care groups/directorates to deliver. As at M5 £5.5m has been issued to recognise Primary Care Prescribing Cat M savings and Energy Savings, with a further £2.5m identified to be actioned and £1.6m remaining to be identified.

Pay Expenditure Trends

Staff Group	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m	Jul-25 £'m	Aug-25 £'m
Administrative & Clerical	8.4	8.3	8.4	8.4	9.7
Medical And Dental	17.2	17.4	17.0	17.3	19.9
Nursing And Midwifery Registered	19.7	19.6	19.6	19.6	22.8
Add Prof Scientific And Technical	2.0	1.9	2.0	1.9	2.3
Additional Clinical Services	8.4	8.3	8.2	8.3	9.0
Allied Health Professionals	4.0	4.0	4.0	4.0	4.6
Healthcare Scientists	1.1	1.1	1.1	1.2	1.3
Estates And Ancillary	3.6	3.7	3.7	3.7	3.8
Students	.0	.0	.0	.0	.0
Grand Total	64.3	64.5	64.1	64.3	73.5

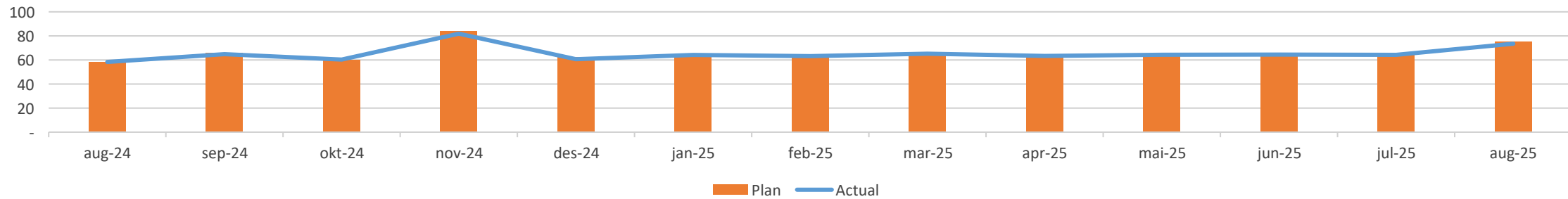
Spend category	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m	Jul-25 £'m	Aug-25 £'m
Core	56.5	56.6	55.9	56.8	66.1
Agency	2.8	2.5	3.0	2.2	2.2
Overtime	1.6	1.7	1.8	1.6	1.8
ADH	1.9	1.9	1.8	1.5	1.5
Bank	1.6	1.5	1.4	1.5	1.7
WLI	0.0	0.3	0.2	0.7	0.2
Grand Total	64.3	64.5	64.1	64.3	73.5

Key Points:

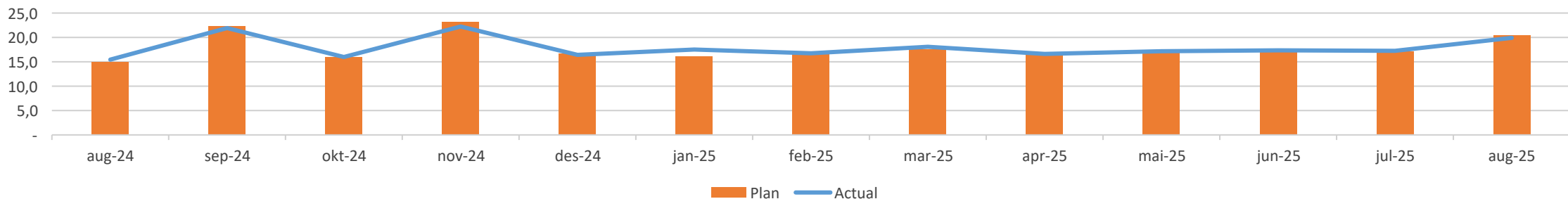
- Total pay expenditure in M5 was £73.5m. This is a increase of £9.2m compared to M4. M5 included the 25/26 pay award which included arrears of circa £9.8m.
- When compared with the M4 actual, the following variable pay movements occurred:
 - Increase in Core costs of £9.3m
 - Increase in Overtime costs of £0.2m
 - Increase in Bank of £0.2m
 - Decrease in WLI of £0.5m

Pay Expenditure Trends

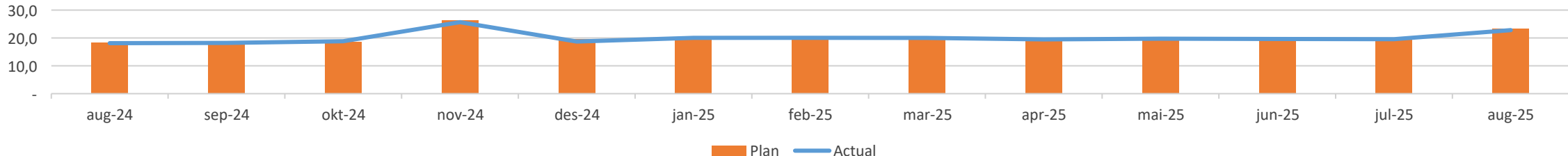
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



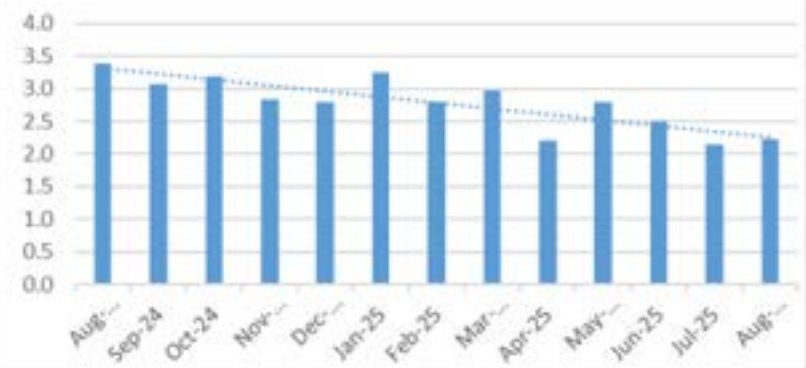
Nursing & Midwifery Pay Expenditure Trend (£'m)



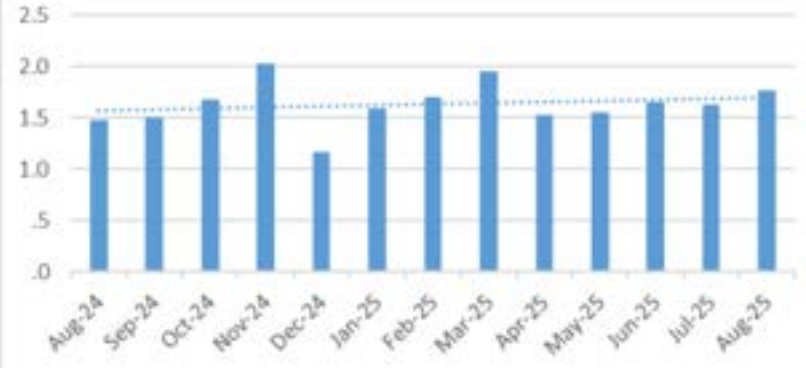
Variable Pay Expenditure Trends



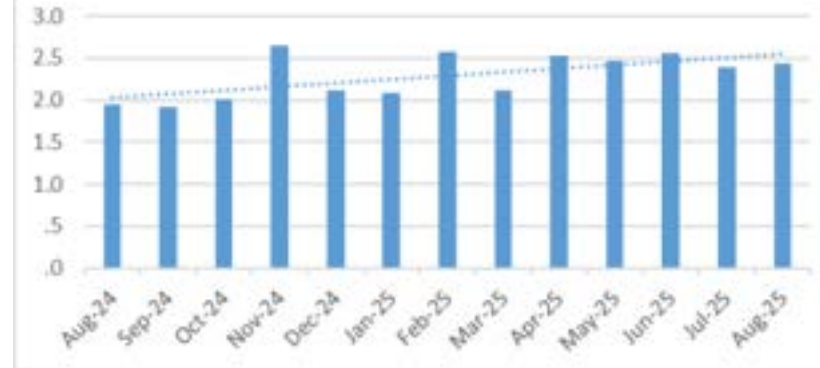
Total Agency Expenditure (£'m)



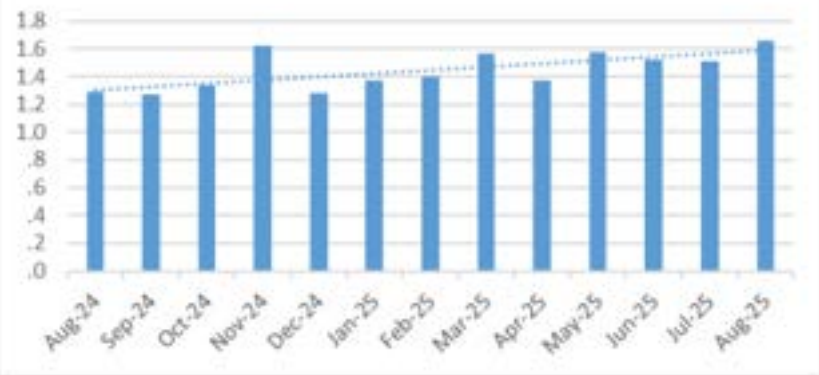
Total Overtime (£'m)



Core Enhancements Expenditure (£'m)



Total Bank Expenditure (£'m)



Total ADH (£'m)



Key Points :

- Agency spend – No material change but overall a downward trend.
- Overtime payments- M5 spend increased compared to M4 by £0.2m and an increasing trend.
- Core enhancements – M4 has slightly increased compared to M4, with an increasing trend.
- Bank – Ha increased in M5 with an increasing trend.
- ADH spend – No material change but overall a downward trend.

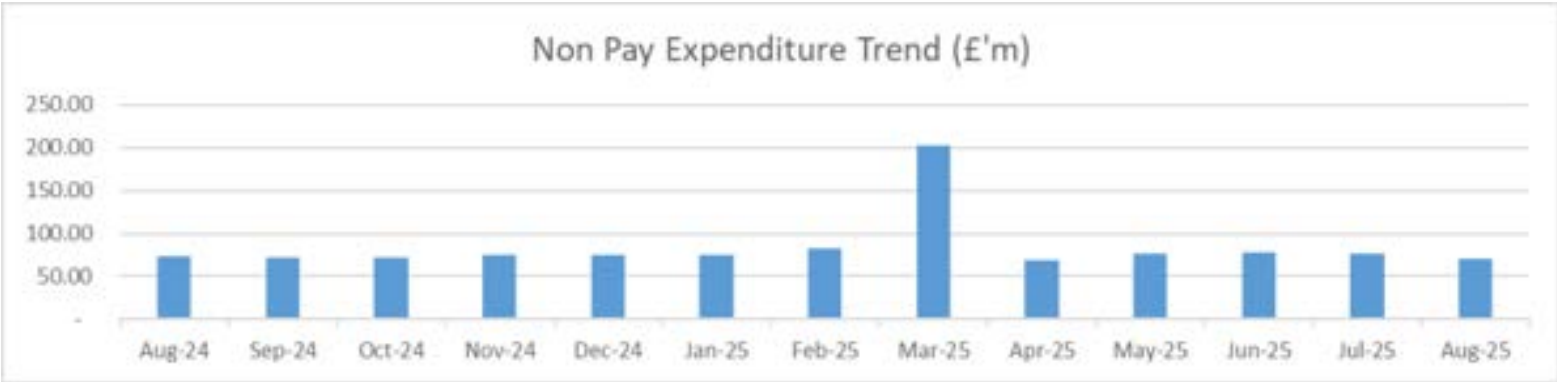


Non Pay Expenditure Trends

Non Pay Group	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m	Jul-25 £'m	Aug-25 £'m
Primary Care Contractors	12.7	13.1	12.9	13.2	13.2
Primary Care Drugs	9.1	8.8	9.0	8.7	8.9
Provider Non Pay	8.4	10.3	9.6	10.6	10.4
Secondary Care Drugs	5.2	5.1	5.0	5.3	4.7
Healthcare Commissioning	25.0	24.1	24.1	24.7	24.5
CHC & FNC	7.2	6.9	7.0	7.0	3.3
Other	9.4	9.1	6.6	7.1	5.7
Total Expenditure	76.9	77.4	74.2	76.7	70.6

Key Points:

- The total spend in M5 of £70.6m was £6.1m lower than M4. The main movements were:
 - Decrease CHC/FNC of £3.7m which includes the benefit of a £4.0m accountancy gain.
 - Decrease of secondary care drugs of £0.6m – Lower than anticipated NICE/HCD growth.
 - Decrease Other of £1.4m – Improvement in losses and special payments of £0.7m after M4 adjustment for a new case (circa £1m). Improvement of a further £0.7m in depreciation charges.



Income Trends

Income Group	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m	Jul-25 £'m	Aug-25 £'m
Welsh NHS Income	5.5	6.0	5.8	6.1	6.0
JCC Income	1.1	1.2	1.1	1.3	1.1
Primary Care Contractor Income	1.1	1.1	1.1	1.2	1.1
CHC Income	0.7	0.6	0.6	0.7	0.7
Other Income	4.3	4.1	4.1	4.3	4.1
Total Income	12.7	13.2	12.8	13.6	13.1

- Key Points:**
- The total Income in M5 of £13.6m is £0.5m lower than M4.
 - There are no material changes across any individual categories.



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,340.4	31.2	26.5	89.4	1,487.5
Anticipated Allocations:					
Pay award funding 25/26	28.6				28.6
POW Roof	10.0				10.0
Capital	4.9				4.9
Outpatient National Programme	2.7				2.7
Exceptional RLW Social Care 22/23	2.6				2.6
WG Funded Medical Trainees	1.9				1.9
Same Day Urgent Care	1.4				1.4
Planned Care Outpatient Support 25/26	1.4				1.4
Discovering a Digital Solution	1.0				1.0
AHW – Early Prevention Years	0.9				0.9
NWSSP Risk Pool Contribution Risk Share	(5.5)				(5.5)
Other	3.6				3.6
Total Allocations	1,393.7	31.2	26.5	89.4	1,540.8

Key Points:

- As at M5 the confirmed Revenue Resource Limit (RRL) allocation was £1,487.5m.
- We are anticipating a further £53.3m of funding.
- The Risks & Opportunities table on page 19 indicates a number of risks in respect to anticipated allocations yet to be confirmed.

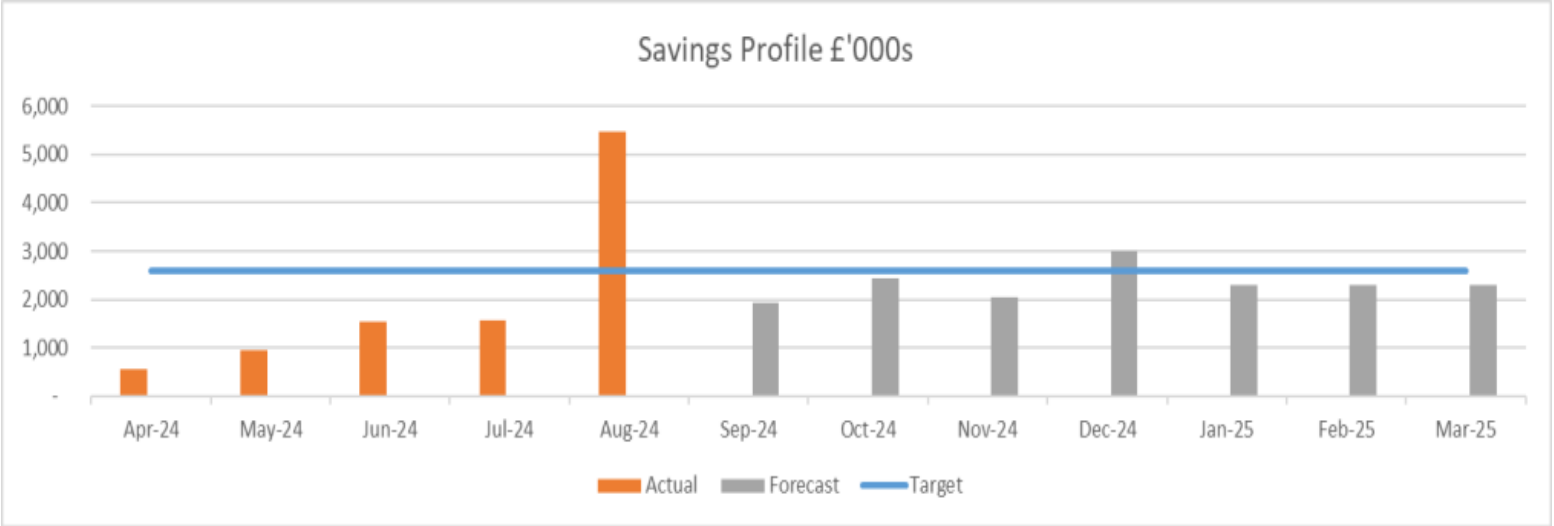


Income Assumptions - NHS

	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	24.5	(4.1)	20.5
Aneurin Bevan University	17.8	1.5	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	18.4	(1.2)	17.2
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.3	0.9
Powys	5.1	2.9	8.1
Public Health Wales	1.2	3.7	4.9
Velindre	0.0	9.3	9.3
DHCW	1.8	0.2	2.0
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.2	0.4	12.5
HEIW	0.0	19.1	19.1
NHS Wales Executive	0.0	0.0	0.0
Total	81.5	32.6	114.1

- Key Points :**
- Income assumptions have been agreed with the corresponding organisations.
 - All LTAs have been agreed with both commissioners and providers.

	Month 5			Month 4		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M5	13.0	31.3	31.3	10.4	31.3	31.3
Actual and Forecast Savings	(6.0)	(22.4)	(26.2)	(4.6)	(18.6)	(21.5)
Total	7.0	8.9	5.1	5.8	12.7	9.8



- Key Points:**
- The M5 YTD savings is reporting £6.0m of identified savings, which is £7.0m below the YTD target of £13.0m.
 - The forecast In year savings of £22.4m is £8.9m below the £31.3m target.
 - The M5 forecast Recurrent savings of £26.2m is £5.1m below the £31.3m target.
 - It is crucial that the level of savings achievement increases significantly if the Health Board is to meet its forecast both in year and recurrently.

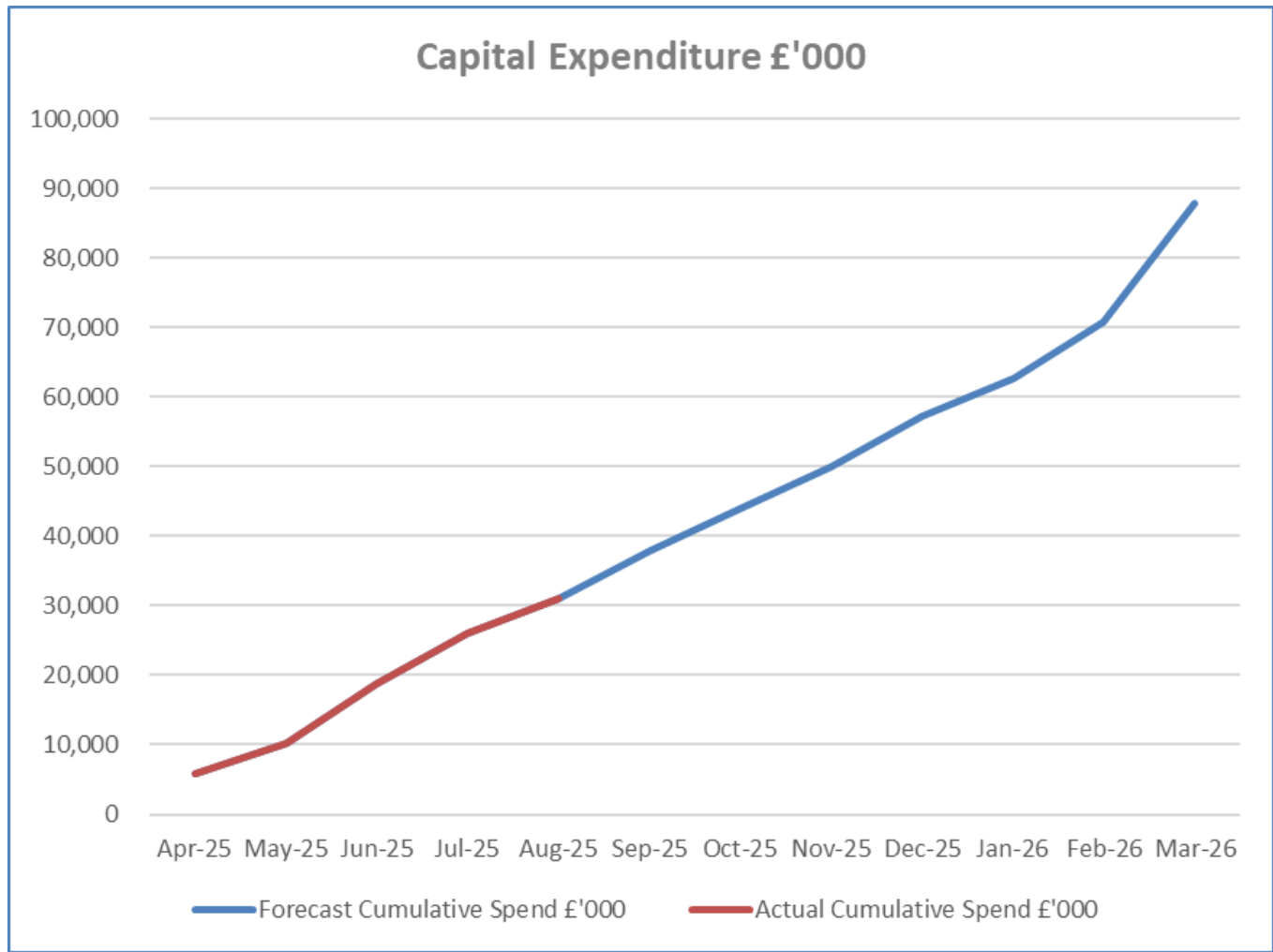
Risks & Opportunities

	M5 £m	M4 £m	Comment
Funding risks:			
Risk of the 2025/26 pay award not being fully funded – WG funding principles risk	1.5	1.5	Further clarification needed on funding assumptions for 25/26
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	0.0	6.5	Verbal confirmation received of intention to support.
POW Critical Incident – On going impact of temporary arrangements not supported by WG funding	0.0	3.5	
Other risks:			
Delivery Risk on Identified Savings Plans	0.3	0.1	Table C3
Delivery Risk on Mitigating Actions yet to be identified	3.5	9.4	
Delegated Risk Assessments – High Risk	2	2	Revised assessment
Delegated Risk Assessments – Medium Risk	0.6	0.6	Revised assessment
WRP Forecast Risk Share	5.5	5.5	NWSSP estimate @ M4
NWJCC Risks not included in Forecast	0.8	0.8	NWJCC risks @M5
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	14.2	29.9	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective VAT recoveries – Microsoft contract	Tbc	(2.9)	DHCW indicating HMRC challenge.
Further VAT opportunities in 25/26	Tbc	Tbc	
Primary Care Prescribing Growth lower than plan	Tbc	Tbc	Only 3 months data received, awaiting Q2 data.
Internal NICE costs lower than plan	Tbc	Tbc	To be reviewed at M6.
JCC Opportunities	(0.5)	0.0	NWJCC opportunities @M5
Total Opportunities	(0.5)	(2.9)	
Net Risk	13.7	27.0	

Key Points:

- As at M5 we have material risks to the forecast, amounting to £14.2m.
- Of these risks £1.5m relate to anticipated allocation risks where WG are yet to confirm the funding for 2025/26.
- There is a small number of potential opportunities that can help mitigate the identified risks by £0.5m.

Capital Expenditure



- Key Points:**
- The latest Capital Resource Limit (CRL) for 2025-26 of £87.5m was issued on the 2nd September 2025
 - Expenditure to M5 was £31.0m.
 - The outturn capital position is balanced against the CRL target.

Statement of Financial Position



Balance Sheet	Closing Balance as at M04 £'000	Closing Balance as at M05 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	698,291	700,316	700,316
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
Total Non-Current Assets	794,548	796,573	796,573
Current Assets			
Inventories	7,352	7,306	7,306
Trade and Other Receivables	117,300	112,225	112,225
Cash and Cash Equivalents	6,448	6,990	2,000
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	131,100	126,521	121,531
Current Liabilities			
Trade and Other Payables	190,924	190,924	186,924
Provisions	44,210	44,210	44,210
Total Current Liabilities	235,134	235,134	231,134
Non-Current Liabilities			
Trade and Other Payables	27,198	19,318	19,318
Provisions	99,031	84,545	84,545
Total Non-Current Liabilities	126,229	103,863	103,863
TOTAL ASSETS EMPLOYED	564,285	584,097	583,107
Financed By:			
General Fund	463,443	483,256	482,266
Revaluation Reserve	100,841	100,841	100,841
TOTAL	564,284	584,097	583,107

Key Points :

The main changes in the balance sheet figures from M4 to M5 include the following::

- Provisions have decreased by £14m since M4. £10m of the decrease is due to final settlement of cases within the Clinical negligence provision. A further £4m of the decrease is due to a reduction in the level of provision required for clinical negligence cases, for which there is a corresponding decrease in the debtor due from the Welsh Risk Pool.
- Trade and Other Receivables have decreased by £5.1m. £4m is due to the reduction in the debtor from the Welsh Risk Pool as detailed above. The £10m Clinical Negligence settlement payments made by CTM are still due from the Welsh Risk Pool. CTM are expecting reimbursement this financial year. £1.8m of the decrease in receivables is due to a reduction in the VAT debtor, the M4 figure was higher than usual as it was the final return where VAT could be reclaimed for the 2024/25 financial year.
- Trade and Other payables have reduced by £7.9m since M4. This is due to a decrease in trade payables.



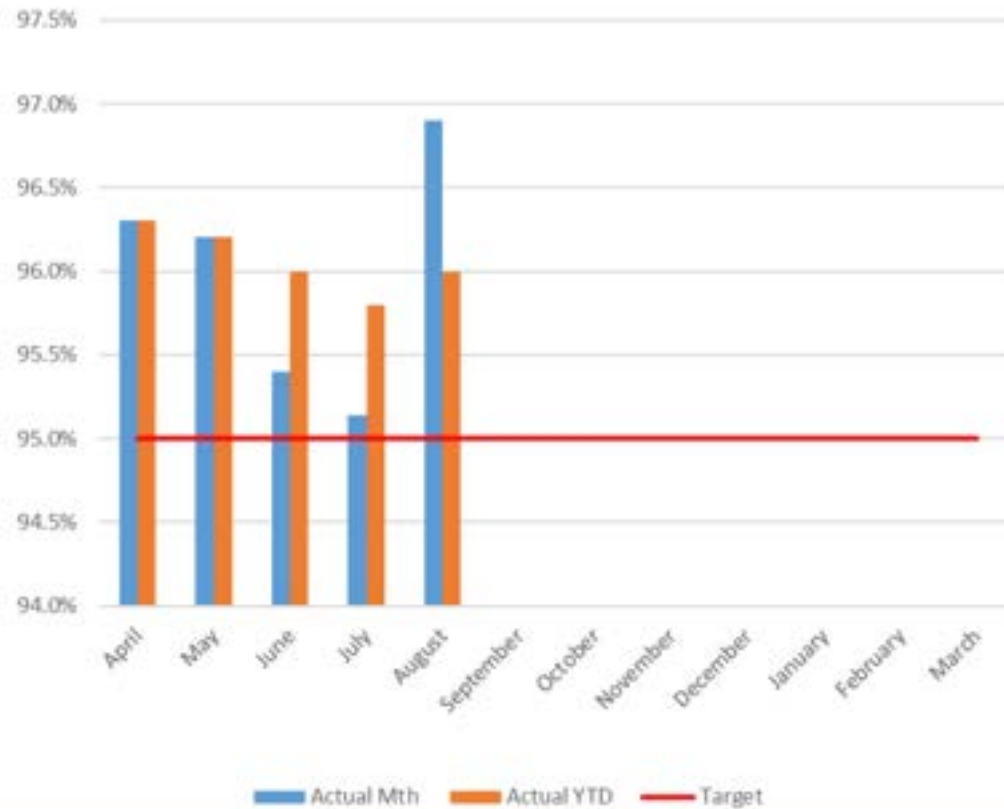
Cash Flow Forecast

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	125,821	129,267	109,434	135,697	144,727	123,300	132,658	114,900	121,900	125,900	124,900	123,918	1,512,422
WG Capital Funding	11,000	5,000	4,700	5,100	6,600	5,600	6,100	5,700	5,500	5,900	7,500	21,446	90,146
Sale of Assets	0	0	0	0	11	0	0	0	0	0	0	0	11
Welsh NHS Org'ns	11,825	12,178	12,971	9,690	10,199	12,000	12,000	12,000	27,000	12,000	12,000	12,000	155,863
Other	5,152	8,326	2,908	2,147	4,511	6,000	6,000	6,000	6,000	6,000	6,000	6,000	65,044
Total Receipts	153,798	154,771	130,013	152,634	166,048	146,900	156,758	138,600	160,400	149,800	150,400	163,364	1,823,486
Payments													
Primary Care Services	20,053	30,973	11,632	18,986	19,660	20,683	30,399	8,649	32,405	20,753	20,342	9,907	244,442
Salaries and Wages	55,847	62,858	62,476	63,219	67,868	68,000	66,000	66,000	66,000	66,000	66,000	66,000	776,268
Non Pay Expenditure	66,690	54,927	52,665	60,239	69,891	57,000	57,000	57,000	57,000	57,000	57,000	69,238	715,650
Capital Payments	8,289	8,474	6,383	6,282	8,087	5,190	5,392	5,679	5,446	5,910	7,545	17,674	90,351
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	150,879	157,232	133,156	148,726	165,506	150,873	158,791	137,328	160,851	149,663	150,887	162,819	1,826,711
Net Cash In/Out	2,919	(2,461)	(3,143)	3,908	542	(3,973)	(2,033)	1,272	(451)	137	(487)	545	
Balance B/F	5,225	8,144	5,683	2,540	6,448	6,990	3,017	984	2,256	1,805	1,942	1,455	
Balance C/F	8,144	5,683	2,540	6,448	6,990	3,017	984	2,256	1,805	1,942	1,455	2,000	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M05 was £7.0m, this is slightly above the target balance.
- The current cash flow forecast is showing a balance of £2m at year end, this is to provide a small buffer at end of period.

30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in August was 96.9%
- The cumulative percentage year to date is 96.0%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.



Agenda Item

8.1

CTM Health Board

Llantrisant Health Park – Outline Business Case

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Rosie Cavill Programme Infrastructure Director LHP Programme Team
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gethin Hughes Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
LHP Programme Board	28/08/2025	Endorsement
Executive Leadership Board	01/09/2025	Endorsement

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board

CDH	Community Diagnostic Hub
CAVUHB	Cardiff and Vale University Health Board
CT	Computed tomography
CTMUHB	Cwm Taf Morgannwg University Health Board
FBC	Full Business Case
HEIW	Health Education and Improvement Wales
ISP	Independent Service Provider
LHP	Llantrisant Health Park
MRI	Magnetic resonance imaging
NOUS	Non obstetric ultrasound
OBC	Outline Business Case
WG	Welsh Government

1. Situation / Background

1.1 In December 2022, CTMUHB submitted a successful business case to WG to purchase the former British Airways Avionics Engineering site at Llantrisant, with the purchase of the site completing in February 2023.

1.2 The vision for the LHP site is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards.

LHP will also act as an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, "Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales" (April 2022).

1.3 The project is being led by the LHP Project Team at CTM in partnership with ABUHB and CAVUHB. Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability.

1.4 The development of LHP will be undertaken via a phased approach which has been supported by WG. Phase 1 is the development of a CDH and supporting site wide infrastructure. Phase 2 will include a high volume, low complexity orthopaedic inpatient unit. The final Phase, 3, will include a multi-modality day surgery unit. This OBC specifically refers to Phase 1.

2. Specific Matters for Consideration

2.1 The purpose of the Phase 1 LHP OBC is to outline key objectives, current plans for investment and to seek approval for funding from Welsh Government to proceed to full FBC for the CDH element of the LHP. This OBC supports the improvement of regional access to regional Community Diagnostic services including Radiology (CTMUHB only) and Endoscopy (regional).

2.2 The OBC requests £2.177M capital funding from WG which will fund the case to develop the FBC which is proposed to be approved at November Boards. This will then be submitted to WG for approval in January 2026. The funding request will cover costs up to the proposed start on site date at end February 2026 (subject to approvals).

2.3 The attached OBC sets out the strategic, economic, commercial and financial case for the development. This document is in final draft form on submission as this will only be formalised on Board approvals.

- 2.4 The CDH proposal incorporates:
- Imaging capacity – The infrastructure includes capacity for up to 2 MRI, 2 CT, 3 NOUS and can accommodate 1 plain film X Ray room
 - Endoscopy capacity – 6 rooms provided for elective and screening services to increase capacity across the region as well as rooms that can be used for training
 - Training capacity - working with HEIW, the scheme offers a diagnostic training academy space which links into existing endoscopy suites and provides a base for the endoscopy training academy as well as resources and facilities to support the wider diagnostic training facilities.
- 2.5 The Phase 1 LHP OBC also includes the development of the wider site infrastructure requirements. This will mitigate the impact on the CDH once operational in regards to later phases of construction (Phases 2 and 3).
- 2.6 The CDH will be built by CTM using WG capital funding however the proposal is for an appointed independent Service Provider to equip and run the endoscopy, CT, MRI and NOUS services. This procurement process is ongoing and has reached the final tender stage with an open tender issued to the market in August 2025. The ISP will be confirmed prior to completion of the FBC, and the contract will be awarded following FBC approval and agreement of contracts with health board partners.
- 2.7 WG agreed an early submission of the Phase 1 LHP OBC prior to Board approval to enable scrutiny of the OBC to commence without a delay to overall programme timelines. This is critical in delivering a completed FBC submission to Welsh Government in December 2025 (following November Board approval).
- 2.8 The Phase 1 LHP OBC is being presented to CTMUHB Board for approval. As this is a regional partnership development, the OBC will also be presented to the Boards of ABUHB and CAVUHB on the 24th and 25th of September. It is important to note that the OBC is going to ABUHB and CAVUHB Boards for information, not approval. This is because the CDH contract will be held by CTMUHB and the other two health boards will commission activity from this contract and will not be contract holders, but it is critical that they support the development.

3. Key Risks / Matters for Escalation

- 3.1 The strategic case describes the current location and service provision for the key diagnostic services. It illustrates the current business need for investment in the key services by considering waiting times and demand growth for imaging services. For endoscopy services the case is based on the outcomes from the National Endoscopy Programme work and recent regional planning works.
- 3.2 The case focuses on the capital and revenue impacts of the LHP investment only. Regional planning works indicate that to meet levels of demand

- additional services will need to be commissioned in all regions. The resource impact of these services will be subject to separate proposals.
- 3.3 The OBC contains a full economic appraisal on the service delivery options only. The site and physical infrastructure elements have already been determined. The case illustrates that the provision of services by an ISP who also equips the unit offers the best value for money over all other options
- 3.4 A full benefits register has been developed which identifies a range of benefits deriving from the increased capacity and improved access to critical diagnostics alongside workforce and physical infrastructure benefits.
- 3.5 The key risks are set out in section 4.3 in the attached OBC.
- 3.6 The key risk currently is the non-approval of the OBC by WG. To mitigate this risk, a thorough approach is being taken to the development of the OBC, supported by robust governance arrangements.
- 3.7 The finance case sets the forecast capital and revenue implications of the case. To date funding of £18.1M has been received to develop the LHP Programme, which includes costs for the site purchase and fees to develop the design on the whole site up to the end of June 2025.
- 3.8 Further funding of £91.9M will be required to take this phase through to completion of the works. Of this sum £2.177M is immediately requested to take the scheme to completion of FBC and start on site in late February 2026.
- 3.9 Work undertaken to date by the programme team and finance leads estimates that provision of services at LHP will incur recurring revenue costs of £9.3m for contracted out services for MRI, CT, NOUS, and Endoscopy.
- 3.10 It is expected that the contract value will be reduced through the agreement of a tariff discount in return for the ISP's use of land and buildings. This has been estimated for the purposes of the OBC at £1.9m per year.
- 3.11 These indicative costs are based on high level assumptions at this stage and will be firmed up at FBC stage once more detailed information is available and the preferred ISP partner has been identified following the final stage of the tender.
- 3.12 This therefore results in a recurring revenue funding requirement of £7.5m. This has been allocated across the three Health Boards, based on projected activity assumptions which have been identified at this time, which equates to the following:

	CTMUHB		C&VUHB		ABUHB		
	2027/28 £000	recurrent £000	2027/28 £000	recurrent £000	2027/28 £000	2028/29 £000	recurrent £000
Full Liability	2,486	5,965	1,135	2,726	0	271	651
Less Tariff Discount	-497	-1,193	-227	-545	0	-54	-130
Total	1,989	4,772	908	2,181	0	217	521

- 3.13 These requirements reflect each Health Boards current position to commission the following services from LHP. ABUHB half an endoscopy room, Cardiff and Vale UHB 1.7 endoscopy rooms and CTMUHB will

commission endoscopy and imaging services comprising CT, MRI and ultrasound.

- 3.14 It is also assumed that WG fund the capital charges and impairment associated with this investment.
- 3.15 The key milestones associated with this programme are as set out in the case. It is anticipated that subject to all approvals and funding release being in line with the programme that the unit will be operational by beginning November 2027. However there is an opportunity to shorten the handover and commissioning timeline for the ISP but that will only be determined once they are appointed. This is expected to be confirmed by mid to late October.

Milestone	Start	Completion
Confirm Scope and Develop OBC	14/07/2025	31/08/2025
Draft OBC Submitted to WG	05/09/2025	05/09/2025
HB OBC Approval	08/09/2025	15/10/2025
WG OBC Review and Approval	04/09/2025	16/10/2025
Planning Application	11/07/2025	15/10/2025
RIBA 4 and FBC Prep	28/07/2025	20/11/2025
HB FBC Approval and WG Submission	27/11/2025	27/11/2025
Scrutiny and WG FBC Approval	28/11/2025	23/01/2026
Contractor Mobilisation	23/01/2026	26/02/2026
Construction	01/03/2026	30/06/2027
Supplier Fit out of CDH	01/07/2027	31/08/2027
Commissioning	01/09/2027	31/10/2027

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	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)	Yes - Refine If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Should a decision not to proceed following the outcome of the OBC there is a risk that the contractor could claim against the UHB	
Enw da / Reputational	Yes (Include further detail below)	
	There will be a negative reputational impact if a decision not to proceed following the outcome of the OBC.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	There are major resourcing implications set out within the OBC.	

5. Recommendation

- 5.1 Board are asked to note and discuss the attached draft Phase 1 LHP OBC.
- 5.2 Board are asked to approve the submission of OBC into Welsh Government.

6. Next Steps

- 6.1 Subject to Board endorsement, the Phase 1 LHP OBC will be submitted to Welsh Government.

Produced on behalf of Cwm Taf Morgannwg UHB by

Archus
The healthcare infrastructure specialist

Outline Business Case for Llantrisant Health Park Community Diagnostic Hub

September 2025

Version 0.7 DRAFT



Contents

Summary sheet

Appendices

Glossary

1 Executive summary

- 1.1 Structure and introduction
- 1.2 Background and context
- 1.3 Vision and spending objectives
- 1.4 Case for change
- 1.5 Economic Case
- 1.6 Commercial Case
- 1.7 Financial Case
- 1.8 Management Case
- 1.9 Summary recommendation and requirements

Strategic Case

2 Strategic context

- 2.1 Introduction
- 2.2 LHP programme context and background
- 2.3 Individual organisation overview
- 2.4 Regional overview
- 2.5 NHS Wales business strategy and aims

3 Case For Change

- 3.1 Introduction
- 3.2 Spending objectives for the LHP Programme
- 3.3 Existing arrangements
- 3.4 Business need
- 3.5 Increasing demand for services
- 3.6 Proposed service provision at LHP
- 3.7 Regional Plans to bridge the gap between Capacity and Demand

4 Benefits and Risks

- 4.1 Benefits case
- 4.2 Main benefits
- 4.3 Main risks
- 4.4 Constraints
- 4.5 Dependencies

Economic Case

5 Options identification and appraisal

- 5.1 Potential scope of services
- 5.2 CDH - Clinical service delivery options
- 5.3 Site and infrastructure delivery options

6 Economic Appraisal

- 6.1 Introduction
- 6.2 Summary of Phase 1 service delivery options
- 6.3 Capital costs
- 6.4 Lifecycle capital costs

- 6.5 Recurring revenue costs
- 6.6 Transitional costs after the end of managed service contract period
- 6.7 Benefits analysis
- 6.8 Risk analysis
- 6.9 Economic appraisal
- 6.10 Sensitivity analysis
- 6.11 Preferred option

Commercial Case

7 Procurement strategy

- 7.1 Introduction
- 7.2 Procurement of the Capital Build and Fit Out
- 7.3 Managed Service Provider (MSP) procurement
- 7.4 Health Board contracting arrangements
- 7.5 Workforce Plan for CDH Delivery via ISP/MS e plans
- 7.6 Associated disposals
- 7.7 Design and compliance with mandatory standards
- 7.8 VAT recovery
- 7.9 Interface
- 7.10 Summary and conclusion

Financial Case

8 Financial appraisal

- 8.1 Introduction
- 8.2 Capital costs and funding
- 8.3 Revenue affordability
- 8.4 Accounting treatment and capital charges
- 8.5 Overall affordability

Management Case

9 Management arrangements

- 9.1 Introduction
- 9.2 Project management arrangements
- 9.3 Special advisors – roles and responsibilities
- 9.4 PM and professional fees budget
- 9.5 Key milestones
- 9.6 Stakeholder engagement
- 9.7 Project assurance
- 9.8 Change management
- 9.9 Contingency plans
- 9.10 Benefits realisation
- 9.11 Risk management
- 9.12 Contract management
- 9.13 Post-project evaluation

Schedule of Tables

Table 1 - Spending objectives	Table 20 - Annual revenue costs post managed service contract period
Table 2 - Current delivery CTMUHB Imaging provision by site	Table 21 - Overview of LHP benefits
Table 3 - CTMUHB summary Imaging capacity by modality	Table 22 - Monetisable benefits values after confidence rating (when benefits are fully realised)
Table 4 - Current waiting times (CTM)	Table 23 - Unmonetisable benefits analysis
Table 5 - Demand and capacity forecast / gap analysis	Table 24 - Risk assumptions
Table 6 - Imaging demand and capacity analysis	Table 25 - Economic summary
Table 7 - CTMUHB current v potential delivery capacity	Table 26 - Sensitivity switching analysis (BCR)
Table 8 – Potential Demand v capacity based on Increased use of Existing Assets	Table 27 - Sensitivity analysis scenarios
Table 9 - Endoscopy position at August 2024	Table 28 - Results of options appraisal
Table 10 - Endoscopy screening demand increase	Table 29 - Breakdown of original tendered fees
Table 11 - SE Wales total Endoscopy demand	Table 30 - Requested fees to complete RIBA 4 up to start on site
Table 12 - Diagnostic contracted activity	Table 31 - Capital costs
Table 13 - Endoscopy forecast capacity gap by 2027/28	Table 32 - Capital cashflow and funding sources
Table 14 - Main benefits	Table 33 - Summary of revenue costs
Table 15 - Top risks (current assessment) C x L = R	Table 34 - Activity assumptions
Table 16 - Phase 1 service delivery options summary	Table 35 - Fees and non-work costs
Table 17 - Initial capital costs	Table 36 - Phase 1 project timeline
Table 18 - Lifecycle Costs	Table 37 - ISP provider appointment timeline
Table 19 - Annual revenue costs during managed service contract period (first 10 years post implementation)	Table 38 - Risk consequence definitions
	Table 39 - Risk likelihood definitions

Schedule of Figures

Figure 1 - District general hospital sites and the associated travel infrastructure	Figure 10 - Benefits mapping: patient experience
Figure 2 - Location of CT and MRI facilities across the region (yellow and orange)	Figure 11 - Benefits mapping: sustainable workforce
Figure 3 - Welsh Government programme for transforming and modernising planned care goals and priorities	Figure 12 - Benefits mapping: sustainable estate
Figure 4 - Current Diagnostics layout plan	Figure 13 - Benefits categories
Figure 5 - Proposed Endoscopy layout plan	Figure 14 - Benefits analysis approach
Figure 6 - Benefit analysis process	Figure 15 - Benefits categories
Figure 7 - Investment logic mapping approach	Figure 16 - Risk quantification approach using single-point probability analysis
Figure 8 - Benefits mapping: creation of Diagnostics Centre	Figure 17 - Project management principles and themes
Figure 9 - Benefits mapping: model of care transformation	Figure 18 - Project governance arrangements
	Figure 19 - Risk scoring matrix (Likelihood x Consequence = Risk score)

Summary sheet

Llantrisant Health Centre OUTLINE BUSINESS CASE (OBC) – HIGH VALUE (OVER £2 MILLION VALUE OF PROCUREMENT)	
SRO	Paul Mears, CEO Cwm Taf Morgannwg University Health Board
Programme Director	Rosie Cavill, Programme Director
Organisation	Cwm Taf Morgannwg University Health Board Cardiff and Vale University Health Board Aneurin Bevan University Health Board

Version control – record of edits

Version	Changes made	By	Date
0.1	Set up template first draft	EH (Ellie Harvey)	25/06/25
0.2	Update with text from Diagnostics Nov 24 business case	BL (Bev Letherby)	30/07/25
0.3	Updated with text from Regional Endoscopy Plan	BL	05/08/25
0.4	Updated with text from Rosie Cavill	RC (Rosie Cavill)	06/08/25
0.4.1	Updated commercial case text and GM comments	BL	14/08/25
0.5	Updated with strategic and commercial case from Elle Beadle	BL	18/08/25
0.6	Updated with Economic Appraisal and Financial Case	HMDK (Henry Mony de Kerloy)	02/09/25
0.7	Reformatted with updated Strategic Case	RC / Archus	03/09/25
0.7b	Final draft for circulation with HB's	RC/Archus	04/09/25
0.7c	Draft with adjusted Exec Summary	RC	05/09/25
0.7d	Draft incorporating CDM comments – issued to WG	CDM/RC	08/09/25
0.7e	Updated with appendices	RC	11/09/25

Appendices

Appendix Ref	Appendix Name
Appendix 1	Strategic Overview Case
Appendix 2	Demand & Capacity Findings
Appendix 3	National Endoscopy Programme Identification of Potential Areas for Regional Centres
Appendix 4	NHS Wales Clinical Skills and Simulation Academy Proposal
Appendix 5	Capital Quantified Risk Register
Appendix 6	Benefits Register
Appendix 7	RIBA 3a Report
Appendix 8	Capital Cost Plan
Appendix 9	Revenue Costs Working Paper
Appendix 10	Comprehensive Investment Appraisal (CIA) Model
Appendix 11	Phase 1 Infrastructure Programme

Glossary

ABUHB	Aneurin Bevan University Health Board	ISP	Independent Service Provider
BAU	Business As Usual	MMC	Modern Methods of Construction
BCR	Benefit Cost Ratio	NEC	New Engineering Contract
BfW	Building for Wales	NPC	Net Present Cost
BIM	Building Information Modelling	NPSV	Net Present Social Value
BREEAM	Building Research Establishment Environmental Assessment Method	NWSSP – SES	NHS Wales Shared Services Partnership - Specialist Estates Services
CDE	Common Data Environment	NZC	Net Zero Carbon
CDH	Community Diagnostic Hub	BJC	Business Justification Case
CIA	Comprehensive Investment Appraisal	OBC	Outline Business Case
CIA	Comprehensive Investment Appraisal	PM	Project Manager / Programme Manager / Project Management
CSF	Critical success factor	PSC	Professional Services Contract
CTMUHB	Cwm Taf University Health Board	PWF	Preferred Way Forward
C&VUHB	Cardiff and Vale University Health Board	RPA	Risk Potential Assessment
DHSC	Department of Health and Social Care	SAB	SuDS Approval Body
FBC	Full Business Case	SCP	Supply Chain Partner
GiRFT	Get it Right First Time	SO	Spending Objective
HB	Health Board	SOC	Strategic Outline Case
IIB	Infrastructure Investment Board (Welsh Government strategic committee)	SRO	Senior Responsible Officer
		WG	Welsh Government

1 Executive summary

1.1 Structure and introduction

The purpose of this outline business case (OBC) is to outline key objectives, current plans for investment and seek approval for funding of **£2.177M** from Welsh Government to proceed from OBC approval to full business case (FBC) approval for the Phase 1 of the Llantrisant Health Park (LHP) Programme which comprises the Community Diagnostic Hub (CDH) and site wide infrastructure works to prepare for later phases.

The project is being led by the LHP Project Team at Cwm Taf Morgannwg University Health Board (CTMUHB) in partnership with Aneurin Bevan University Health Board (ABUHB) and Cardiff and Vale University Health Board (C&VUHB). Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability, as it does for this scheme.

This OBC supports the first priority, to improve access to regional Community Diagnostic services including Radiology and Endoscopy. Business cases for later phases of this development including Orthopaedic Surgery with supporting ward accommodation and Day Surgery will be prepared as later phases in the programme.

The structure of the OBC is outlined in the table below.

Case	Section / Purpose	Description
Strategic	2 Strategic Context	Provides an overview of current services and explains how the project is strategically placed to contribute to the delivery of organisational goals.
	3 Case for Change	Establishes the case for change by outlining the spending objectives, existing arrangements and business needs.
	4 Potential Scope and Services	Identifies the potential scope of the project in terms of the operational capabilities and service changes required to satisfy the identified business needs.
	5 Benefits and Risks	Identifies the benefits, risks, constraints and dependencies for the project.
Economic	6 Options Identification and Appraisal	Explores the preferred way forward by agreeing critical success factors (CSFs), determining the longlist of options, and undertaking a SWOT analysis to identify a shortlist of options.
	7 Economic Appraisal	Appraises the economic costs, benefits and risks for the short-listed options and concludes which option represents the best value for money.
Commercial	8 Procurement Route, Scope and Contractual Details	Outlines: • the procurement strategy and routes that have been agreed. • the scope of the procurement • the contractual arrangements of the potential deal to deliver the recommended solution for the project.
Finance	9 Financial Appraisal	Sets out the forecast financial implications of the preferred option.
Management	10 Management Arrangements	Sets out the arrangements put in place to manage the project to successful delivery.

1.2 Background and context

During autumn 2022, Cwm Taf Morgannwg University Health Board (CTMUHB) became aware of the intention of British Airways Avionics Engineering (BAAE) to sell the long leasehold on their former engineering site in Llantrisant. The site was vacant, as BAAE had relocated their service provision to St Athan during early 2022 (but remained as tenants of the site).

The total site covers over 20 acres with a developed area that comprised three separate buildings totalling over 10,300sqm and includes on site parking for around 300 cars. The site has the potential capacity and infrastructure for a wide range of clinical services. There is also an area of cleared ground that is available for further on-site development.

In December 2022 CTMUHB submitted a case to Welsh Government (WG) to request funding for the purchase of the site, which was to be known as Llantrisant Health Park (LHP). This case set out the initial development aims and aspirations and was approved by CTMUHB Board. WG approved the purchase and released £8M funding for the purchase of the site on the condition that the development was for a regional health facility for the South East Wales Region. The purchase completed in February 2023.

The vision for LHP is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards. LHP will also act as an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, *Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales* (April 2022).

The need to introduce diagnostic and treatment capacity to the South East Wales region has never been greater. Since the COVID-19 pandemic, waiting lists have increased to their highest ever levels and Health Boards have struggled to address this within existing capacity and working practices. Set alongside this is the increasing aging population and acute medicine pressures which indicate that a significant change to current practice and how we use our existing infrastructure is essential if performance and access to treatment is to be improved.

LHP offers the region a unique opportunity to deliver new ring-fenced elective capacity, encompassing innovative developments and state of the art practice. The site will provide efficient and proven effective models of care to deliver increased diagnostic and treatment facilities across the region.

The CDH proposal incorporates:

- **Imaging capacity** – incorporating MRI, CT and ultrasound as part of a Community Diagnostic Hub (CDH). The unit will also have the capability to deliver plain film X ray
- **Endoscopy capacity** – elective and screening services to increase capacity across the region and address the projected six suite shortfall across the region by 2027/28 and to introduce a training academy to respond to workforce shortfalls.
- **Training capacity** - working with HEIW, the scheme offers a diagnostic training academy space which links into existing endoscopy suites and provides a base for the endoscopy training academy as well as resources and facilities to support the wider diagnostic training facilities.

This OBC seeks approval to progress to Full Business Case (FBC) for phase 1 of the LHP Programme. To develop a CDH and undertake site infrastructure works to mitigate impact on the operational CDH during later phases of construction,

As well as phase 1, the LHP Programme consists of the following phases which will be subject to separate business cases:

- **Phase 2 - High-volume, low-complexity orthopaedic inpatient unit** - providing capacity for up to six theatres to deliver arthroplasty (knees and hips) surgery for patients meeting the criteria for treatment without critical care support. An inpatient unit adjacent to the theatres will accommodate patients requiring an overnight stay.
- **Phase 3 - Multi-modality day surgery unit** – principally focused on addressing the significant shortfall in dedicated day surgery capacity across CTMUHB, it will be a dedicated and fully efficient centre of excellence that reduces wait times.

Whilst capital funding will be applied for all phases to design and build the units, the plan for the CDH is that the service will be provided by an independent service provider (ISP) under a managed service contract for an initial 7 year term, which can be extended for up to 3 years on a year by year basis. The ISP will equip and staff the unit. The procurement for the ISP is currently ongoing with a preferred supplier proposed to be selected by the end of September and an appointed confirmed by the end of October.

CTMUHB is the lead party in the procurement and will be the contracting party for the managed service contract with the ISP. The OBC is based on the fact that there is agreement that both C&VUHB and ABUHB will contract for endoscopy services only from the CDH in line with the outputs from the regional planning exercise recently undertaken. The imaging provision initially will be contracted for CTMUHB for their patients only. ABUHB has stated that it may look to commission imaging services from LHP in the future.

It is recognised that Health Boards have obligations in respect of public engagement and consultation when introducing significant service changes, and these will have some application when progressing a model of regionally based provision of elective and diagnostic services.

The principle of patients travelling further to access more timely care has been tested in a regional context with a recent engagement exercise for cataract surgery, when positive feedback was received from both public and Llais. Close contact with Llais will be maintained as the LHP plans progress, to ensure that the required arrangements are in place and that any concerns / issues arising are addressed and mitigated as appropriate.

1.3 Vision and spending objectives

The vision of the LHP programme is to create a standalone site for high volume low complexity surgery and diagnostics that guarantees uninterrupted, effective, efficient services, which address both current capacity shortfalls and offers opportunity to meet future demand growth. Phase 1 will deliver the diagnostic element of the programme and enable the future phases on the site.

The spending objectives listed in the table below were agreed by members of the LHP Programme Board in September 2024 as overriding programme objectives which have been adapted to apply directly to this phase 1.

Ref	Theme	Spending objective	Benefit
SO1	Meet population needs	The delivery of an elective high volume low acuity model of care for the South East Wales Region on a phased basis. The first phase to focus on diagnostics and endoscopy. A second and third phase to focus on orthopaedics and day surgery respectively. Phase 1 services to be operational during the 2027/28 financial year. Future phases to consider further regional services such as pathology.	• Right-sized to meet current and future demand • Improves access to range of services • Centre of Excellence with efficient service delivery models and improved patient outcomes and increased throughput • Able to flex for the future
SO2	Maximise capacity	To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring Royal Glamorgan site.	• Creates opportunities for centralisation of skillsets; centre of excellence • Enables greater collaboration regionally • Creates opportunity for one stop diagnostics, improved use of resources and appointments
SO3	Innovation and standardisation	To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised protocols and practices to promote efficient service delivery offering improved value for money and addressing the modifiable drivers of increased cost against English Tariff, excluding those aspects driven by Welsh Policy.	• Standardisation of consumables, with financial savings • Standardisation of best practice/policies; efficiencies, increased throughput, reduction of wait lists
SO4	Enable training / development of future workforce	To enable increased training and development of secondary care staff including accommodating more medical trainees and students.	• Accommodates placements for students (allowing role development and succession planning) • Improved workforce retention and recruitment
SO5	LHP Models of Care and Workforce Models	During phase 1 to ensure that the managed service provider delivers compliant and innovative models of care and workforce models, following the initial terms to develop innovative and new models of care to bring the CDH back into NHS management and control. In Phases 2 and 3 to develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services	• Environment / ways of working that support staff welfare and wellbeing • Improved skills and job satisfaction • Improved patient outcomes • Multi-disciplinary working

Ref	Theme	Spending objective	Benefit
SO6	Sustainable estate	To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.	- Complies with relevant standards; NZC, BREEAM excellent and energy performance - Opportunities for future additional service provision for South East Wales. - Opportunities for further regional reconfiguration and enabling of service and or estate rationalisation.

1.4 Case for change

NHS diagnostic services remain under significant pressure despite concerted endeavours of health boards to increase capacity and improve access to reduce waiting times.

The *Diagnostics Recovery and Transformation Strategy for Wales 2022-2025* sets out the plan to improve, transform and redesign diagnostic pathways in Wales. This national strategy seeks to deliver on the following aims:

- Improving outcomes and reducing pressure on secondary care.
- Addressing unmet care need that has been exacerbated by COVID-19.
- Enabling people to live longer, healthier lives at home.
- Identifying treatments earlier in disease which enables intervention and care management more rapidly.
- Creating a sustainable and intelligent integrated health system which reduces inequality.
- Making Wales a great place to live and work.

The South East Wales Regional Diagnostics plan for Community Diagnostic Hubs aligns with this strategy and its aims through the intention to seek both a rapid expansion of diagnostic service access and the delivery of new models of care with a focus on providing centres of excellence which will attract and retain the required workforce. Alongside this the Hub will align with GiRFT and JAG principles in promoting best practice.

Radiology

Radiology forms part of the 26 week **referral to treatment time** target (RTT) and 62 day single cancer pathway target, from suspicion to first definitive treatment. It is also anticipated that with increased capacity and significantly reduced waiting times there will further opportunity to gain efficiencies across the health system by developing clinical pathways that incorporate diagnostics at an earlier stage, aiming to reduce pressures on services and improve the patient experience.

Radiology demand and capacity modelling has focused on the CTMUHB position only. The current waiting times are as set out below:

Date	Non Cardiac CT		Non-Cardiac MRI		Non Obstetric USS		Total	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
Jan-24	1,716	966	1,765	1,166	2,685	3,427	6,166	5,559
Jun-25	2,154	994	1,964	33	3,483	1771	7,601	2,798

The number of patients waiting within CTMUHB has increased in the last 15 months. This is despite the use of non recurrent funding to provide interim and additional temporary capacity such as the siting of a mobile MR and CT on the LHP site. This has significantly reduced the over 8 week waits but has not reduced the total number of patients waiting.

When considering the actual imaging capacity within CTMUHB to projected demand there is a clear ongoing shortfall in capacity and without additional intervention waiting times will continue to increase. As part of the regional imaging planning processes, all organisations have been looking at whether they can maximise utilisation of existing assets by extending working days and hours.

Modality	Potential capacity	Forecast	2026/27	2027/28	2028/29	2029/30	2030/31
MRI	30,087	Demand	27,729	29,947	32,343	34,931	37,725
		Variance ¹	2,358	140	-2,256	-4,844	-7,638
CT	100,512	Demand	90,013	94,514	99,239	116,250	126,596
		Variance	10,499	5,998	1,273	-15,736	-26,084
Ultrasound	80,484	Demand	45,519	47,794	50,184	52,693	55,328
		Variance	34,965	32,690	30,300	27,791	25,156

By maximising capacity in the short term CTMUHB can continue to meet demand in all modalities until the end of 2027/28. From 28/29 shortfalls in MRI and CT start to become apparent. LHP is due to open in late summer 2027/28 so will be in place to meet the shortfalls within CTM. However this does not account for CTMs ability to be able to recruit suitable workforce or the level of resource required to secure this level of service. Whilst MRI and CT capacity can be increased to mitigate demand growth additional capacity will still be required from LHP.

On the face of it, CTMUHB has potential capacity to meet ultrasound demand over the next five years and beyond, however NOUS services are under extreme pressure on all sites within CTMUHB and are recognised as being a service under pressure nationally in Wales. Much is due to the high workforce input into this modality which leads to strains on the existing resource and sees higher levels of sickness and rest breaks generally required by sonographers.

The deliverability of the potential capacity levels for NOUS are not realisable due to two important drivers due to the high demand for obstetric scanning coming from the changes in the care pathways and the ergonomic challenges of the patient group which is resulting in increased sickness and RSI issues within the workforce and driving down productivity.

- Firstly, changes to antenatal care pathways are driving an increase in obstetric scanning and this must be prioritised over elective scanning, due to the shorter timescales.
- Secondly, due to the volume of obstetric scanning and ergonomic challenges of our patient group, we are seeing increased sickness driven by RSI issues which is further limiting the actual capacity.

The provision of a standalone service, provided by a workforce distinct to our obstetric services is critical to deliver NOUS waiting times and provide ringfenced service whilst existing capacity can be focused on achieving obstetric scanning demand. It is clear that alongside increases to existing asset hours of operation the services at LHP will be critical to deliver a sustainable diagnostic performance.

¹ Surplus / **shortfall**

Endoscopy

Despite significant work undertaken by the three health boards in the South East Wales region, the performance profile currently indicates a significant proportion of patients waiting more than the target waiting time of accessing diagnostic endoscopy within eight weeks. In August 2024 there were nearly 8,000 patients waiting more than eight weeks for a diagnostic endoscopy, although this position has improved because of additional non-recurrent funding.

The demand and capacity model developed by the National Endoscopy Programme for Wales (NEP), has identified a recurrent shortfall in capacity. This demand is driven by increasing symptomatic demand coupled with the phased extension of the age range for Bowel Screening. The outcomes of this modelling work confirmed a six-room shortfall in the South Wales region by 2027/28 and recommended the introduction of a JAG compliant standalone regional endoscopy unit.

Regional planning teams have developed integrated plans to address the resultant capacity shortfall of six rooms. Local plans and capacity increases will meet some of the demand leaving a four-room operational shortfall to be met by LHP from 2027/28. In addition, there is a desire to create at least one training room which would equate to a requirement of five rooms at LHP. The current design incorporates six endoscopy rooms and associated supporting space. This provides a sustainable and resilient approach to the development; it enables the absorption of future growth or changes in screening requirements by Public Health Wales as well as offering training opportunities and resilience in case of down time in any room.

This OBC focuses on the delivery and resources associated with the LHP site only. Any further resources required to support local plans will be developed further through the regional planning process.

1.5 Economic Case

1.5.1 Clinical service delivery options

In determining the case to support regional CDHs in South East Wales, the Regional Diagnostic Board led an exercise to consider how HB could deliver improved performance in diagnostics. The criteria agreed for the option appraisal were:

- Strategic viability (does it fit with the local and regional plans?)
- Does this option meet the service demand requirements?
- Will this deliver sustainable diagnostic services?
- Clinical viability (can the option deliver the procedures included in the service specification?)
- Operational viability (can this be operational within project timeframes?)
- Workforce viability: does this option:
 - ♦ Support sustainable workforce?
 - ♦ Deliver on national strategy?
 - ♦ Facilitate training?
 - ♦ Have implications for existing workforce?
- Estates viability (would this option facilitate the appropriate spaces, e.g. clinic rooms and outpatients space?)
- Financial viability (are the revenue and capital costs reasonable?)
- Geographic suitability / accessibility.

In the first instance regional HBs developed an options longlist for improvement of access to regional diagnostic services against the evaluation criteria.

During 2023, this long list was reviewed collaboratively through the clinical and operational leads group against an agreed set of criteria and subsequently tested by each health board prior to consideration by project and programme boards.

The options considered by the regional Project Board are set out below.

Option 1	Do nothing - Health boards would continue to provide services as per current arrangements.
Option 1a	Different approach to the use of existing services in each health board, and work toward collaboration through shared processes. Health board expansion of internal capacity and/or other forms of regional working.
Option 2	Independent Community Diagnostic Hubs (CDH) – each health board operating their own CDH with no cross-border treatments.
Option 3	Regional Community Diagnostic Hubs – a minimum of one per health board, delivering cross-border diagnostic treatment.
Option 4	A single Regional Radiology Diagnostic centre , located on one site, serving all three health boards.
Option 5	Combined approach - Regional Diagnostic Centre/community diagnostic hubs.
Option 6	Community Diagnostic Hub with Mobile Units – as option 3 but with mobile units attached to reach outlying communities through community diagnostic clinics.

Assessment by the clinical and operational leads resulted in a short-list of model options for consideration by the Project Board. The shortlist included three options:

- **1a** – different approach to the use of existing services
- **3** – Community diagnostic hubs (CDH) with a minimum of one per health board area, and
- **6** – Community diagnostic hubs with the option of mobile units.

The Project Board considered these options formally on 23 January 2024 and confirmed the acceptability of both **Option 3** and **Option 6** with the preferred option of development of a community diagnostic hub model for the region, which may incorporate mobile units, as required.

1.5.2 Site and infrastructure delivery options

The purpose of the Options Analysis is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

However, in this instance this section will not undertake a traditional options appraisal using the business case framework, which is an approach that has been agreed with colleagues in the Capital and Estates team in Welsh Government (WG).

This is due to the fact the purchase of the LHP site was approved and funded by WG in December 2022 on the condition the funding was used to develop the site as part of a regional approach to the delivery of services. Therefore, consideration of alternative site options is not relevant.

The services included at this business case stage are the same as those included in the original case for the purchase of the site, with some small changes to the numbers of the same, in line with demand and capacity modelling provided in Section 3 of this case.

As a result, this section will not consider alternative options for service change with the scope and scale having been proven in the sections above. In addition, following WG approvals, design work has already progressed beyond the traditional stage for an OBC, with WG approval to proceed to RIBA 3 given in December 2024.

The RIBA 2 design work was subject to scrutiny by Shared Services Specialist Estates and considered only the **preferred new build infrastructure option**. Scrutiny on the RIBA 2 phase closed on 18 December and approval to proceed to RIBA 3 was given on that date. In addition funding has been provided for the demolition of the buildings on the site which is due to complete in September 2025. As a result, there is no scope to further consider infrastructure and build options.

Finally, a main contractor for completion of the design phase was appointed on 28 March 2025. The tender process demonstrated a modular form of MMC was preferred and WG approval to enter into the design contract was received on 14 March 2025. As a result, the build methodology has also been fully determined. Therefore, the economic appraisal in following sections will focus on the delivery options for the CDH only in terms of the scope of the agreement with the third party provider.

1.5.3 Summary of Phase 1 service delivery options

Whilst the decision has been made to appoint an independent service provider to deliver the model in the CDH, there are options about the extent to which this can be delivered by the partner. As a result, this has been the focus of a more detailed option appraisal with the key options being:

Components	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Building	ISP Design and Build (Costs captured through revenue costs)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)
General Building Equipment	ISP Design and Build (Costs captured through revenue costs)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)
Specific Service Delivery Equipment – First 10 Years after completion of LHP	ISP provide and maintain (Costs captured through revenue costs)	ISP provide and maintain (Costs captured through revenue costs)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)
Specific Service Delivery Equipment – After 10 years	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)
Service Delivery (Staffing) – First 10 Years after completion of LHP	ISP Staffing	ISP Staffing	ISP Staffing	NHS Staffing
Service Delivery (Staffing) – After 10 Years	NHS Staffing	NHS Staffing	NHS Staffing	NHS Staffing
Lifecycle Costs – First 10 Years after completion of LHP	N/A	Building Lifecycle Costs	Building Lifecycle Costs	Building Lifecycle Costs

Components	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Lifecycle Costs – After 10 years	NHS (WG Capital Funding) buys building buy back at net book value after 10 years. Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs

1.5.4 Economic Appraisal

An economic appraisal was prepared, in line with HM Treasury Green Book guidance, to evaluate the whole life costs, benefits and risks of the shortlisted options in order to identify the option that is most likely to offer best public value for money.

The results of the economic appraisal demonstrate that the preferred way forward offers value for public money.

Option 2 (preferred option), which utilises a traditional capital for the build of phase 1 of the LHP (the Community Diagnostics Hub portion), with an ISP providing the service provision equipment and delivering the service via a managed service contract for up to 10 years before the service becomes inhouse and run by the Health Boards, (7 years initial contract with up to 3 1 year extensions on the same), will require capital investment of £109.1m and ongoing revenue costs of £7.5m (excluding depreciation) for the initial 10 year period of the managed services contract, reducing to £5.4m after the end of the contract. Based on estimated costs and benefits, it is anticipated that this option will deliver an incremental Net Present Social Value (NPSV) of £38.9m and a Benefit Cost Ratio (BCR) of 1.13. It should be noted that this relates to the capital and revenue element of CDH only, to realise regional plans for diagnostic, additional revenue investment is also required on other UHB sites.

This represents £1.13 of incremental benefit delivered for every £1.00 of incremental whole life cost, because of the quantifiable benefits that it has been possible to state in monetary values at this point in time, including:

- **Improved patient outcomes from earlier diagnosis:** Delivery of the CDC will address CTMUHB Diagnostic Imaging and regional Endoscopy capacity shortfalls and ensure future demand can be met. This will have a direct impact on waiting times for patients and support the cancer pathway by enabling earlier diagnosis, more targeted interventions and improved monitoring. This will lead directly to delivering better patient outcomes, specifically contributing to improved cancer survival rates.
- **Improved patient outcomes from earlier diagnosis (non-cancer related):** Delivery of a significant increase in additional Endoscopy capacity should lead to earlier and increased diagnosis for patients with health issues other than cancer such as hypertension, which will lead to better patient outcomes and help contribute to reduced mortality related to those health issues.

In addition to this, there are other quantifiable benefits which it has not yet been possible to state in monetary values given the information that is available at this time. These will be explored further at FBC-stage and, it is expected, will further strengthen the BCR. These include:

- **Release of elective diagnostic capacity at Acute sites, which can be used for urgent and emergency care patients/pathways:** The capacity provided at LHP for more elective diagnostic tests will free up Acute sites to use their diagnostic capacity for non-elective scans/tests, which reduce delays for urgent and emergency patients.
- **Improved predictability and confidence in booking scans and tests:** The centralised elective centre with co-located services provides a 'one-stop' shop clinic with greater predictability of care which in turn means that scans and tests can be booked with more confidence leading to improved utilisation of the service.
- **Impact of a more sustainable estate:** The delivery of appropriately designed and compliant facilities provides opportunities to contribute to CTMUHB's environmentally sustainable goals and national strategies around decarbonisation and optimising energy efficiency. The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTMUHB has instituted in other areas, such as reducing waste and single use products.

LHP will also deliver various non-financial benefits which while they cannot be quantified in monetary terms are equally important to the delivery of local, regional and national policy. These include:

- **Additional Imaging and Endoscopy capacity leading to reduced waiting times:** The additional capacity at LHP will allow the Health Boards to meet the NHS Wales target that no patient is waiting more than 8 weeks for imaging or endoscopy tests.
- **Help to meet 'Straight to Test Guidance':** The additional capacity provided at LHP will assist with meeting 'Straight to Test Guidance', allowing an increase in the number of direct referrals from GPs to radiology. It will also allow for improved regional sustainability and provide contingency for other sites across the region.
- **Increased number of and improved clinical pathways:** Due to LHP being a centralised elective centre and a "one-stop" clinic, it will lend itself to developing and delivering more and improved clinical pathways. These pathways and improved ways of working could be used as an exemplar and then also be rolled out across the region.
- **Reduced health inequalities:** Reduction in waiting times and ease of access supports equality of access.
- **Community Benefits:** The contractor has agreed to implementing several community benefits, including hiring local, providing volunteering and donations to local organisations, investing in people learning and using Welsh and investing in the local supply chain.
- **Improved patient experience:** As well as reduced waiting times patient experience is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking. Having a centralised elective centre with co-located services provides the convenience of a **one-stop shop** clinic with greater predictability of care.
- **Increased staff satisfaction:** The improved training pathway and increased training opportunities, along with the modern fit for purpose facilities and a consolidated service model that enables more effective ways of working, contributes to staff satisfaction and creates an attractive place to work which will support recruitment and retention of highly trained health professionals in the long term.
- **Develop a skilled endoscopy workforce:** Delivery of the Skills Academy in partnership with HEIW will provide significant opportunities to increase the number of training places available in the region and help to build a skilled and sustainable endoscopy workforce.
- **Increased compliance:** The dedicated CDC will ensure that the Health Boards have capacity across the region to ensure alignment with GiRFT principles and continue to achieve JAG accreditation. Modern fit for purpose facilities that are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent.

- **Future proofing:** The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.
- **Opportunities for future transformation:** The additional capacity offered by LHP provides opportunities to transform and reconfigure core local services and deliver things differently in the future. Further to this the robust and in-depth data/reporting the service at LHP will provide to the Health Boards will greatly inform future decisions. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways and will have a positive reputational effect.

The results of the options appraisal (excluding BAU) are presented in the table below.

Element	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Initial capital investment	£0m	£109.1m	£119.7m	£119.7m
Incremental NPSV	-£10.8m	£39.9m	£24.9m	£16.5m
Benefit Cost Ratio	0.97	1.13	1.08	1.05
Key benefits	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option
Key risks	• Unable to secure a service provider who would be willing to provide the service • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales • Significant risks around handover of the building at the end of the managed service contract period, including higher than expected handover costs and that the building would not fully meet the Health Boards requirements.	• Significant initial capital outlay • Unable to secure revenue funding	• Significant initial capital outlay • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales	• Significant initial capital outlay • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales • Unable to recruit sufficient staff to enable delivery of the model in the short term

It should be noted that this assessment is based on an initial assessment of benefits and risks and further work is required to quantify these more fully. As outlined above, it is anticipated that this is likely to further strengthen the BCR and value for money case as the scheme progresses to FBC stage.

1.6 Commercial Case

To maintain momentum within the programme, the main contractor was appointed during RIBA 3 for continued development of the design and construction elements. This ensures the contractor is involved in the more detailed design incorporating the latest technology and identifying programme opportunities. The appointment was made via the Crown Commercial Services Framework which offered the opportunity to tender for both traditional and modern methods of construction. WG approved the appointment which was made in March 2025.

In addition, the contractor will be critical for SAB and planning applications to ensure that the approved design does not require further planning amendments, which could delay the programme.

WG also approved early site wide demolitions in January 2025. These have been delivered by a contractor appointed under the Crown Commercial Framework. Works commenced on 14 April and are due to complete by 20 September 2025.

WG have approved funding for the whole programme up to the end of RIBA 3 and have recently approved a further £2.828M to support the completion of a phased RIBA 1 OBC and to commence RIBA 4 works (which will include the redesign necessary for Phase 1 to be fully standalone. This funding will cover works up to OBC approval, but further funding of £2.177M will be required to complete RIBA 4 on OBC approval.

Should a decision be made not to complete RIBA 4 following the outcome of this business case then there is a risk of a contractor claim against the Health Board under the PSC contract.

The phased approach will increase design stage fees over and above those in the original tender however this will be covered more in the Phase 2 OBC. Tendered fees will cover Phase 1.

1.6.1 Independent Service Provider (ISP) procurement

CTMUHB, acting on behalf of the three Health Boards in South East Wales is currently undertaking a procurement exercise to appoint a prime contractor to act as a design partner and contributor to the pathway redesign currently being scoped out for diagnostic services to provide one imaging CDH with the option to flex to one further CDH over the course of the contract. In addition, the CDH will also have at the same location, an ISP staffed Endoscopy Suite comprising of up to four rooms co-located with an NHS staffed two room Endoscopy Training Academy. The endoscopy suite requirements will be designed and fitted out to meet JAG accreditation standards.

There will be a co-located training academy which will include an endoscopy theatre. It is expected that the fitting out of the academy training rooms, and delivery of activity will be facilitated by NHS organisations through collaborative work with Health Education and Improvement Wales.

The Regional Radiology Project Board and the Regional Diagnostics Programme Board endorsed the use of competitive dialogue to test the market potential to support the development of a regional diagnostic centre and associated community diagnostic hubs, one of which will be on the LHP site. The competitive dialogue procedure is flexible and allows the Procurement Evaluation team to discuss proposed solutions with bidders to understand advantages and disadvantages.

The recommended option is to develop a regional endoscopy centre through a traditional NHS capital build proposal and to seek the equipment and delivery of the centre activity through contract with a commercial partner.

To drive this strategy, further competitive dialogue will need to be completed to understand financial implications and other non-financial risks. The current procurement programme leads to the appointment of the ISP by the end of October 2025.

1.7 Financial Case

The financial analysis demonstrates that delivery of the preferred way forward is affordable providing that Welsh Government capital funding can be secured, and agreement reached with commissioners about revenue funding requirements.

1.7.1 Capital affordability

The cost plan prepared by CTMUHB's Cost Advisors, based on RIBA 3a design, estimates that delivery of LHP will result in capital investment requirements of £110.0m in total, including expenditure incurred to date. It is anticipated that this will be funded by Welsh Government as follows:

Funding of £18.1m had been received to date from WG for:

- Site purchase - £8.0m
- RIBA 2 fees - £3.1m
- RIBA 3 fees - £3.5m
- Demolition - £0.7m
- RIBA 4 fees - £2.8m.

This includes funding of £2.828m which has been approved in August 2025 to support the Phase 1 OBC redesign and the commencement of RIBA 4 works to support the FBC being completed for November boards.

Further funding of £2.771M is sought from this OBC to enable the Health Board to deliver an FBC and continue progress through RIBA 4 and 5 stages to be ready to commence with on-site works on FBC approval.

This forms part of the total additional funding of £91.9m which will be required to deliver the Phase 1 CDH and supporting site wide infrastructure works following approval of the FBC.

1.7.2 Revenue affordability

Work undertaken to date by the programme team and finance leads estimates that provision of services at LHP will incur recurring revenue costs of £9.3m for contracted out services for MRI, CT, NOUS, and Endoscopy.

It is expected that the contract value will be reduced through the agreement of a tariff discount in return for the ISP's use of land and buildings. This has been estimated for the purposes of the OBC at £1.9m per year.

These indicative costs are based on high level assumptions at this stage and will be firmed up at FBC stage once more detailed information is available and the preferred ISP partner has been identified following the final stage of the tender.

This therefore results in a recurring revenue funding requirement of £7.5m. This has been allocated across the three Health Boards, based on projected activity assumptions which have been identified at this time, which equates to the following:

- CTMUHB £6.0m p.a. (£4.8m after the proposed tariff discount)
- C&VUHB £2.7m p.a. (£2.2m after the proposed tariff discount)
- ABUHB £0.7m p.a. (£0.5m after the proposed tariff discount).

These requirements reflect each Health Boards current position to commission the following services from LHP. ABUHB half an endoscopy room, Cardiff and Vale UHB 1.7 endoscopy rooms and CTMUHB will commission endoscopy and imaging services comprising CT, MRI and ultrasound.

For both ABUHB and C&VUHB their commissioning intentions for endoscopy reflect the outcomes from the regional endoscopy planning exercise that has been undertaken. Part of the planning identified several measures to meet un-met demand in endoscopy services and it should be noted

that the revenue contributions contained in this case only reflect the costs of services provided at LHP. Health Boards will incur further revenue costs in delivering additional diagnostic activity and these will be covered in separate business cases.

It should be noted that these cost and activity levels remain subject to change during the procurement and contracting process and should activity levels being commissioned change as will costs.

1.8 Management Case

The overall LHP project has been and will continue to be managed to PRINCE2 project management standards with the LHP Project Team leading on delivery. The project governance and reporting structure for the CDH phase will be the same and is outlined in the management case, showing all key workstreams, task and finish groups, with boards and teams where approvals and decisions are made.

A project programme has been developed to control and track the progress and delivery of the project and resulting outcomes. The key milestones for the infrastructure programme are summarised below.

Milestone	Start	Completion
Confirm Scope and Develop OBC	14/07/2025	31/08/2025
Draft OBC Submitted to WG	05/09/2025	05/09/2025
HB OBC Approval	08/09/2025	15/10/2025
WG OBC Review and Approval	04/09/2025	16/10/2025
Planning Application	11/07/2025	15/10/2025
RIBA 4 and FBC Prep	28/07/2025	20/11/2025
HB FBC Approval and WG Submission	27/11/2025	27/11/2025
Scrutiny and WG FBC Approval	28/11/2025	23/01/2026
Contractor Mobilisation	23/01/2026	26/02/2026
Construction	01/03/2026	30/06/2027
Supplier Fit out of CDH	01/07/2027	31/08/2027
Commissioning	01/09/2027	31/10/2027

The milestones for the ISP procurement are shown in the following table, it is assumed that on appointment the provider will join the Infrastructure design team and work alongside the main contractor in the finalisation of the programme. It is possible this could lead to further programme efficiencies in the fitout and commissioning phases which will be clarified as the programme progresses.

Milestone	Start	Completion
ISP Tender Issue	18/08/2025	18/08/2025
ISP Tender Period	18/08/2025	19/09/2025
ISP Tender Evaluation	22/09/2025	03/10/2025
HB ISP Approval	06/10/2025	06/10/2025

WG ISP Procurement Approval	06/10/2025	16/10/2025
Intent to Award and Standstill Period	17/10/2025	31/10/2025
ISP Provider Appointment	31/10/2025	31/10/2025

Within the PRINCE2 governance, the PMO is classed as part of the Assurance function.

Programme

- Review of upcoming programme activity and milestones with LHP Technical PM and Project Director to determine outputs required by workstreams.
- Create lookahead programme highlighting key programme deliverables over coming weeks/months for dissemination to workstreams.
- Track workstream output and performance toward achieving programme deliverables and feed progress into monthly reporting – PMO drumbeat.

Risk

- Review of risk with LHP Technical PM and Project Director to review and update risk register based on workstream risks.
- Track workstream risks and feed into project reporting – PMO drumbeat.

Key Performance Indicators (KPIs)

- Work with LHP Project Director to determine workstream KPIs.
- Track workstream KPIs and feed into project reporting – PMO drumbeat.

Reporting

- Work with PMO governance lead to integrate programme, risk and KPI updates into monthly drumbeat reporting.
- Provide updates to LHP Design Team Meeting and Programme Board.

1.9 Summary recommendation and requirements

The works funded so far have delivered interim mobile capacity on the site alongside the site wide building demolition works. All other work has been focused on the design of the total Health Park to end of RIBA Stage 3 and commencement of RIBA Stage 4 Design Works for Phase 1 CDH and supporting side wide infrastructure.

The recommended option is to proceed to construct the CDH and carry out the site wide infrastructure. The construction to be led by MTX as main contractor and the buildings to be of modular construction. The service will be procured by an Independent Service Provider (ISP) who will deliver the imaging and endoscopy services as well as equip the unit.

Capital Spend to date is £18.1m. This represents total costs to date and includes the site purchase and site wide RIBA 1, 2 and 3 works.

The LHP Programme is seeking urgent approval of this business case and the release of funding of £2.771m for completion of the RIBA 4 and 5 design stage of the CDH to avoid delay to the programme. This funding forms part of the total funding ask within this OBC of £91.9m to deliver the total Phase 1 OBC works.

Strategic Case

2 Strategic context

2.1 Introduction

This section of the business case outlines the strategic context for the proposal to develop the regional Llantrisant Health Park (LHP) by explaining how the programme is strategically placed to support delivery of services across the three Health Boards in the South East Wales Region, Aneurin Bevan (ABUHB), Cardiff and Vale (C&VUHB) and Cwm Taf Morgannwg (CTMUHB).

The section will:

- Provide a summary of the Programme progress to date
- Provide an overview of the organisations working in partnership to successfully deliver the project.
- Outline how the project will contribute to achieving our business strategies and aims.
- Describe how the project aligns with other relevant local and national strategies.
- Describe the geographical context and local health needs.

2.2 LHP programme context and background

The LHP site was acquired in February 2023 by CTMUHB for £7.8m capital funding provided by Welsh Government. The site is located directly adjacent to the Royal Glamorgan hospital and extends over 20 acres. At the time of purchase the site included two storeys separate buildings totalling over 10,300sqm. The layout of the site already supported car parking for over 299 and separate front and rear access roads to the buildings.

As well as the existing buildings, there is a further developable area on the site for an additional building. The case for purchase described how the site was ideally suited to provide a high volume low complexity diagnostic and elective treatment centre with benefits for the whole South East Wales region. At the time of purchase the proposed scope of services to be provided at LHP were:

- **A Community Diagnostic Hub** comprising:
 - ♦ Diagnostic Imaging – CT, MRI and Ultrasound
 - ♦ Regional Endoscopy services
 - ♦ Plain Film X Ray
- **A Surgical Hub** comprising
 - ♦ Up to 6 orthopaedic theatres for high volume low complexity works
 - ♦ Up to 64 beds to support the orthopaedic theatres
 - ♦ A self-contained day surgery unit containing up to 6 theatres.

Immediately following the purchase of the site, a design team and internal programme team were appointed to commence site master-planning and design development. During this time, a successful early termination of the lease to the incumbent tenant was agreed giving CTMUHB full access to the site from October 2023. This access facilitated detailed and intrusive survey work to be undertaken which identified several limitations to the existing buildings impacting on their ability for use as healthcare premises.

At their request, a Strategic Overview Document was submitted to Welsh Government in September 2024 which gave a detailed overview of the programme and included a comprehensive option appraisal to identify the optimal way forward for the site infrastructure. The preferred option was the demolition of the existing buildings and replacement with modular buildings which delivers the quickest and most value for money solution. This can be found in Appendix 1.

This approach was formally considered by Welsh Government alongside the completed RIBA 2 design works at the Infrastructure Investment Board in November 2024.

Following this meeting, approval was given to proceed to RIBA 3 design stage and in January 2025 approval was given to demolish the buildings on the site in a separate advance works package. Demolition works commenced on 14 April and are due to complete by mid-September.

A condition of the approval to continue design work was that a business case was delivered at the completion of the RIBA Stage 3 of the development.

At this point, it was still assumed that the development would proceed under a single business case route but with phased completions with the CDH completing ahead of the surgical hub. , Alongside the capital design works there is an ongoing procurement exercise to identify a preferred partner to deliver the managed service contract for the CDH at LHP. This position changed in July with confirmation from WG that they would prefer to receive individual business cases for the separate phases of development. The revised delivery structure is as set below,

- Phase 1: CDH comprising MRI, CT, non-obstetric ultrasound, plain film x-ray capability and endoscopy including a regional endoscopy training centre of excellence. This business case also includes the wider site infrastructure required to facilitate later developments.
- Phase 2: surgical Hub comprising six orthopaedic theatres and supporting wards.
- Phase 3: six-day surgery theatres with supported space with full scope to be determined.

This outline business case has been prepared to seek outline approval for the **Phase 1 – CDH and wider infrastructure enabling works**.

The aims of the diagnostic regional solution outlined in this business case are:

- to enact a collaborative regional approach to recovery and delivery of sustainable radiology services
- to provide shared regional capacity for radiology
- to support the implementation of the new pathways that will enhance services
- to demonstrate optimal utilisation of our assets and resources across the region
- to address current waiting list backlogs and create sustainable capacity
- to reduce clinical risk on an equitable basis across the region
- to provide services that are accessible to the population of the region in line with the findings of Professor Sir Mike Richards' Independent Review of Diagnostic Services for NHS England².

Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability. Health Board planning teams (joined by clinical, operational, and other colleagues where beneficial) continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative planning has involved each UHB leading a formal programme, with ABUHB overseeing ophthalmology and cancer, C&VUHB overseeing orthopaedics and stroke and CTMUHB overseeing diagnostics (consisting of endoscopy, pathology, and community diagnostic hubs).

² Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England

2.3 Individual organisation overview

The LHP programme is being led by the LHP Project Team at CTMUHB in partnership with ABUHB and C&VUHB as part of the South East Wales regional network.

An overview of the main organisations who will collaborate to implement the changes and oversee services delivered from the new facilities is provided below.

2.3.1 Cwm Taf Morgannwg University Health Board

Established in 2009, CTMUHB (previously known as Cwm Taf UHB) provides primary, community, hospital and mental health services to the 450,000 people living in the County Boroughs of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. The UHB employs approximately 12,000 staff and has an annual budget of approximately £1.3 billion.

CTMUHB is located between the Wales capital, Cardiff, to the south, the coastal town of Porthcawl to the west, and the Brecon Beacons National Park to the north. Hospital sites include:

- Prince Charles Hospital
- Princess of Wales Hospital
- Royal Glamorgan Hospital
- Ysbyty Cwm Cynon
- Ysbyty Cwm Rhondda
- Ysbyty George Thomas
- Cefn Yr Afon
- Dewi Sant Health Park
- Glanrhyd Hospital
- Pontypridd Cottage Hospital
- Keir Hardy University Health Park
- Maestag Community Hospital
- Merthyr Renal Dialysis Unit
- Pinewood House

The proposed Llantrisant Health Park is situated close to the Royal Glamorgan Hospital.

2.3.2 Cardiff and Vale University Health Board

C&VUHB is one of the largest NHS organisations in Europe, employing approximately 17,000 staff and spend around £1.4 bn every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. The UHB also serves a wider population across South and Mid Wales for a range of specialities.

The UHB is structured and designed into eight Clinical Boards, which cover the four main service areas. The eight Clinical Boards were created in June 2013 and have focussed on providing strong leadership in clinical areas, resulting in the acceleration of operational decision-making, greatly enhancing the outcomes for patients in their care. The Boards are held to account via the Executive Directors, and a process of scrutiny is ensured through monthly performance boards and a robust authorisation process. Hospital sites include

- University Hospital Wales
- University Hospital Llandough
- Noah's Ark Children's Hospital for Wales
- Barry Hospital
- St David's Hospital
- Hafan y Coed Mental Health Unit
- Cardiff Royal Infirmary
- University Dental Hospital

2.3.3 Aneurin Bevan University Health Board

ABUHB was established in October 2009 and serves the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The UHB employs over 14,000 staff, two thirds of whom are involved in direct patient care and has an annual budget of approximately £1.7bn. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers. Hospital sites include acute sites:

- Grange University Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Ysbyty Ystrad Fawr

and a number of community hospitals and facilities, including:

- Rhymney Integrated Health and Social Care Centre
- County Hospital
- St Woolos Hospital
- Chepstow Community Hospital
- Monnow Vale Integrated Health and Social Care Centre

2.4 Regional overview

The Regional Portfolio is made up of three main programmes: Orthopaedics, Diagnostics and Ophthalmology. The three UHBs in South East Wales work together regionally adopting the following regional working principles:

- To reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
- To improve resilience.
- To make effective use of capacity and capability in whichever organisation it sits.
- To create critical mass for effective high quality care delivery when and where it makes sense to do so accepting that may not reside in every organisation.
- Take all opportunities to use the evidence base and best practice to improve quality, efficiency, productivity and use of finite resources.
- To enable clinical leaders, and others, to work together, lead together and learn together.
- Distributed leadership approach collaboration with benign intent, honesty, transparency and integrity in order to build trusting and effective relationships.
- To agree approaches to engagement and communications together.
- To avoid leaving anyone behind and learn from the past and progress in an open, honest and humble way.

The Regional Diagnostics Programme was initiated with the intended aim of developing and implementing both short and medium to long-term service changes which will provide more timely access to diagnostics in a sustainable way. The three health boards are committed to regional working, where clinically appropriate, through the Regional Portfolio Board.

The Regional Diagnostics Programme comprises three projects: radiology, endoscopy and pathology.

The Regional Endoscopy project was initiated with the aim of achieving the following:-

- A single regional service model philosophy across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support bowel screening activity if / as appropriate
- A single service team philosophy, with common roles, responsibilities, standard operating procedures, skill mix and staff rewards (banding etc.), together with a philosophy of learning and sharing of best practice at all levels of the service.
- Professional Joint Accreditation Group (JAG) accreditation across all facilities (actual or equivalent)
- Movement towards management of a shared waiting list and addressing the longest waiters on a regional basis
- Collaborative approach to training arrangements, working with HEIW via an academy model
- IM&T systems to enable the sharing of data, including e-referral, reporting and onward referral and appropriate interface with FIT testing results.
- Enhanced shared understanding of demand and capacity data, with common approaches and definitions.

The regional endoscopy planning has been informed by the following guidance and policy documents.

- Our programme for transforming and modernising planned care and reducing waiting lists in Wales, Welsh Government (2022)
- Diagnostics Recovery and Transformation Strategy for Wales (2022-2025)
- Independent Review of Diagnostics Services (Professor Sir Mike Richards) (2020)

Regional partners have worked together to develop overarching regional plans for endoscopy and imaging identify the demand and capacity plans and regional solutions to address. The following sections discuss the outcomes of this work.

2.5 NHS Wales business strategy and aims

This OBC illustrates how LHP will support a key priority to improve access to Diagnostic and Endoscopy services, and provides the infrastructure required for provision of these much-needed regional services.

The proposals are aligned with the national strategic context, supporting a broad range of national strategies and policies, including:

- The NHS Wales Planning Framework 2023-2026
- National Clinical Framework: A Learning Health and Care System (2021)
- The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)
- A Healthier Wales: Our Plan for Health and Social Care (June 2018)
- The Wellbeing of Future Generations (Wales) Act 2015
- Prudent Healthcare: Securing Health and Wellbeing for Future Generations
- Informed Health and Care: A Digital Health and Care Strategy for Wales (2015)
- NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.

The Diagnostics Recovery and Transformation Strategy for Wales 2022-2025 sets out the plan to improve, transform and redesign diagnostic pathways in Wales. Diagnostic services are a fundamental aspect of modern healthcare delivery. Clinical pathways cannot function properly without sufficient capacity to turnaround diagnostic tests, procedures and reports in a timely manner.

Large backlogs of diagnostic procedures hold the NHS back from making improvements in referral to treatment times, impair screening pathway effectiveness, result in poor patient experience, and have the potential to result in harms and poorer outcomes.

The Diagnostics Strategy outlines the need to:

Rapidly create additional diagnostic capacity	Move to a combined approach to diagnostics as a whole	Provide directional national NHS leadership, through the Diagnostics Board, as part of the NHS Executive	Expedite transformation in diagnostic service models

This national strategy seeks to deliver on the following aims:

- Improving outcomes and reducing pressure on secondary care
- Addressing unmet care need that has been exacerbated by COVID-19
- Enabling people to live longer, healthier lives at home
- Identifying treatments earlier in disease which enables intervention and care management more rapidly
- Creating a sustainable and intelligent integrated health system which reduces inequality
- Making Wales a great place to live and work.

The South East Wales Regional Diagnostics plan for Community Diagnostic Hubs aligns with this strategy and its aims through the intention to seek both a rapid expansion of diagnostic service access and the delivery of new models of care with a focus on providing centres of excellence which will attract and retain the required workforce.

Further support for new models of delivery was set out in Professor Sir Mike Richards' **Independent Review of Diagnostics Services** (October 2020); it highlighted the need for investment in equipment, facilities and workforce, and proposed a model of community diagnostic hubs established away from acute hospital sites.

The review sets out a vision for diagnostic hubs to provide a consistent approach to support health checks for people in deprived areas and potentially detect health issues that can be treated to prevent the conditions worsening. This model also aligns with national strategy through providing services away from acute sites, thereby improving access and reducing pressure on acute sites.

The Richards' report made a total of 24 recommendations, and the key elements are summarised in seven points here.

- **Diagnostic equipment and facilities should be expanded and upgraded as soon as possible.** High-quality data on imaging facilities already existed on which estimates of numbers of machines could be made. For other diagnostic modalities (e.g. endoscopy and physiological sciences) where national data are not available, baseline surveys should be undertaken.
- **The diagnostic workforce should be expanded substantially across all modalities**, with new roles being developed and training academies being established.

- **New service delivery models with new pathways to diagnosis should be established.** These should separate emergency/acute and elective diagnostics, wherever possible, to improve efficiency and reduce delays for patients. Community Diagnostic Hubs (CDH) should be rapidly established.
- **Improving connectivity and digitisation** should be prioritised across all aspects of diagnostics.
- **Innovative approaches to diagnostics should be evaluated** as quickly as possible and then implemented across the NHS. These are likely to include the use of artificial intelligence (AI) to assist human reporting in imaging, pathology and endoscopy. The use of new diagnostic technologies that can be used in patients' homes should be expanded, building on learning from home testing for COVID-19.
- Clinical and managerial leadership should be put in place for all diagnostic disciplines at national, regional and local/system/network levels.
- **Standardised data should be collected across all diagnostic modalities** to drive operational performance, support business planning and to inform service improvement.

The Richards' Report noted that **the key aims of Community Diagnostic Hubs are to:**

improve population health outcomes	improve productivity and efficiency	deliver a better, more personalised diagnostic experience for patients
increase diagnostic capacity	contribute to reducing health inequalities	promote primary/community and secondary integration

This model of Community Diagnostic Hub (CDH) provision has broad support from professional bodies such as the British Medical Association (BMA) Wales who advocated for increased access to diagnostics, in their letter to Welsh Government in May 2021.

It is also anticipated that CDHs will contribute to improve staff satisfaction, making every contact count, research and innovation and net zero carbon emissions. They should also act as anchor institutions for the populations they serve.

2.5.1 Getting it Right First Time (GiRFT)

The GiRFT Report considers the challenges of a post-COVID 19 Radiology service across the UK, with demand having increased between 2013 and 2019 by 22% with an expectation that this growth will continue.

The report captures a detailed account of the challenges faced by Radiology services and makes a number of recommendations to:



The report identifies a positive vision for change, of making radiology more patient-centric. That includes faster access to imaging, but also seeking to make services more convenient and accessible, and improving the physical environment of radiology departments.

This business case and the long term plans of the South East Wales region acknowledge and align with the points raised in the report and recommendations outlined.

The focus of the region's work is on both delivery of sustainable services through a range of means and seeking to better manage demand through alternative pathways.

2.5.2 Strategy for Developing a Regional Workforce Model for Wales

During 2021/22 Health Education and Improvement Wales (HEIW) supported the Imaging Workforce and Education Group (IWEG) and the National Imaging Programme to develop the *Building the NHS Wales Imaging Workforce Model – Strategy for Developing a Radiology Workforce for Wales*.

The Strategy sets out several recommendations to support and facilitate the development of a strong, resilient, and sustainable Radiology workforce for the future. These recommendations require both a national and local approach to implementation to ensure that the benefits are realised for both patients and staff. This includes developing plans for the recruitment of staff at a local level and identifying scope for workforce transformation opportunities.

3 Case For Change

3.1 Introduction

This section of the business case establishes the case for change for the development of the CDH by providing a clear understanding of:

- The spending objectives (what the proposals seek to achieve)
- Existing arrangements (what is currently happening)
- Business needs (what is required to close the gap between existing arrangements and what is required in the future).

3.2 Spending objectives for the LHP Programme

The main aim of the overarching LHP programme is to deliver high-volume low-complexity care away from crowded DGH sites; which will provide both additional capacity to meet ongoing increasing demand and free up existing resources to better meet emergency and unplanned care pressures. In turn, this should reduce patient wait times and facilitate earlier discharges on DGH sites across the region.

For Phase 1, the aim of this project is to deliver a Community Diagnostic Hub that is right-sized to meet the current and future needs of the local population, relieves pressures on existing DGH sites, supports the integration of primary, community and social care services, complies with regulatory standards and is suitable for the delivery of twenty first century healthcare.

The spending objectives listed in the table below were agreed by members at LHP Programme Board in September 2024 for the programme as applicable to all phases including phase 1 – CDH and Supporting Infrastructure.

Table 1 - Spending objectives

Ref	Theme	Spending objective	Benefit
SO1	Meet population needs	The delivery of an elective high volume low acuity model of care for the South East Wales Region on a phased basis. The first phase to focus on diagnostics and endoscopy. A second and third phase to focus on orthopaedics and day surgery respectively. Phase 1 services to be operational during the 2027/28 financial year. Future phases to consider further regional services such as pathology.	• Right-sized to meet current and future demand • Improves access to range of services • Centre of Excellence with efficient service delivery models and improved patient outcomes and increased throughput • Able to flex for the future
SO2	Maximise capacity	To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring Royal Glamorgan site.	• Creates opportunities for centralisation of skillsets; centre of excellence • Enables greater collaboration regionally • Creates opportunity for one stop diagnostics, improved use of resources and appointments

Ref	Theme	Spending objective	Benefit
SO3	Innovation and standardisation	To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised protocols and practices to promote efficient service delivery offering improved value for money and addressing the modifiable drivers of increased cost against English Tariff, excluding those aspects driven by Welsh Policy.	• Standardisation of consumables, with financial savings • Standardisation of best practice/policies; efficiencies, increased throughput, reduction of wait lists
SO4	Enable training / development of future workforce	To enable increased training and development of secondary care staff including accommodating more medical trainees and students.	• Accommodates placements for students (allowing role development and succession planning) • Improved workforce retention and recruitment
SO5	LHP Models of Care and Workforce Models	During phase 1 to ensure that the managed service provider delivers compliant and innovative models of care and workforce models, following the initial terms to develop innovative and new models of care to bring the CDH back into NHS management and control. . In Phases 2 and 3 to develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services	• Environment / ways of working that support staff welfare and wellbeing • Improved skills and job satisfaction • Improved patient outcomes • Multi-disciplinary working
SO6	Sustainable estate	To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.	• Complies with relevant standards; NZC, BREEAM excellent and energy performance • Opportunities for future additional service provision for South East Wales. • Opportunities for further regional reconfiguration and enabling of service and or estate rationalisation.

3.3 Existing arrangements

3.3.1 Radiology

Radiology is an important diagnostic test for a wide range of clinical conditions and is a key stage in many cancer and non-cancer pathways. Within Wales, the Welsh Government target for diagnostic tests (including radiology), is a maximum waiting time of eight weeks. Waiting times for radiology also form part of the 26-week referral to treatment time target (RTT) and 62 day single cancer pathway target, from suspicion to first definitive treatment. Many inpatients also require radiology as a diagnostic test, with waiting times, therefore, impacting patient outcomes and experience including length of stay and overall hospital efficiency.

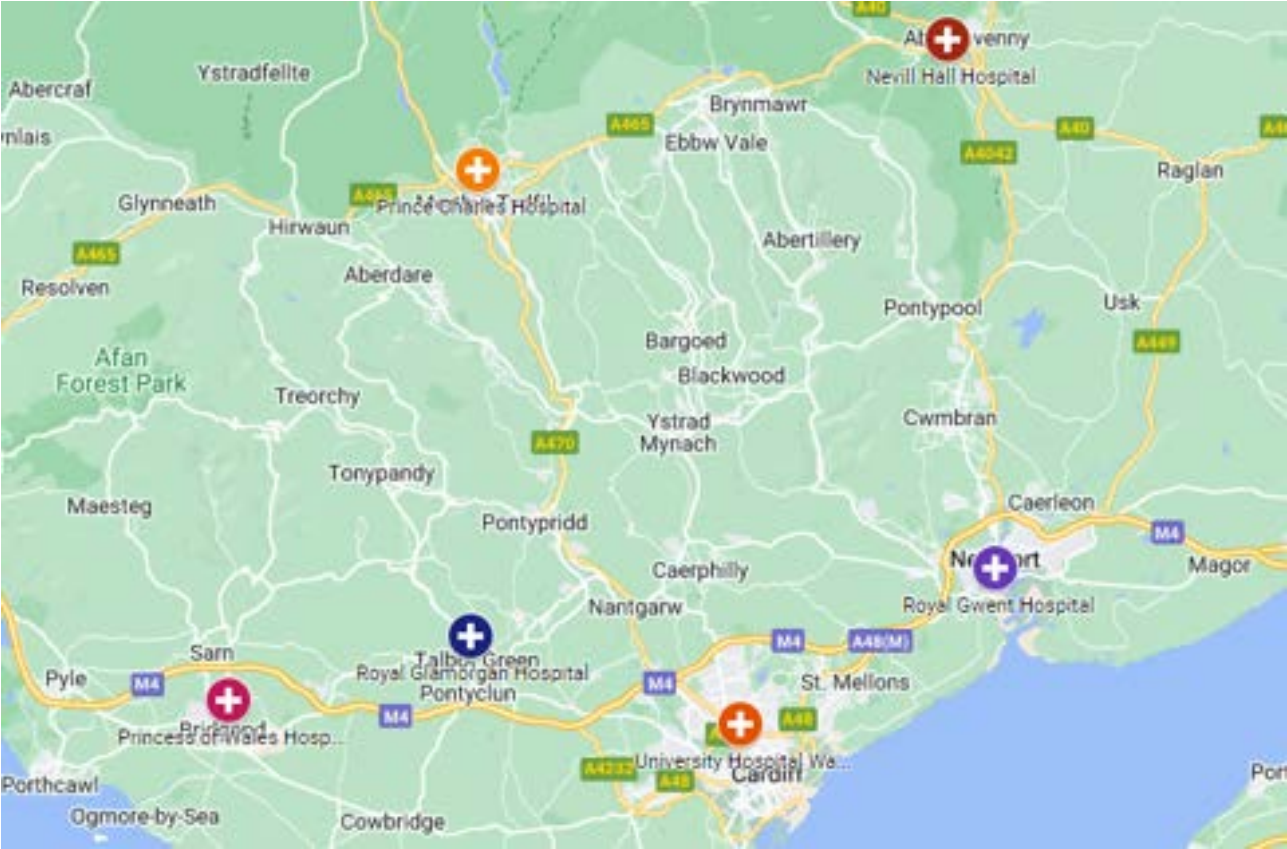
Current service provision for the region is delivered for each of the health boards' populations within each health board's geographic footprint. Patients from each health board currently access diagnostics in other health boards as part of agreed patient flows for specific service pathways but not commonly purely for diagnostics tests.

Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives) and in-sourcing.

Location of existing Imaging services

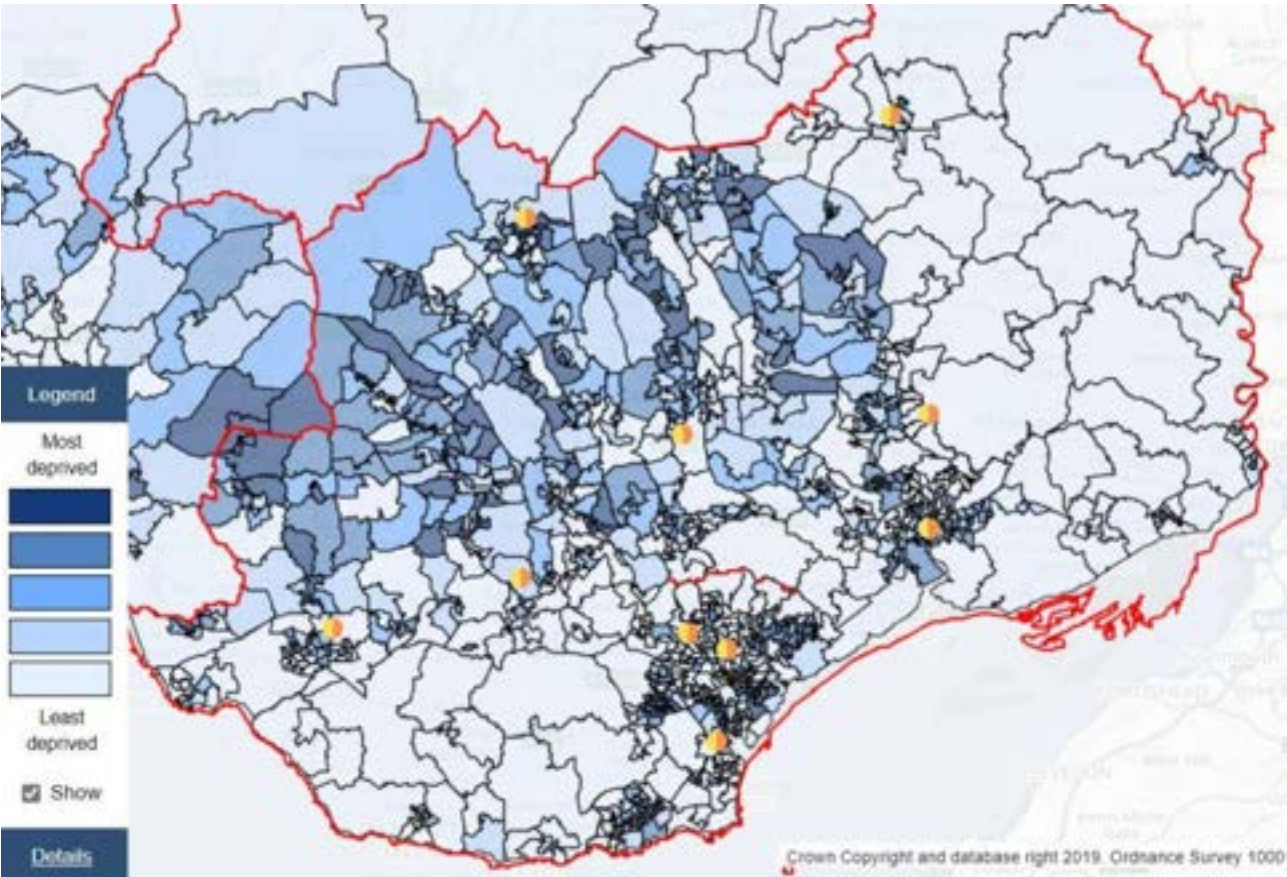
The South East Wales region comprises a large geographic area with varying ease of access for residents in discrete areas within the region due to road network and public transport options.

Figure 1 - District general hospital sites and the associated travel infrastructure



Given the agreed aim of ensuring access to residents living in areas of deprivation, the existing diagnostic infrastructure has been mapped against the Welsh Index of Multiple Deprivation (WIMD). The map below shows the location of CT and MRI facilities across the region.

Figure 2 - Location of CT and MRI facilities across the region (yellow and orange)



There is work underway being led by the regional imaging group to review service provision and create updated demand, and capacity modelling across the region. This will be used to develop a regional plan for imaging to address waiting times across the region. This is due to be completed shortly, however underpinning assumptions around demand and capacity have been used in completing this business case.

At this moment, only CTMUHB has confirmed an intention to commission imaging services from LHP. Cardiff and Vale and Aneurin Bevan University Health Boards have confirmed that they do not intend to commission services from LHP in the short term. Aneurin Bevan has indicated that it may consider doing so in the future, but there is no confirmed timeline for this. As this business case is focused on LHP only CTMUHB demand and capacity modelling will be included for the remainder of the case as they are the only confirmed contracting party.

The latest current imaging provision for CTMUHB is set out in the table below

Table 2 - Current delivery CTMUHB Imaging provision by site

Site	Modality	Days per week	Hours		Annual Capacity (Visits)
			From	To	
RGH	MRI 1	7	07.30	20.00	7,497
	MRI 2	5	07.30	20.00	5,187
	CT 1	7	08.00	20.00	16,752
	CT 2		09.00	17.00	7,350
	NOUS 4.5 rooms	5	09.00	17.00	14,994

Site	Modality	Days per week	Hours		Annual Capacity (Visits)
			From	To	
POW	MRI	5	07.30	20.30	5,434
	CT 1	7	08.00	20.00	16,752
	CT 2	7	09.00	17.00	7,350
	NOUS 4 rooms	5	09.00	17.00	13,314
PCH	MRI	7	07.00	19.30	1,476
	CT 1	7	08.00	20.00	16,752
	CT 2	5	09.00	17.00	7,350
	NOUS 4 rooms	5	09.00	17.00	13,314

In summary the total activity per modality based on patient visits is as set out below. These capacity figures have been derived by CTMUHB based on an average length of visit, days and hours of opening and includes accounting for planned downtime. The detail behind these calculations is included as appendix 2

Table 3 - CTMUHB summary Imaging capacity by modality

Modality	RGH	POWH	PCH	Total
MRI	12,684	5,434	7,476	25,594
CT	24,102	24,102	24,102	72,306
NOUS	14,994	13,314	13,314	41,622

3.3.2 Endoscopy

Endoscopy procedures are currently carried out from a range of sites across the three health boards. The table below sets out the permanent capacity arrangements in place across the region:

Table 4 - Endoscopy facilities, operating hours, days, sessions

Facility	No. rooms	Operating hours	Days / sessions	Procedures per year (ave.)
Aneurin Bevan UHB				
Grange University Hospital (weekends - inpatient / emergency on call only)	1	0800-1800	9 sessions gastro 1 session respiratory 5 days inpatients 7 days emergencies	1,956
Nevill Hall Hospital	2	0800-1800	5 days per week	5,392 (364 of which WG additional funds)
Royal Gwent Hospital	2	0800-1800	5 days per week	12,718 (902 WG)
	2		7 days per week	
Ysbyty Ystrad Fawr	2	0800-1800	5 days per week	5,845 (259 WG)

Facility	No. rooms	Operating hours	Days / sessions	Procedures per year (ave.)
Cwm Taf Morgannwg UHB				
Royal Glamorgan Hospital		0900-1700	5 days per week	7,435
Prince Charles Hospital		0900-1700	5 days per week	5,257
Princess of Wales Hospital		0830-1630	5 days per week	2,276
Cardiff and Vale UHB				
University Hospital Llandough (UHL)**	6	0900-1600	5 days per week 2 sessions	12,638
University Hospital Wales (UHW)	2	0900-1600	5 days per week 2 sessions	4,536

* Although C&VUHB have eight rooms there is only a nursing capacity to run seven rooms and endoscopists to run six rooms. Currently 7 rooms are run with the support of an initiative with Medinet.

** Utilisation at UHL was relatively low during this period. Room 6 only became operational in Q4, and Room 5 faced ongoing staffing constraints which limited its use throughout the year.

Detailed demand and capacity modelling has been undertaken by the National Endoscopy Programme for Wales (NEP), which has identified a recurrent shortfall in capacity. This demand is driven by increasing symptomatic demand coupled with the phased extension of the age range for Bowel Screening. This modelling concluded that there would be a six rooms shortfall in the South East Wales region by 2027/28 and has also recommended the establishment of regional endoscopy centres across Wales to support meeting a national shortfall in capacity against demand. This plan is included as Appendix 3 to this document and identifies an area outside of Cardiff for the facility in South East Wales. LHP would be an idea location for the same.

The regional diagnostic group have led on the development of the regional endoscopy plan based on work undertaken by NEP. The outcomes of this work are set out in the sections below but will focus on the whole region as both C&VUHB and ABUHB have included LHP additional capacity in their plans.

Whilst there are differences in the activity being undertaken across HB and sites, the group have confirmed that it is not possible to increase activity across all sites. This is due to workforce and estate constraints and there are recognised benefits to economies of scale of having larger consolidated units. This has supported the argument for the endoscopy service at LHP being regional provision.

3.4 Business need

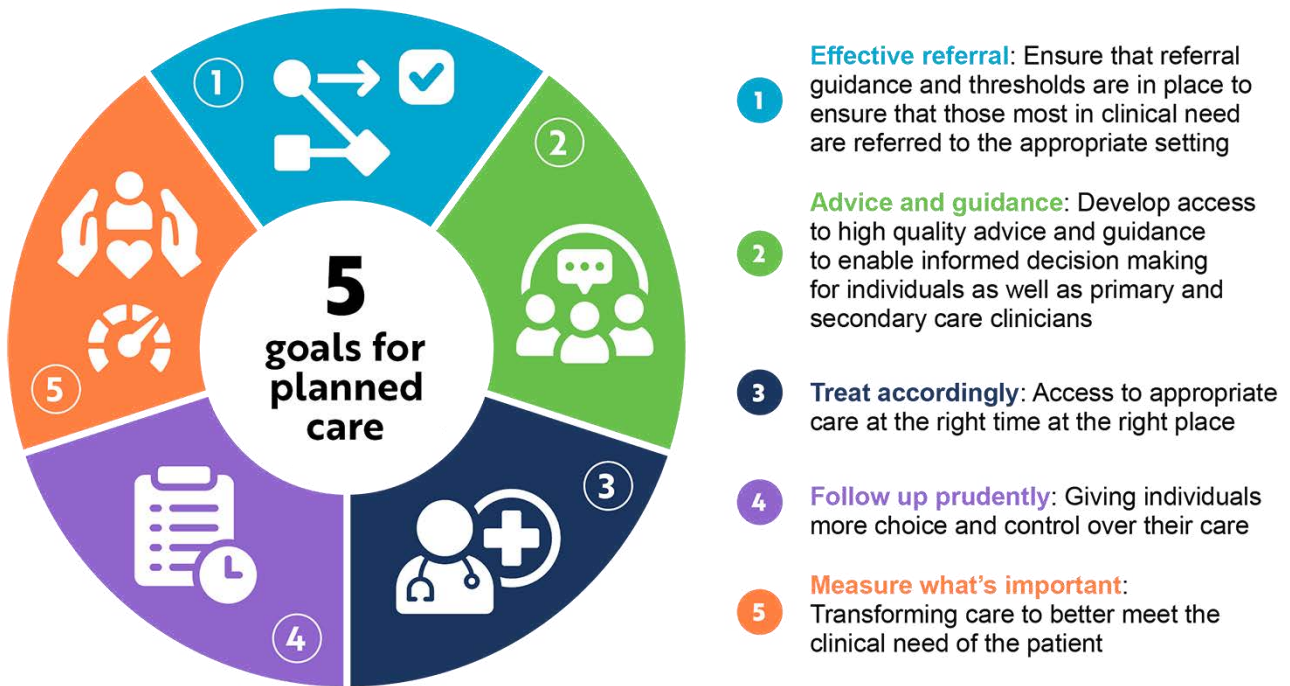
The vision is to create a standalone site for diagnostics that guarantees uninterrupted, effective and efficient services that address both current capacity shortfalls and offers opportunity to meet future demand growth. The vision is to provide patient centred care away from an acute hospital setting which also supports emergency care pathways by preserving capacity for unplanned and urgent procedures on DGH sites.

The need to significantly increase diagnostic and treatment capacity in Wales was set out in the Welsh Government Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales which was published in April 2022.

The plan set a clear direction for Health Boards to recover the backlog of elective activity that has developed during the COVID-19 pandemic as well as responding to the increasing demand for diagnostic and surgical services due to demographic change and the challenge of health inequalities evident in many parts of Wales.

The plan has five main goals, which are underpinned by seven priorities to support and influence recovery planning and investment decisions as set out below.

Figure 3 - Welsh Government programme for transforming and modernising planned care goals and priorities



The seven priorities are:

- 1 Transformation of outpatients**
- 2 Prioritisation of diagnostic services**
- 3 Focus on early diagnosis and treatment of suspected cancer patients**
- 4 Implementing a fair and equitable approach to patient prioritisation to minimise health inequalities**
- 5 Elimination of long waits at all stages of the pathway**
- 6 Building sustainable planned care capacity across the care pathway**
- 7 Provision of appropriate information and support to people**

The LHP programme aligns with planned care recovery programmes across with the region in the development of long-term additional capacity to support the delivery of efficient and effective solutions to support all three Health Boards to eliminate long waits and reduce overall waits within the patient pathway in terms of access to diagnostic services. This is in addition to each Health Board fully utilising existing assets as it is recognised that both are needed to ensure efficient diagnostic care for the region.

The ability to create bespoke capacity to maximise patient flow and increase efficiency and innovation in service delivery offers additional benefits to the region from investment in the programme. These include standardisation of patient pathways and clinical practices which should increase efficiency and improve patient outcomes, consolidation of services on LHP will release space on existing sites and act as a key enabler for future regional reconfiguration and transformation and the opportunity to standardise procurements thus achieving greater revenue savings on high volume items.

3.5 Increasing demand for services

All Health Boards in the region are operating waiting lists for endoscopy and for CTMUHB there are waiting lists for all imaging modalities. The following sections set out the CTMUHB demand and capacity for imaging and the regional demand and capacity for endoscopy services.

3.5.1 Radiology

The regional imaging group initially reviewed service provision, demand, and capacity to support the 2023 regional procurement to appoint an independent service provider (ISP), the procurement of which remains ongoing and will be discussed in later sections. This work is being updated following Judith Paget's letter, of 27 January 2025, which requested an integrated regional imaging plan to developed by the three Health Boards.

The refreshed demand and capacity information for the regional plan remains under development and will be presented to regional boards and WG under separate cover. The modelling for CTMUHB included in this OBC has taken the outputs from the work completed to date and ensured a consistent approach to data application and assumptions.

In the first instance an overview of current waiting times for patients within CTMUHB is as set out below and compared to the 2024 figures included in the submitted strategic overview document.

Table 4 - Current waiting times (CTM)

Date	Non Cardiac CT		Non-Cardiac MRI		Non Obstetric USS		Total	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
Jan-24	1,716	966	1,765	1,166	2,685	3,427	6,166	5,559
Jun-25	2,154	994	1,964	33	3,483	1771	7,601	2,798

Table 6 illustrates that there has been an overall increase in the number of patients waiting for scans across all disciplines with CT also seeing an increase in patients waiting over 8 weeks despite the presence of mobile imaging on the LHP site during 2024. Non recurrent additional capacity alongside some improvements in productivity have seen a fall in the over 8 week waits for MRI and ultrasound but these are now starting to increase again and are expected to continue to do so.

These waits can be explained when the latest demand and capacity data is considered. The location and operating hours of the current equipment with CTMUHB has already been detailed in Table 2 above, and has informed the capacity element of the demand and capacity modelling set out below (Table 6). Demand is based on information from CTMUHB with uplifts being based on outputs from modelling undertaken by Cardiff and Vale UHB and shared with the regional programme. The baseline 2025/26 Activity has been used as year one data as set out below:

Table 5 - Demand and capacity forecast / gap analysis

Modality	Actual capacity	Demand 25/26	Gap 25/26
MRI	25,594	25,675	-81
CT	72,306	82,657	-10,351
NOUS	41,622	43,351	-1,729

This clearly illustrates a shortfall in capacity in 2025/26 requiring non recurrent measures to be introduced and resourced at a premium cost to meet the level of demand based on an 8-week target. No improvements on this time can be offered and non-recurrent measures at a premium will be required to being performance in line with targets.

When demand growth is considered then the position clearly worsens with the table below setting out the position for the next 5 years. The demand increases are 8% for MRI, 8.9% for CT and 5% for ultrasound. This has been projected forward over a 5 year plan period with 2025/26 demand data contained in Table 5 above being used as the baseline year 0.

Table 6 - Imaging demand and capacity analysis

Modality	Current capacity	Forecast	2026/27	2027/28	2028/29	2029/30	2030/31
MRI	25,594	Demand	27,729	29,947	32,343	34,931	37,725
		Variance ³	-2,135	-4,353	-6,749	-9,337	-12,131
CT	72,306	Demand	90,013	98,025	106,749	116,250	126,596
		Variance	-17,707	-25,719	-34,443	-43,944	-54,490
Ultrasound	41,622	Demand	45,519	47,794	50,184	52,693	55,328
		Variance	-3,897	-6,172	-8,562	-11,071	-13,706

There are several assumptions within the figures provided, namely that one CT on each DGH site is used as “hot capacity” and, whilst they are operated over 24 hours, the capacity outside the normal operating hours of 08.00 and 20.00 has been excluded, as this is demand-led and not operating at the same levels of efficiency.

There is a clear and significant gap in CT provision based on current capacity, which equates to in excess of one CT operating over 12 hours by 2026/27. Both MRI and NOUS are also showing year on year capacity shortfalls under the current model.

When considering the shortfall in actual capacity against demand, consideration has been given to whether utilisation of current assets has been maximised. There are some not insignificant issues with increasing capacity for imaging and there are existing pressures on workforce for both scanning and reporting. To deliver increased capacity it will be essential to secure workforce from the private sector to support the same. Despite this an exercise looking at the potential capacity increases that could be introduced has been developed.

³ Surplus / **shortfall**

Table 7 - CTMUHB current v potential delivery capacity

Site	Modality	Current delivery model			Potential delivery model			Capacity increase
		Days/wk	Hours/day	Capacity ⁴	Days/wk	Hours/day	Capacity	
RGH	MRI 1	7	12	7,497	7	12	7,497	0
	MRI 2	5	12	5,187	7	12	7,371	2,184
	CT 1	7	12	16,752	7	12	16,752	0
	CT 2	5	7.5	7,350	7	12	16,752	9,402
	NOUS 4.5 rooms	5	7.17	14,994	6	7.5	34,764	19,770
POW	MRI	5	12.5	5,434	7	12.5	7,722	2,288
	CT 1	7	12	16,752	7	12	16,752	0
	CT 2	5	7.5	7,350	7	12	16,752	9,402
	NOUS rooms	5	7.17	13,314	6	7.5	22,860	9,546
PCH	MRI	7	12	7,476	7	12	7,497	21
	CT 1	7	12	16,752	7	12	16,752	0
	CT 2	5	7.5	7,350	7	12	16,752	9,402
	NOUS rooms	5	7.17	13,314	6	7.5	22,860	9,546

Some of the key changes in capacity concern the move of the second MRI at RGH to a 7 day 12 hour working option with staffing required to be sourced to support the same. For CT all second machines on sites have been increased to seven- day and 12-hour working for elective patients. With NOUS the increased capacity modelling assumes that a further two rooms at RGH can be resourced and operated alongside the 4.5 rooms already in operation. In addition, it is assumed that 50% of the rooms on each site will operate a seven-day working model. For NOUS, hours of operation have not been increased due to the high level of manual intervention required in this modality

There are obviously a considerable number of risks around assuming the availability of this capacity, most notably around workforce availability and cost but also all consumable and supporting costs associated with this capacity increase. However, when the capacity increase is modelled against the demand levels mentioned above it can be seen that shortfalls in imaging capacity can be met in the immediate term.

Table 8 – Potential Demand v capacity based on Increased use of Existing Assets

Modality	Potential capacity	Forecast	2026/27	2027/28	2028/29	2029/30	2030/31
MRI	30,087	Demand	27,729	29,947	32,343	34,931	37,725
		Variance ⁵	2,358	140	-2,256	-4,844	-7,638
CT	100,512	Demand	90,013	94,514	99,239	116,250	126,596
		Variance	10,499	5,998	1,273	-15,736	-26,084
Ultrasound	80,484	Demand	45,519	47,794	50,184	52,693	55,328
		Variance	34,965	32,690	30,300	27,791	25,156

⁴ Number of annual visits

⁵ Surplus / **shortfall**

By maximising capacity in the short term CTMUHB can continue to meet demand in all modalities until the end of 2027/28. From 28/29 shortfalls in MRI and CT start to become apparent. LHP is due to open in late summer 2027/28 so will be in place to meet the shortfalls within CTM.

On the face of it, CTMUHB has potential capacity to meet ultrasound demand over the next five years and beyond, however NOUS services are under extreme pressure on all sites within CTMUHB and are recognised as being a service under pressure nationally in Wales. Much is due to the high workforce input into this modality which leads to strains on the existing resource and sees higher levels of sickness and rest breaks generally required by sonographers.

The potential capacity relates to a desktop increase in operational hours and rooms reflecting the actual physical capacity, but for NOUS this is not realisable due to two important drivers:

- Firstly, changes to antenatal care pathways are driving an increase in obstetric scanning and this must be prioritised over elective scanning, due to the shorter timescales.
- Secondly, due to the volume of obstetric scanning and ergonomic challenges of our patient group, we are seeing increased sickness driven by RSI issues which is further limiting the actual capacity.

This makes the provision of a standalone service, provided by a workforce distinct to our obstetric services critical to deliver waiting times and provide ringfenced service whilst existing capacity can be focused on achieving obstetric scanning demand.

In addition, covering sudden and unplanned absences is almost impossible with a high level of very short term list cancellations taking place. Unlike CT and MRI where services can still run albeit at a possible lower throughput, a loss of staff in NOUS can lose a list for at least a day whilst cover is attempted to be found. In reality, this makes achieving the level of performance to meet the potential capacity numbers in ultrasound almost impossible.

To deliver these levels of capacity in house bestows a high level of financial and service risk on CTMUHB with no capacity to cover sickness. In addition, it is likely that any additional capacity realised will have to be diverted to support obstetric scanning. The delivery of services at a premium (agency or private sector rate) can be prohibitive and extremely difficult to secure regularly which explains why these levels of capacity have not been achieved.

The reality is that to meet growing demand levels, an increase in existing capacity on standalone ringfenced site will be required in NOUS to provide a sustainable future focussed service.

It should also be noted that the above tables consider growth in demand associated with population growth and changes, however additional demand associated with the straight to test cancer pathway has not been factored into this model, neither has the opportunity to create a shorter than eight-week pathway to imaging and diagnostic service. There are also expected to be increased pressures from programmes such as lung health screening which will put further as yet unmodelled pressure on imaging services.

Within CTMUHB there are a further number of emerging pressures that have not been factored into the demand figures above but will service to further increase pressures on imaging services over the next 12-24 months. These include:

- Plans to repatriate the Cauda Equina Pathway OOHs back from C&VUHB.
- There are plans in SBUHB to repatriate all CTMUHB activity in Cardiac MR and CT back to CTMUHB from Neath Port Talbot Hospital. The POW MRI will not cope with demand of MR Cardiac as only one session a month can be accommodated. An additional scanner will be needed to support this activity or activity transferred to LHP to enable additional session to take place at POWH.

- There are also plans for SBUHB to transfer all CTMUHB Maxillofacial services back and this will further increase demand on US and CT. Cone Beam CT will be a new service in PCH however the US demand will need to be met from somewhere.
- MCAT – physio service at NPT will be repatriated in near future resulting increased MSK requests for MR, US and X-Ray.

Radiology forms a critical part of the 26-week referral to treatment time target (RTT) and 62-day single cancer pathway target, from suspicion to first definitive treatment. As a result it is also anticipated that with increased capacity and significantly reduced waiting times increased radiology capacity will be required to deliver efficiencies across the health system by developing clinical pathways that incorporate diagnostics at an earlier stage, aiming to reduce pressures on services and improve the patient experience. A fundamental principle of this work is equity of access across the region, to ensure that these benefits are realised evenly to all patients and communities. Increased radiology capacity plays a key role in supporting accelerated pathways to treatment.

Additional permanent capacity can support Radiology services across South East Wales to consistently deliver within the required timeframes to provide a good patient experience, support inpatient flows, expedite cancer and referral to treatment pathways and increase compliance with component waiting times targets. To create permanent capacity will provide a better value for money solution than short term temporary investments.

3.5.2 Endoscopy

Despite significant work undertaken by the three health boards in the South East Wales region, the performance profile currently indicates a significant proportion of patients waiting more than the target waiting time of accessing diagnostic endoscopy within eight weeks.

In August 2024 there were nearly 8,000 patients waiting more than 8 weeks for a diagnostic endoscopy, although this position improved during 2024/25 because of additional non-recurrent funding.

Table 9 - Endoscopy position at August 2024

Health Board	Colonoscopy		Gastroscopy		Sigmoidoscopy		Total	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
AB	758	1,000	763	282	408	328	1,929	1,610
C&V	476	1,788	412	2,864	178	1,246	1,066	5,898
CTM	677	113	454	106	245	34	1,376	253
Total	1,911	2,901	1,629	3,252	831	1,608	4,371	7,761

The regular demand and capacity assessments facilitated for NHS Wales organisations by the National Endoscopy Programme (part of the NHS Wales Executive) have evidenced sustained growth in demand. This growth is evident for both symptomatic cases and for screening activity, due to the expansion of the Bowel Screening Wales programme to incorporate people aged between 51 and 55 years.

The impact of the growth in screening demand is set out by health board below and equates to a requirement for an extra 10 screening lists (one theatre) per week by 2027-2028.

Table 10 - Endoscopy screening demand increase

Procedure type	Year -1 Oct 23-Sep 24	Year 0 Oct 24-Sep 25	Year 1 Oct 25-Sep 26	Year 2 Oct 26-Sep 27	Year 3 Oct 27-Sep 28
Cwm Taf Morgannwg UHB					
Index procedures	828	1,112	1,112	1,112	1,112
Repeat procedures	196	264	264	264	264
Surveillance procedures	78	67	72	132	178
Total Procedures	1,102	1,443	1,448	1,508	1,554
*Lists per week	7	9	9	9	10
Cardiff and Vale UHB					
Index procedures	819	1,100	1,100	1,100	1,100
Repeat procedures	194	261	261	261	261
Surveillance procedures	60	72	88	131	176
Total Procedures	1,073	1,433	1,449	1,492	1,537
*Lists per week	7	9	9	9	10
Aneurin Bevan UHB					
Index procedures	1,116	1,499	1,499	1,499	1,499
Repeat procedures	264	355	355	355	355
Surveillance procedures	89	115	136	179	240
Total Procedures	1,470	1,969	1,990	2,033	2,094
*Lists per week	9	12	12	13	13

The National Endoscopy Programme (NEP) has facilitated several national demand and capacity assessments, with the autumn 2023 assessment of data identifying a total capacity gap (symptomatic and screening demand) across the south east Wales region (based on existing capacity) of approximately six rooms by 2027/28.

The NEP modelling is based on theatres operating on 10 sessions per week at 10 points per list. Further details of the demand and capacity exercise are included in Annex 1. A summary of the total demand increase for the south east Wales region is shown in the table below (based on points).

Table 11 - SE Wales total Endoscopy demand

Procedure type	2024-25	2025-26	2026-27	2027-28
Symptomatic (inc surveillance)	82,911	86,662	90,616	94,783
Screening	16,498	19,906	20,313	21,084
Total	99,409	106,568	110,929	115,867

3.6 Proposed service provision at LHP

To support decision making around clinical capacity and delivery of operational services, the regional demand and capacity modelling for the key services, covered in the previous section, has been analysed to support the right sizing of LHP to ensure it can meet both current and future demand. This will be covered in turn for each of the services.

3.6.1 Radiology

There is a drive within Wales to improve our cancer performance, this will be heavily reliant on diagnostics, in particular Radiology. Current pathways often rely on patients being referred into secondary care where they are reviewed, with relevant imaging then being requested. To expedite the diagnosis, the ability to send patients straight to test is required, as identified in the optimal Single Cancer Pathways produced by NHS Wales.

The current scanners on our acute hospital sites are busy with the acute and unpredictable inpatient demand. This will always limit the ability to completely maximise service provision in line with potential capacity modelling and be able to offer prompt access to the complex imaging required by these patients. The CDH will revolutionise the way we diagnose patients. We can follow the relevant Single Cancer Pathways, allowing our Primary Care colleagues direct access to the necessary imaging. In addition, by utilising Health Pathways, non-cancer referrals can be fast tracked to the CDH.

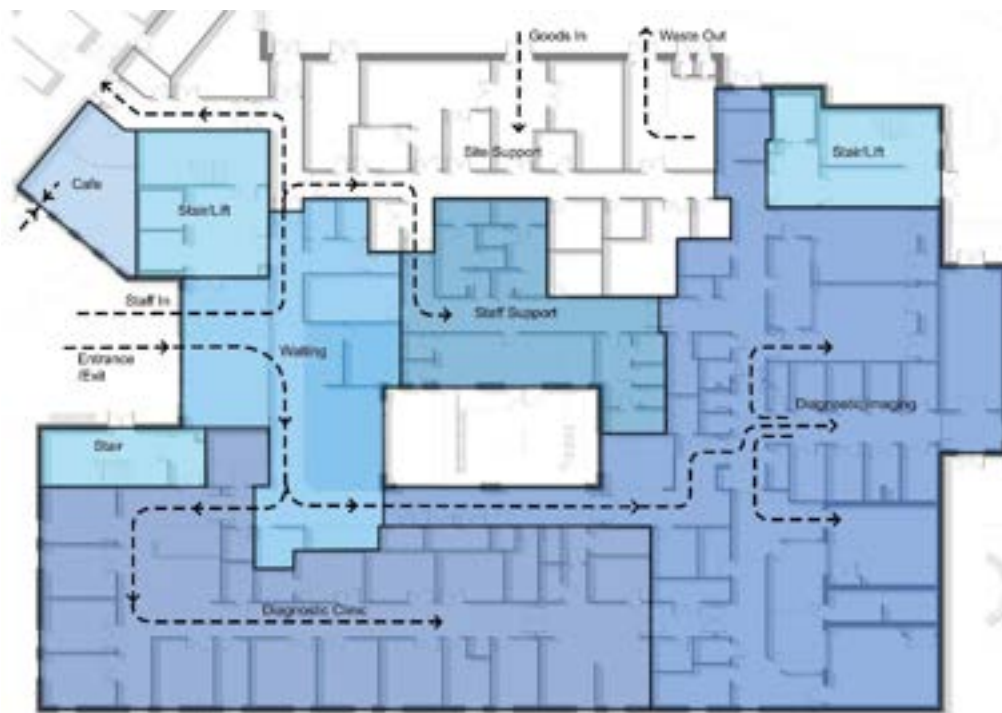
As a result of this, the direction for the infrastructure development has been to create the space to support the future growing demand and unknown increased screening and testing requirements. The proposed capacity will also be available to support regional partners should they determine that they cannot meet demand within their existing resources in the coming years.

The building has been designed to accommodate up to two MRI, two CT, three ultrasound and has the infrastructure in place to provide plain film x-ray. A suite of clinical and procedure rooms is included to support the provision of one stop clinics exploiting the adjacencies of the full range of diagnostic testing that will exist at LHP. These clinic spaces can focus on areas such as urology and lower GI which are two of CTMUHB's most challenged pathways for cancer performance. This gives the building a clear, cost effective and future focused approach to service delivery and ensures it can respond swiftly and effectively to changes or increases in commissioning arrangements, demand, screening requirements or be able to provide planned services away from emergency sites if required in the future.

This phased approach will enable rapid but stepped increases in diagnostic capacity, in line with the Diagnostics Recovery and Transformation Strategy alongside workforce planning and development to increase the NHS workforce, which will pave the way to potential future extension in operating hours of hospital-based diagnostic services, if required in future.

Currently, the proposed imaging provision at LHP will only be contracted by and provided for CTMUHB. The image below shows the current design for Diagnostics.

Figure 4 - Current Diagnostics layout plan



The CDH service provision is being procured from a third party provider, and the procurement remains ongoing at the time of writing this business case. The proposal is for an initial seven-year managed service contract with the provider supplying equipment and staffing to run and operate the imaging and endoscopy elements of the unit. The option appraisal to support this decision is set out in the economic case.

Recognising the need to step up services over time, the initial procurement documentation requests the provider to bid for the following contracted activity levels:

Table 12 - Diagnostic contracted activity

Year	MRI scans	CT scans	Non-obstetric U/S scan
Year 1 onwards	8,000	12,000	6,000

As this will be elective diagnostics and more HVLC work then it will be possible to undertake 8,000 scans on one MRI per year and the 12,000 CT scans would only require one CT. Therefore, it is expected that the initial contract with the provider would require one MR, one CT and two ultrasound rooms to be fitted out by them. The infrastructure offers an opportunity to step up capacity in a shortened timeframe should demand increase further or regional partners determine a need to commission radiology activity.

It is recognised that the discussion around the regional planning for imaging remains ongoing with the regional planning work due to complete shortly and present findings to their Boards. This will provide an overview of how all three organisations propose to meet their demand and capacity shortfalls within the WG confirmed position that capital funding will be directed towards LHP and not to other capital cases for the services within LHP.

The current pathway work with the service indicates that there are considerable benefits to the creation of a future proofed service by including two MRI and two CT alongside rooms for 3 NOUS in the design and infrastructure solution.

The business case proposes that the second MRI and CT rooms are included as shells within the building so that, as required, they can be equipped and utilised at a future date without disrupting flow and maximising design efficiencies. In addition, up to three ultrasound rooms will be included within the design alongside several procedure and clinical rooms. This will provide future flexibility to the CDH to expand and flex the services offered, including more multi-disciplinary one stop clinics utilising the existing imaging equipment alongside treatment spaces. This ensures the creation of a flexible, future focussed facility where one stop clinics utilising the on-site imaging technology can be delivered..

The proposed imaging design solution offers a regional solution if required in terms of the space and facilities built in. To attempt to create these spaces later will incur a premium cost, cause major disruption to the functioning unit and will compromise patient flow and efficiencies. To have a design which can incorporate demand growth and offer resilience and flexibility in its future usage is a unique opportunity within this programme. Capacity can also be managed to support Public Health screening requirements such as the lung screening programme or further other regional screening or diagnostic interventions. The capacity can also support major downtime across the region as required potentially reducing the need for expensive mobile hires for elective diagnostic procedures.

3.6.2 Endoscopy

The National Endoscopy programme (NEP) has facilitated several national demand and capacity assessments, using the Autumn 2023 data, identifying an expected gap across the South East Wales region of 6.3 rooms by 2027/28.

The following table summarises how the health board plans above impact on the original NEP capacity gap projection, together with the net recurrent requirement for a regional facility.

Table 13 - Endoscopy forecast capacity gap by 2027/28

	Rooms	Plan
NEP projected room gap 2027/8	6	
Net health board capacity requirements after individual plans		
ABUHB	0.5	Following 7/7 operating at Royal Gwent Hospital
C&VUHB	1.7	UHL operational model
CTMUHB	2	
Remaining gap to be addressed at regional facility	4.2	Four commissioned core rooms, supplemented by some academy activity and efficiency gains

The information supporting this has been shared in the section above and has also been presented to regional Boards to underpin the endoscopy model proposed for LHP. In addressing the shortfall in capacity, Health Boards have individual plans to mitigate the impact, and these plans are set out below as included in the overarching planning document produced in March 2025.

3.7 Regional Plans to bridge the gap between Capacity and Demand

The project undertook an option appraisal to identify options to meet the collective capacity gap. Key assumptions were that health boards would firstly work to fully utilise existing internal capacity, and then collaborate to address remaining capacity gaps, noting that workforce was a key constraint. On this basis, the appraisal identified a preferred option of the development of a regional endoscopy centre with a co-located regional training academy. The regional training academy is described further in section 3.7.4.

The subsequent site option appraisal identified Llantrisant Health Park (LHP) as the only suitable site within the south-east Wales region for a development of this nature and size.

Individual UHB plans (covering the interim period prior to the opening of a regional facility) are set out below. It should be noted that these plans will be pivotal in managing endoscopy demand in the South East Wales region alongside the infrastructure at LHP. The revenue funding to support these measures will need to be determined alongside the revenue requirements to fund LHP.

3.7.1 Aneurin Bevan University Health Board

ABUHB has reviewed its projected demand and capacity position, based on NEP assumptions of 5% core demand growth per annum and the published future commissioning intentions of Bowel Screening Wales. It is intended to move to full utilisation of the Royal Gwent Hospital endoscopy facility from April 2026, with all four theatres extended to seven days working from that date. Based on a 49-week per year operation (inclusive of backfill), this would deliver an additional 392 lists and enable the health board to maintain all relevant diagnostic targets until 2027/28, this will require additional revenue to deliver.

If the additional activity is delivered from April 2026, the resulting capacity gap in 2027-2028 is minimal, equating to approximately one list per week. From 2028-2029 the recurrent gap amounts to approximately five half-day sessions per week, or half a theatre. It is intended that this activity would be delivered through LHP (made up of screening and surveillance procedures), thereby enabling continued maintenance of all relevant diagnostic targets.

3.7.2 Cardiff and Vale University Health Board

C&VUHB has extended its capacity in University Hospital Llandough with two new theatres in 2024. The plan for the health board incorporates maximising the use of these theatres, noting workforce constraints have been a limiting factor.

The health board has undertaken a demand and capacity assessment and has identified a minimum requirement for 17 sessions or 1.7 theatres to be sourced from LHP from 2027/28. This activity will be a mix of both screening and surveillance procedures covering colonoscopy, flexi - sigmoidoscopy and gastroscopy (surveillance only).

3.7.3 Cwm Taf Morgannwg University Health Board

CTMUHB extended its internal capacity in 2024 with the opening of an additional endoscopy theatre at Prince Charles Hospital. During 2025, the Health Board experienced reduced capacity from the impact of the critical incident at Princess of Wales Hospital, however at the time of writing, works have been completed, and capacity has returned to previous levels. During the remainder of 2025-26 the Health Board will work towards the implementation of phase two of the internal endoscopy plan, which incorporates:

- Expansion to the substantive staffing of the third unit at Prince Charles Hospital

- Development of the trans-nasal endoscopy service. This will review the requirements for gastroscopy
- Implementation of manometry services.

Notwithstanding these developments, the Health Board will have a residual capacity gap equivalent to two theatres of activity from 2027/28 onwards.

The anticipated requirement for CTMUHB remains as per the case mix established for the regional service specification in 2024 (40% gastroscopy, 40% sigmoidoscopy and 20% colonoscopy).

As part of the regional endoscopy planning, and as detailed above, it was identified that, should all local plans to optimise existing infrastructure be realised, there will be a need for just over four rooms to be commissioned in 2027/28.

The regional modelling confirms a need for four operational endoscopy rooms by 2027/28 based on the most recent demand modelling and regional Health Board agreed plans. In addition, there is a desire to create at least one training room, which would equate to a requirement of just over five rooms at LHP. The current design incorporates six endoscopy rooms and associated supporting space. This provides a sustainable and resilient approach to the development and enables the absorption of future growth or changes in screening requirements by Public Health Wales, as well as offering training opportunities and resilience in case of down time in any room.

The image below shows the current proposed layout for the Endoscopy unit, these designs have been discussed with the Welsh JAG lead, who has confirmed that they conform to current JAG requirements. It should also be noted that the physical aspects of CTM's endoscopy Unit at Royal Glamorgan Hospital make it practically impossible to achieve JAG compliance and therefore the LHP facility will increase the levels of endoscopy undertaken in a compliant estate.

Figure 5 - Proposed Endoscopy layout plan



3.7.4 Regional Endoscopy Training Academy

Endoscopy is a complex and evolving specialty requiring specialist education and training for all staff. Tailored training improves recruitment, retention, competency, and patient care. The JAG Endoscopy Training System (JETS) provides a structured framework for workforce training, progressing staff from foundation to leadership levels, with mandatory training requirements for JAG accreditation.

Endoscopy Training Academies have been established in the UK to enhance multi-professional learning, innovation, and workforce development. They have the potential to provide greater health system value than traditional education models as they:

- Enable training and supervision capacity to be expanded quickly and much more cost effectively
- Enable innovation in training through rapid at-scale adoption of technology enhanced learning and new multi-disciplinary learning models
- Accelerate independent working and service delivery productivity of trainees
- Enable more geographical equity in the distribution of training and hence the health professional workforce.

Through the Endoscopy Training Academy, training is provided to the whole endoscopy workforce, including nurses and support staff, in a multi-disciplinary environment. A south-east Wales Endoscopy Training Academy, co-located with the regional endoscopy suite, is proposed to support sustainable workforce training.

The development of a regional endoscopy training academy is a priority for Health Education and Improvement Wales (HEIW), as set out in its 2024-2027 intermediate medium-term plan. HEIW has developed a formal proposal for the training element of the academy, but this does not include consideration of the required physical infrastructure. The current working assumption for the LHP programme therefore includes the provision of a minimum of one theatre for the development of the academy. HEIW have committed to regular meetings with the regional endoscopy planning team to develop plans in alignment and will provide confirmation of the recurrent cost model for the academy for inclusion in the LHP full business case which will be prepared for health boards' consideration by November 2025 at the latest.

The requirements from health boards to facilitate a regional academy are to be confirmed. C&VUHB recently undertook a fixed term funded trial of an accelerated training programme, and the learning from this is informing the planning for the academy.

Following meetings with the design team and workstream meetings, the Endoscopy element of the Skills Academy includes; two theatres dedicated to providing training lists both for morning and afternoon sessions five days per week (Mon-Fri). The top floor is planned to be utilised as a multi-professional training space for simulation training (use of ex-vivo models) and a lecture theatre or seminar room for training courses (including live AV links to theatres thus meeting requirements and supporting endoscopy and surgical training.

One of the aims of the academy is the ability to train adequate endoscopy staff to allow the region to fill vacancies to provide safe and high-quality care and reduce reliance on outsourcing and in sourcing. This will also support the transition of the managed service contract staffing back to NHS staffing in LHP by the end of the contract. The current plans will support an environment appropriate to the delivery of all the course types required to develop the endoscopy workforce within the national requirements and standards for training set out by the JAG, as well as ensuring practice considerations.

In terms of the allocation of staff in the two theatres, the proposal is that:

- The Endoscopy Academy would provide ‘the Trainer’ (this will be a Centrally Contracted Endoscopist whose sessional time is paid for by HEIW), in addition HEIW will also fund and co-ordinate the process by which trainees are allocated to attend training lists and ensure backfill arrangements are in place in the event a Trainer is suddenly unavailable. The Trainers (endoscopists) will be responsible for following up any histology and ensuring that additional tests e.g. imaging is reported.
- The LHP ‘host UHB’ will be responsible for providing the Nursing Staff to staff the two theatres and will provide all the available endoscopic equipment, accessories and IT systems required to perform a high-quality endoscopy and report the findings onto an integrated reporting systems (so that results are available on WCP). The theatres will be equipped with both Scope Guides and AV (SMOTS) systems to ensure an appropriate training environment.
- For the third-floor training space HEIW will provide any endoscopic equipment that is solely required for model training and will provide the administrative and technical staff to support all endoscopy courses. These staff will require appropriate accommodation in the training space, but it is understood that they will need to share the accommodation / facilities with staff supporting other speciality courses and training.

An Endoscopy training facility within the academy has the potential to provide (aside from basic endoscopy training) immersion training, train-the-trainer courses, colonoscopy upskilling, non-technical skills, national assistant practitioner training, simulation and upper GI best practice training. Additional training opportunities within a skills academy include:

- Perioperative workforce; accelerated anaesthetic practitioner programmes, assistant peri-operative practitioner programmes, foundations of perioperative practice and surgical first assistants.
- Additional activities; OSCE preparation, pre-induction support for health and social care staff, national bronchoscopy and EBUS training, clinical skills for pharmacists, biomedical scientist registration portfolio, cultural humility resources, high volume cataract surgery resources and research institute which is attractive to current and potentially new staff.

3.7.5 Accelerated training for Endoscopy

Through investing in accelerated training infrastructure, the Endoscopy Academy will be able to plan, implement and target accelerated training to enable the trainee workforce to be available earlier to support service delivery. As JAG Certification is the UK standard for independent practice as an Endoscopist, if this has been achieved before completion of Specialist Training, the Endoscopist can actively contribute to service delivery. This affords Health Boards the option to address rising demand and capacity challenges by utilizing this workforce resource early in the training cycle through allocation to suitable lists and procedures.

The recommended approach would deliver 70 hours of intensive, hands-on training over a two-week period under 1:1 trainer supervision. This method compresses the traditional learning curve by up to 45%, enabling trainees to reach competency faster.

Modelling has demonstrated significant gains from accelerated training in terms of an increased number of certified upper GI endoscopists (within one year) and colonoscopists (over two years). A similar approach can be adopted for nurses, where acceleration can reduce the time taken to achieve independent practice for new nurse endoscopists from 9-12 to 5-6 months.

A pilot of accelerated endoscopy training commenced in University Hospital Llandough (CV) in January 2025 for a period of three months and anticipates within this short period in delivering endoscopies, bringing endoscopists through to achieve JAG upper GI Endoscopy Certification.

Projected additional endoscopy procedures delivered per year post accreditation, based on modelling

- Registrars: 256 OGD procedures or 128 colonoscopies (based on 1 list/week for 32 weeks per year adjusted for on calls and leave).
- Clinical Endoscopists: 1,408 OGD procedures or 704 colonoscopies (4 lists/week for 44 weeks per year).

Estimated workforce output

- Year 1: 7–11 JAG Certified UGI endoscopists.
- Year 2: 10–22 JAG Certified colonoscopists.

If 50% of these certified trainees were allocated regular service delivery lists, it would result in:

- **2,000 additional** UGI endoscopies annually.
- **1,280 additional** colonoscopies annually.

4 Benefits and Risks

This section of the business case identifies the benefits, risks, constraints and dependencies in that have been considered when developing and assessing the options for the development of Llantrisant Health Park.

4.1 Benefits case

A systematic approach was undertaken to develop the benefits analysis as outlined in the diagram below.

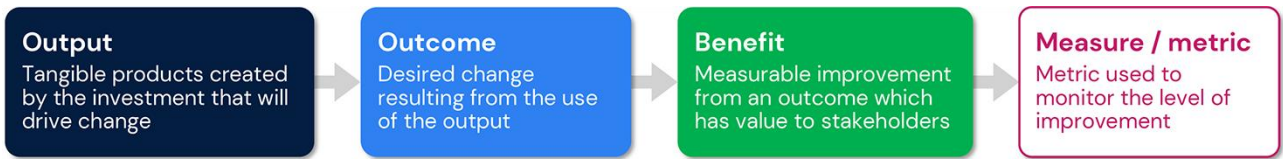
Figure 6 - Benefit analysis process



A significant amount of work has been undertaken during the development of the programme to identify the benefits of LHP.

This was consolidated within a series of workshops during April 2025 using the investment logic mapping approach outlined in the diagram below, following the restructure of the programme the benefits were reviewed to only include those directly related to Phase 1 :

Figure 7 - Investment logic mapping approach



4.1.1 Creation of Diagnostics Centre

Delivery of the CDC will allow LHP to provide additional Diagnostic Imaging and Endoscopy capacity in the region to address current capacity shortfalls and ensure future demand can be met. As well as reducing waiting times for patients, this will support the cancer pathway by enabling earlier diagnosis, more targeted interventions and improved monitoring.

This will lead directly to delivering better patient outcomes, specifically improved cancer survival rates. In addition, the additional capacity will reduce reliance on expensive external Diagnostics capacity such as outsourcing, insourcing and waiting list initiatives.

Figure 8 - Benefits mapping: creation of **Diagnostics Centre**

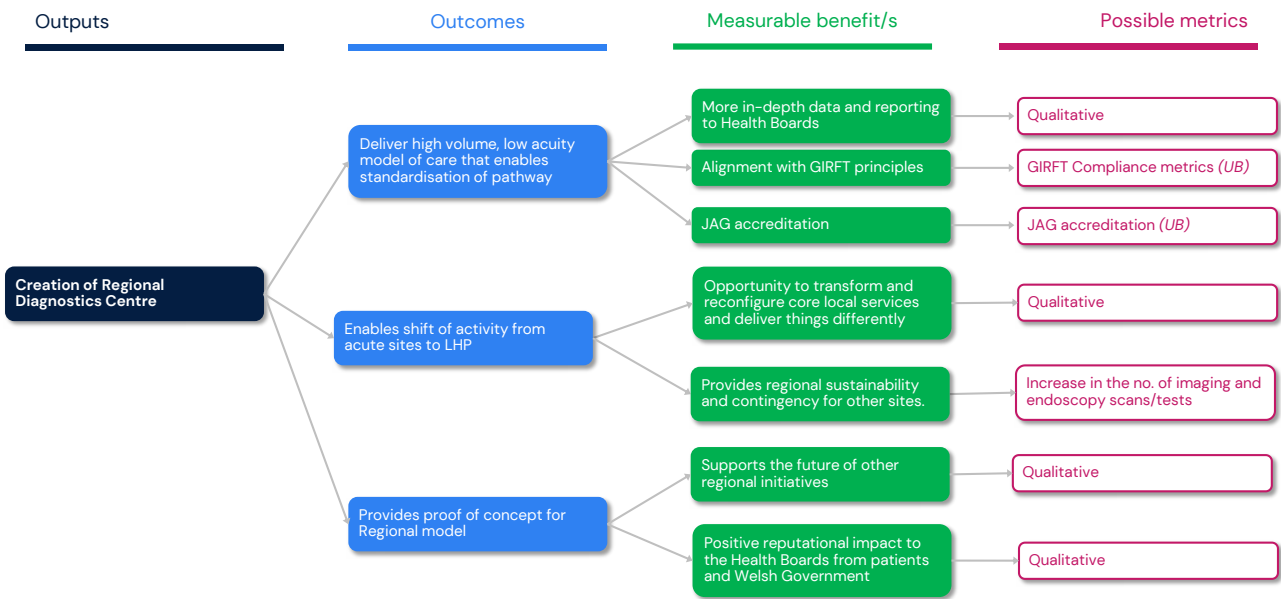


4.1.2 Model of care transformation

LHP will enable delivery of high volume, low acuity model of care that will enable the standardisation of patient pathways. This will result in better value for money due to increased throughput and better use of resources, reducing the average cost per test and providing opportunities for more efficient procurement. It will ensure services align with GIRFT principles and achieve JAG accreditation.

By providing capacity to shift activity from acute sites, the new CDC provides an opportunity to transform and reconfigure core local services and deliver things differently. For instance, the transfer of activity from CTMUHB to LHP provides opportunities to release space across the Estate in the future for other developments or to address risks around deteriorating facilities and reduce backlog maintenance. It is anticipated that these benefits may not accrue to regional partners for whom LHP will represent additional capacity only. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways.

Figure 9 - Benefits mapping: model of care transformation



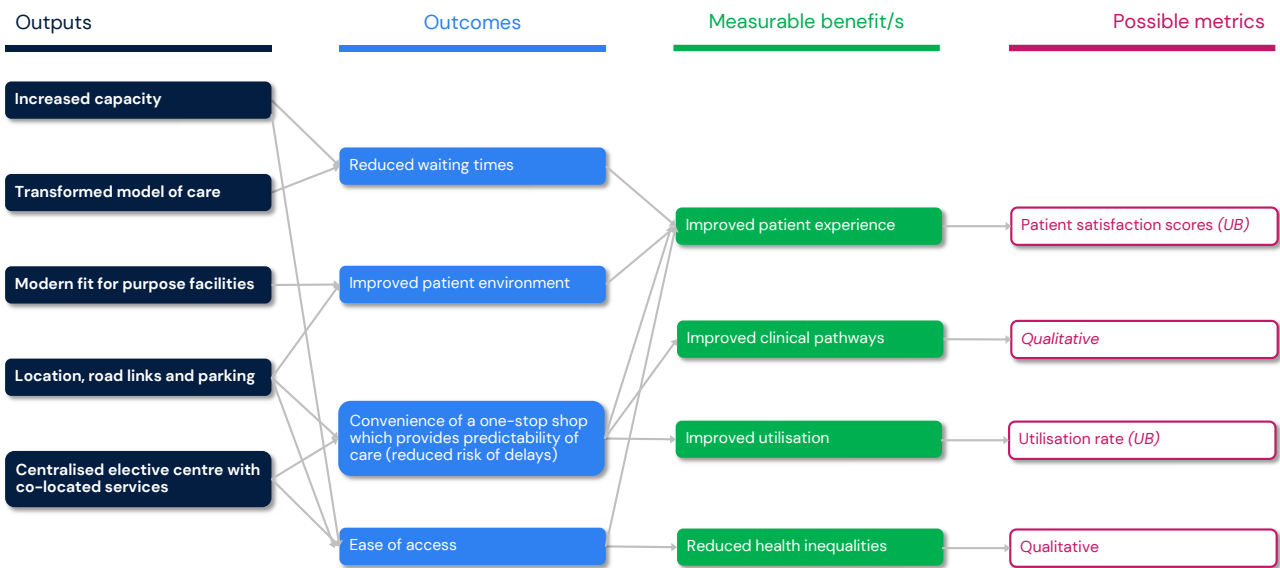
4.1.3 Improving patient experience

The outcomes presented above, such as reductions in waiting times, will contribute to a significant improvement in patient experience.

This is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking. Having a centralised elective centre with co-located services provides the convenience of a 'one-stop' shop clinic with greater predictability of care.

This contributes to more confidence in booking patients and tests which should lead to improved utilisation. In general, the improved access and reduced waiting times ensures a more equitable service is available within the region.

Figure 10 - Benefits mapping: *patient experience*

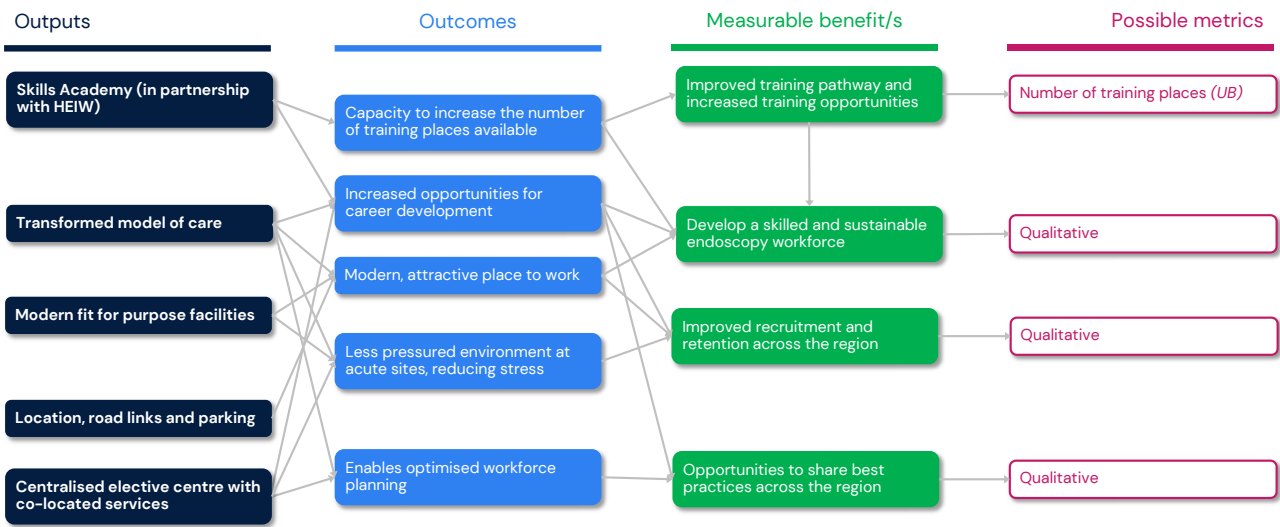


4.1.4 Delivering a sustainable workforce

Delivery of the Endoscopy Academy in partnership with HEIW will provide significant opportunities to increase the number of training places available in the region.

The improved training pathway and increased training opportunities, along with the modern fit for purpose facilities and a consolidated service model that enables can reduce pressures on acute sites contributes to staff satisfaction across the region. It also creates an attractive place to work in the future which will support recruitment and retention of highly trained health professionals.

Figure 11 - Benefits mapping: sustainable workforce



For the CDH, the initial plan is that the workforce will largely be provided via the managed service contract with the appointed provider. Therefore, there will be direct benefits for them in terms of recruitment and retention however these benefits are expected to flow to regional partners when the service is brought back in house at the end of the contract. It is clear therefore, that the majority of the workforce benefits will be indirect for the contractual phase.

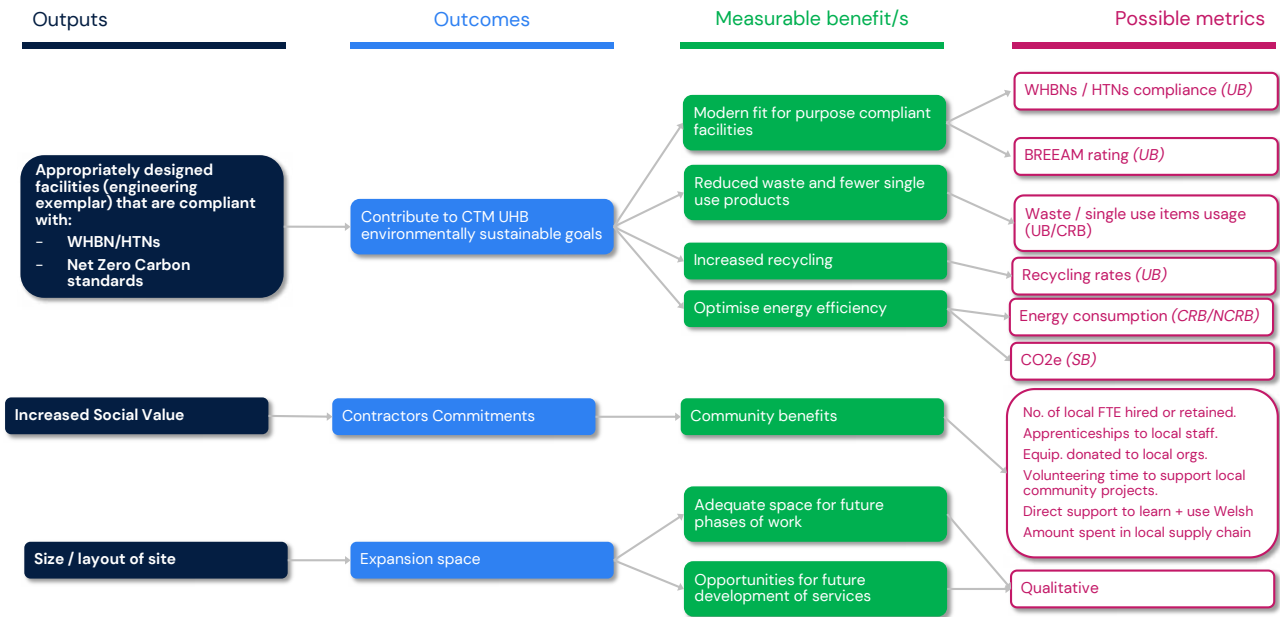
4.1.5 Providing a sustainable estate

The delivery of appropriately designed compliant facilities provides opportunities to contribute to CTMUHB’s environmentally sustainable goals and national strategies around decarbonisation, by ensuring they are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent and optimise energy efficiency.

The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTMUHB has instituted in other areas, such as reducing waste and single use products.

The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.

Figure 12 - Benefits mapping: **sustainable estate**



4.2 Main benefits

The investment logic, outlined above, resulted in the identification of the main benefits for each of the categories outlined in the figure below.

Figure 13 - Benefits categories



The main benefits are summarised in the table below.

Table 14 - Main benefits

Theme	Benefit	Beneficiary	Type	Possible Metrics
Creation of diagnostics centre	Increased Imaging and Endoscopy Capacity	Patients / Health Boards	Quantifiable	Additional scans / test undertaken
	Reduced waiting times across Endoscopy and Imaging	Patients	Quantifiable	Number of patients waiting over 8 weeks
	Release of elective diagnostic capacity at Acute sites, which can be used for urgent and emergency care patients/pathways.	Patients	Quantifiable	No. of scans undertaken in SDEC Wait time / delays for scan and or reporting from scan in SDEC/Acute settings
	Supports greater compliance with cancer pathways leading to better patient outcomes	Patients	Societal	SCP compliance (62- and 104-day backlogs) Improved mortality rates (QALYs)
	Improved patient outcomes (non-cancer related):	Patients	Societal	No of Additional Endoscopy tests undertaken (leading to improved mortality rates (QALYs))
	Reduced reliance on external Diagnostics capacity	Health Boards	Captured via revenue costs	Expenditure on outsourcing, insourcing, waiting list initiatives
	Assist with meeting 'Straight to Test' guidance.	Health Boards	Quantifiable	No. of direct referrals from GPs to Radiology
Model of Care Transformation	Greater alignment with GIRFT principles and achievement of JAG compliance	Health Boards	Quantifiable	GIRFT principles JAG accreditation
	Provide more robust and in-depth data and reporting to Health Boards	Health Boards	Qualitative	N/A

Theme	Benefit	Beneficiary	Type	Possible Metrics
	Providing regional sustainability and capacity to allow contingency at other sites.	Health Boards	Quantifiable	Increase in the no. of imaging and endoscopy scans/tests
	Provides opportunities for the future reconfiguration of services at the Health Boards	Health Boards	Qualitative	N/A
	Supports the future of other regional initiatives	Region	Qualitative	N/A
	Positive reputational impact to the Health Boards from patients and Welsh Government from positive outcomes of the initiative	Health Boards	Qualitative	N/A
Improved Patient Experience	Improved patient experience	Patient	Quantifiable	Patient satisfaction scores
	Improved utilisation	Patients / Health Boards	Quantifiable	Utilisation rate
	Increased number of and improved clinical pathways developed and delivered at LHP	Patients / Health Boards	Qualitative	N/A
	Reduced health inequalities	Patient / society	Qualitative	N/A
Delivering a Sustainable Workforce	Develop a skilled and sustainable endoscopy workforce	Staff / Health Boards	Qualitative	N/A
	Improved recruitment and retention across the region	Health Board	Qualitative	N/A
	Opportunities to share best workforce practices across the region	Region	Qualitative	N/A
Providing a Sustainable Estate	Modern fit for purpose compliant facility	Health Board	Quantifiable	WHBN/HTMS BREEAM rating Enhanced facilities
	Community Benefits	Region	Quantifiable	No. local direct full time equivalent (FTE) employees hired or retained. No. of weeks of apprenticeships provided to local staff. Equipment or resources donated to local third sector and civil society organisations Directly funded no. hours volunteering time provided to support local community projects. Direct support and investment provided for people to learn and use Welsh (e.g. interactions and signage). Total amount (£) spent in the local supply chain.
	Reduced waste and single use products	Health Board/Society	Quantifiable	Waste and single use products usage

Theme	Benefit	Beneficiary	Type	Possible Metrics
	Improved recycling	Health Board/Society	Quantifiable	Recycling rates
	Contribute to decarbonisation targets (Net Carbon Zero) with energy efficiency	Health Board / Society	Societal	Energy consumption CO2e
	Contribute to decarbonisation targets with more efficient pathway	Health Board / Society	Societal	CO2e reductions
	Preservation of biodiversity and wetland area due to choice and design of site.	Society	Qualitative	N/A
	Enables and provides meaningful and adequate spaces for future phases of work that are planned	Health Boards	Qualitative	NA
	Provides opportunity for future expansion	Health Boards	Qualitative	NA

The quantification of these benefits is explored within section 7.6 of the Economic Case and realisation plans outlined in section 10.6 of the Management Case.

4.3 Main risks

Risk is the possibility of a negative event occurring that adversely impacts on the success of the delivery of the project and its benefits. Identifying, mitigating and managing the key risks is crucial to successful delivery, since the key risks are likely to be that the project will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

The full quantified capital programme risk register can be found in Appendix 5 and informs the planning contingency. An operational / revenue risk register is also developed to cover those risks that do not have capital implications.

Availability of resources to fund the required regional service developments has been highlighted as a risk to deliverability. The diagnostics programme was working on the basis that the funding would be derived from health board budgets, and additional recurrent funding allocated for regional services and performance improvement is intended to support the developments. However, it has been identified that the resource required for revenue funding exceeds funds currently available to health boards and the recommended course of action is to seek funding support for these new service developments from Welsh Government.

Delivery of value for money is a core underpinning principle and requirement. This is being supported by both the development of a robust service specification and assessment of all options, including commercial, for the delivery of community diagnostic hubs.

The currently identified top programme and infrastructure risks are as set out in the table below:

Table 15 - Top risks (current assessment) C x L = R

Description	Consequence	Likelihood	Rating
Regional engagement to facilitate development of clinically led model	5	4	20
Delayed Welsh Govt approval of OBC	5	4	20
Car parking provision available within site confines results in delayed Planning permission	4	4	16
Approval of SAB resubmission required to support the building phasing	4	4	16
FFE provision exceeds the high-level allowances within the cost plan	4	4	16
Medical equipment provision exceeds the high-level allowances within the cost plan	4	4	16
Last minute issues delay completion of building and handover	5	3	15
Contractor insolvency	5	3	15

4.4 Constraints

Constraints relate to the parameters that the project is working within and any restrictions or factors that might impact on its delivery. These typically include limits on resources and compliance issues. The project is subject to the following constraints:

- facilities must be fit for purpose and have future flexibility/adaptability
- implementation must not negatively impact continuation of current service provision
- the proposed solution must be technically feasible
- it must be delivered within agreed capital and revenue funding.

The project must support regional integration and collaboration and be supported by all 3 Health Boards.

4.5 Dependencies

Dependencies include things that must be in place to enable the project or project phases and typically include links to other projects and funding requirements that are likely to be managed elsewhere.

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Availability of Welsh Government funding for both capital and revenue
- Approval from Welsh Government, IIB and other health boards
- Continued support for proposed service model and successful procurement process leading to the appointment of the managed service provider for diagnostics.
- Access to pathology, particularly for endoscopy services. There is a recognised regional capacity gap for pathology. The Regional Diagnostics Programme includes a pathology project whose current main focus is the development of cellular pathology.
- A national business case for digital cellular pathology is a key enabler for regional cellular pathology development and the maintenance of cellular pathology services, as training moves away from the use of microscopes to processing digital samples. The national business case is

awaited, and the regional programme has links to the National Diagnostics Programme to ensure that the digital cellular pathology business case is considered. This will have revenue cost implications for health boards.

- Digital developments including changes to e-referral forms and information flows for reporting to ensure the proposed pathways for regional services are appropriately connected to health board systems. These interdependencies are identified and worked through by digital experts supporting the specification development and where changes are required to systems, these are highlighted to the Directors of Digital Services through the regional portfolio governance structure and support mechanisms.

Economic Case

5 Options identification and appraisal

5.1 Potential scope of services

This section of the business case identifies the scope of the project in terms of the key service requirements that should be considered in designing the future service model and developing options. The case for purchase of the site identified the following services as being integral to the creation of the Phase 1 elective diagnostic hub:

- Diagnostic Imaging Capacity – MRI, CT, Ultrasound and potential X Ray
- Provision of a regional Endoscopy Academy for training
- Endoscopy

These services constitute the core services required for delivery of a diagnostic hub on the LHP site. In terms of deliverability, currently the Health Board, is involved in a procurement exercise to appoint a partner for the delivery of the community diagnostic hub (CDH).

The proposal is that the partner will provide diagnostic services comprising both imaging and endoscopy in the CDH. The ongoing procurement will appoint a partner to provide the services on the LHP site with an option to create facilities on future sites. The CTMUHB CDH is the only one proposed to include regional endoscopy services as well as accommodating an endoscopy academy.

The current design combines capacity to meet the forecast level of demand when the centre opens but with an opportunity to further expand to meet further growth or changes in health screening requirements. The ability to easily absorb and accommodate demand increases gives LHP a unique position of being future ready at the day of opening and the ability to respond quickly and directly to ongoing service pressures.

5.2 CDH - Clinical service delivery options

In November 2022, prior to the full implementation of the Regional Diagnostics Programme a clinical summit was held with representatives of the clinical body from each of the region's health boards. At this point there was agreement on the aims and objectives of the regional working, which were subsequently built into the Project Initiation Document and approved by the Project and Programme Board.

To achieve the stated aims of the business case, the options are required to ensure that:

- Delivery is more accessible to residents living in areas of socio-economic deprivation and able to deliver to more than one health board population in the region.
- Developments deliver an increase in capacity.
- Developments will be founded on seeking sustainable solutions to demand backlogs.

To align with other programmes within the South East Wales Regional Portfolio, the criteria for assessment used for the regional ophthalmology programme for the cataracts interim solution were reviewed and expanded for use to assess the options for radiology service developments. The criteria agreed for the option appraisal were:

- Strategic viability (does it fit with the local and regional plans?)
- Does this option meet the service demand requirements?
- Will this deliver sustainable diagnostic services?

- Clinical viability (can the option deliver the procedures included in the service specification?)
- Operational viability (can this be operational within project timeframes?)
- Workforce viability: does this option:
 - ♦ Support sustainable workforce?
 - ♦ Deliver on national strategy?
 - ♦ Facilitate training?
 - ♦ Have implications for existing workforce?
- Estates viability (would this option facilitate the appropriate spaces, e.g. clinic rooms and outpatients space?)
- Financial viability (are the revenue and capital costs reasonable?)
- Geographic suitability / accessibility.

Stage 1 of the consideration of options for regional collaboration was to develop and test a range of potential models. The long list of model options for appraisal was developed in spring 2023 to inform the Project Initiation Document and were reviewed by the Programme Board in a Position Statement to the April 2023 Board. The outcome of this initial appraisal was that community diagnostic hubs and changes to existing practices in collaboration were to be considered further. There was recognition of the potential benefits of the CDH model based on the literature, as set out in the Strategic Case.

During 2023, this long list has been reviewed collaboratively through the clinical and operational leads group against an agreed set of criteria and subsequently tested by each health board prior to consideration by project and programme boards.

Further consideration of appropriate service models have been undertaken by ABUHB as part of the assessments which led to the development of a business justification case for a community diagnostic hub, managed wholly in-house within the NHS (and enabled by the establishment of a second MRI scanner at the Grange University Hospital), which is intended to be located within an existing community services setting. The business justification case sits alongside the regional business case for a managed service contract, with the intention that a community diagnostic hub initiated in the ABUHB area would be geographically accessible to C&VUHB and CTMUHB residents as per the agreed programme aims and principles.

The options considered by the regional Project Board are set out below.

Option 1	Do nothing - Health boards would continue to provide services as per current arrangements.
Option 1a	Different approach to the use of existing services in each health board, and work toward collaboration through shared processes. Health board expansion of internal capacity and/or other forms of regional working.
Option 2	Independent Community Diagnostic Hubs (CDH) – each health board operating their own CDH with no cross-border treatments.
Option 3	Regional Community Diagnostic Hubs – a minimum of one per health board, delivering cross-border diagnostic treatment.
Option 4	A single Regional Radiology Diagnostic centre , located on one site, serving all three health boards.
Option 5	Combined approach - Regional Diagnostic Centre/community diagnostic hubs.
Option 6	Community Diagnostic Hub with Mobile Units – as option 3 but with mobile units attached to reach outlying communities through community diagnostic clinics.

Assessment by the clinical and operational leads resulted in a short-list of model options for consideration by the Project Board. The shortlist included three options:

- **1a** – different approach to the use of existing services
- **3** – Community diagnostic hubs (CDH) with a minimum of one per health board area, and
- **6** – Community diagnostic hubs with the option of mobile units.

The Project Board considered these options formally on 23 January 2024 and confirmed the acceptability of both **Option 3** and **Option 6** with the preferred option of development of a community diagnostic hub model for the region, which may incorporate mobile units, as required.

Potential options for the CDH delivery model include the following, which have been tested on the basis of timely delivery, financial delivery and through the site identification and appraisal:

- Repurposing existing estate in the community, staffed by NHS workforce.
- Repurposing existing estate in community, staffed by commercial provider.
- New build (capital), staffed by NHS workforce.
- New build (capital), staffed by commercial provider.
- Partnership with commercial provider (estate and workforce solution).

5.3 Site and infrastructure delivery options

The purpose of the Options Analysis is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

However, in this instance this section will not undertake a traditional options appraisal using the business case framework, which is an approach that has been agreed with colleagues in the Capital and Estates team in Welsh Government (WG).

The reasons for this centre on the fact that on purchase of the site a case for purchase was prepared and resulted in approval of capital funds to enable the same. The funding was made on the condition that CTMUHB collaborated with other NHS organisations to develop the site as part of a regional approach to the delivery of services. Therefore, consideration of alternative site options is not relevant.

The services included at this business case stage are the same as those included in the original case for the purchase of the site, with some small changes to the numbers of the same, in line with demand and capacity modelling provided in Section 3 of this case. In addition, after purchase, regional partners were asked to nominate desired alternative or additional services to be included at LHP; no changes or additions to the scope of services were requested or proposed at this time.

As a result, this section will not consider alternative options for service change with the scope and scale having been proven in the sections above. In addition, following WG approvals, design work has already progressed beyond the traditional stage for an OBC, with WG approval to proceed to RIBA 3 given in December 2024. RIBA 3 has completed for Phase 1 and to maintain programme, RIBA 4 works have also commenced.

The RIBA 2 design work was subject to scrutiny by Shared Services Specialist Estates and considered only the **preferred new build infrastructure option**. Scrutiny on the RIBA 2 phase closed on 18 December and approval to proceed to RIBA 3 was given on that date.

In addition to above funding, WG approval was granted to proceed with the demolition of the existing buildings on 31 January 2025, with planning licence approval granted on 2 April 2025.

These works have commenced under a separate contract to the main design works and are programmed to complete by 16 September 2025. As a result, there is no scope to further consider infrastructure and build options.

Finally, a main contractor for completion of the design phase was appointed on 28 March 2025. This appointment was made after a lengthy tender process utilising the Crown Commercial Services Framework under 2 lots to encourage bidders from both pure modular and other off site construction backgrounds to develop the more beneficial construction solution for LHP.

The tender process demonstrated a modular form of MMC was preferred and WG approval to enter into the design contract was received on 14 March 2025. As a result, the build methodology has also been fully determined. Therefore, the economic appraisal in following sections will focus on the delivery options for the CDH only in terms of the scope of the agreement with the third party provider.

6 Economic Appraisal

6.1 Introduction

The purpose of the economic appraisal is to evaluate the costs, benefits and risks of the shortlisted options to identify the option that is most likely to offer best public value for money. In line with current Welsh Government Better Business Case and HM Treasury Green Book project business case guidance, this involves:

- Estimating the capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, wherever possible quantifying these in monetary-equivalent values.
- Using the DHSC's Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.
- Presenting the results, including sensitivity analysis, to determine the preferred option.

As per Section 5 above, for the purposes of this case, the scope of the **do something** options is all the same (outlined in 5.3), with only how the service is delivered differing. As agreed, as part of the Strategic Overview, there are no other scope options viable for consideration.

6.2 Summary of Phase 1 service delivery options

Whilst the decision has been made to appoint an independent service provider to deliver the model in the CDH, there are options about the extent to which this can be delivered by the partner. As a result, this has been the focus of a more detailed option appraisal with the key options being:

Table 16 - Phase 1 service delivery options summary

Components	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Building	ISP Design and Build (Costs captured through revenue costs)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)
General Building Equipment	ISP Design and Build (Costs captured through revenue costs)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)	NHS Design and Build (WG Capital Funding)
Specific Service Delivery Equipment – First 10 Years after completion of LHP	ISP provide and maintain (Costs captured through revenue costs)	ISP provide and maintain (Costs captured through revenue costs)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)
Specific Service Delivery Equipment – After 10 years	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)	NHS Provide and Maintain (WG Capital Funding)
Service Delivery (Staffing) – First 10 Years after completion of LHP	ISP Staffing	ISP Staffing	ISP Staffing	NHS Staffing

Components	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Service Delivery (Staffing) – After 10 Years	NHS Staffing	NHS Staffing	NHS Staffing	NHS Staffing
Lifecycle Costs – First 10 Years after completion of LHP	N/A	Building Lifecycle Costs	Building Lifecycle Costs	Building Lifecycle Costs
Lifecycle Costs – After 10 years	NHS (WG Capital Funding) buys building buy back at net book value after 10 years. Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs	Building Lifecycle and equipment replacement Costs

6.3 Capital costs

Capital costs for construction of phase 1 of the LHP have been estimated and prepared for the Preferred Way Forward (Option 2) by the Health Board's Cost Advisors, Mott Macdonald using the following assumptions:

- Agreed Schedules of Accommodation and RIBA 3b design. Agreed scope of Phase 1 to cover the build of the CDH plus additional site wide infrastructure to facilitate later phases
- Proposed start on site 26 February 2026 and proposed construction completion date of July 2027 (though final commissioning continues until the end of October 2027).
- Works costs calculated using benchmarked rates suitable for South Wales (including Healthcare Premises Cost Guide) @ BCIS TPI updated 20/08/2025
- Allowances for fees, equipment costs, planning contingency have been applied as appropriate.
- No allowance for optimism bias has been applied given the degree of certainty at this stage in terms of maturity of design, knowledge of the site, and publicly declared political support for the development. It is therefore superseded by the Costed Risk Register figure.

The capital costs for Options 3 and 4 are the same as Option 2, except for an adjustment made to the equipment costs, to account for these options providing specific service delivery equipment. This has a flow on effect to the Quantified Risk Contingency and VAT. The value of the equipment has been estimated by the Health Board, with a full breakdown of the equipment and costs provided in appendix 10 (CIA Model).

The resulting capital costs estimates are summarised in the table below and a copy of the detailed capital cost form for Option 2 is provided in Appendix 8.

Table 17 - Initial capital costs

Element, £'000	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Works Costs	-	-	58,058	58,058	58,058
Fees	-	-	14,463	14,463	14,463
Non-Works Costs	-	-	10,362	10,362	10,362
Equipment Costs	-	-	2,628	11,483	11,483
Quantified Risk Contingency	-	-	10,583	11,680	11,680
Subtotal	-	-	96,094	106,046	106,046
VAT	-	-	13,895	15,666	15,666
Total capital costs (as per capital cost forms)	-	-	109,989	121,712	121,712
Exclude sunk costs	-	-	-15,123	-15,123	-15,123
Exclude Inflation adjustment to rebase to base year	-	-	-2,553	-2,553	-2,553
Exclude VAT	-	-	-13,895	-15,666	-15,666
Total capital costs (for Economic Case)	-	-	78,417	88,369	88,369

It should be noted that, in accordance with HM Treasury Green Book guidance, these costs have been adjusted for the purposes of the economic appraisal as follows:

- Exclude sunk costs
- Exclude VAT
- Are restated at base year prices.

6.4 Lifecycle capital costs

Ongoing investment requirements reflect the whole life costs of replacing, refurbishing or upgrading of assets over the lifetime of the appraisal period.

Building lifecycle costs across the appraisal period have been estimated for Options 1-4 using lifecycle figures provided by the Health Board's Cost Advisors, Mott Macdonald. It is also expected that both general and specific service delivery equipment will be replaced every 10 years in every "do something" option. Further refinement of lifecycle costs will be provided at FBC stage.

Further to this it is assumed in Option 1, at the end of the managed service contract the Health Boards would have to buy back the building from the provider at the assumed net book value.

A breakdown of the current estimation of lifecycle costs across the whole appraisal period is provided in the table below:

Table 18 - Lifecycle Costs

Lifecycle Costs, £'000	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Building Buy Back Costs	-	61,457	-	-	-
Building lifecycle Costs	-	106,361	112,821	112,821	112,821
Equipment replacement costs	-	57,413	57,413	57,413	57,413
Total lifecycle costs - Full appraisal period	-	225,232	170,234	170,234	170,234

6.5 Recurring revenue costs

6.5.1 Assumptions

Recurring revenue costs for the period of the managed service contract (10 years) for each option has been estimated using the following assumptions:

Option 1 - Fully outsourced managed service contract

- No pay costs
- No non-pay costs
- Healthcare Services costs calculated by: 2025-26 Tariff price of scan/test with a 5% market forces factor applied multiplied by amount of activity of relevant scan/test.
- Assumed additional rental costs for the endoscopy Skills Academy space which is estimated at a daily rental cost of £6,000 based on indications from providers.

Option 2 - Traditional capital build + ISP equip and deliver services via managed service contract

- No pay costs
- No non-pay costs
- Healthcare Services costs calculated by:
 - ♦ 2025-26 Tariff price of scan/test with a 5% market forces factor applied multiplied by amount of activity of relevant scan/test.
 - ♦ Applying a 20% tariff discount due to the Health Boards providing the LHP land and building.

Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract

- Pay costs for site-based staffing (i.e. receptionists etc.)
- Non-pay costs for imaging, endoscopy and site-based elements, including supplies, utilities, equipment maintenance etc.
- Healthcare Services costs calculated by: Assumed cost of managed services contracted staffing.

Option 4 - Traditional capital build and equip + NHS staffing and service provision

- Pay costs for cost of using NHS staff to provide the imaging and endoscopy.
- Non-pay costs for imaging, endoscopy and site based elements, including supplies, utilities, equipment maintenance etc.
- No Healthcare Services costs

6.5.2 Recurring revenue costs summary

The annual impact on each option for the period of the managed service contract (10 years) is summarised in the table overleaf. It is assumed that costs will be incurred from the start of 2027-28 for each option. More detailed calculations are provided in Appendix 9 and 10.

Table 19 - Annual revenue costs during managed service contract period (first 10 years post implementation)

Element, £'000	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Pay Costs	-	-	-	324	2,788
Non-Pay Costs	-	-	-	3,313	2,587
Healthcare Services (cost of managed service contract)	-	9,341	7,473	3,780	-
Rental Payment for Endoscopy Skills Academy	-	2,190	-	-	-
Total annual revenue costs	-	11,531	7,473	7,417	5,376
<i>Incremental Impact on Annual Revenue Costs</i>	-	<i>11,531</i>	<i>7,473</i>	<i>7,417</i>	<i>5,376</i>

After the end of the managed services contract, it is assumed that the service will come in house and all options will have Option 4's recurring revenue costs.

A breakdown of the annual revenue costs after the managed service contract period is outlined in the table below:

Table 20 - Annual revenue costs post managed service contract period

Element, £'000	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Pay Costs	-	2,788	2,788	2,788	2,788
Non-Pay Costs	-	2,587	2,587	2,587	2,587
Total annual revenue costs	-	5,376	5,376	5,376	5,376
<i>Incremental Impact on Annual Revenue Costs</i>	-	<i>5,376</i>	<i>5,376</i>	<i>5,376</i>	<i>5,376</i>

It should be noted that, in accordance with HM Treasury Green Book guidance, these costs exclude capital charges such as depreciation and therefore differ from the total figures in the Finance Case.

6.6 Transitional costs after the end of managed service contract period

It is expected that after the end of the managed service contract period for Option 1, due to it being a complete handover, there would be 6 months of dual running costs while the inhouse service ramps up, this would equate to c.£4.7m in 2037/38.

It is not expected that there would be any significant transitional costs in any of the other options.

6.7 Benefits analysis

6.7.1 Approach

As outlined in sections 5.2 and 5.3 of the Strategic Case, a systematic approach has been undertaken to develop the benefits analysis, which involved establishing the benefits case and identifying measurable benefits, and metrics.

Figure 14 - Benefits analysis approach



As part of the Economic Case, these benefits must be quantified to enable a robust value for money analysis to be undertaken, using the following categories.

Figure 15 - Benefits categories



An initial quantified benefits analysis has therefore been prepared based on the baseline and benchmarking data that is available at this stage. Every effort has been made to quantify the benefits for the OBC and, where possible, they have been stated in monetary equivalent values. Further work will continue into the FBC stage to validate assumptions, collate missing data and identify key baselines, as well as exploring benefits which have not yet been quantified.

6.7.2 Benefits assumptions

An overview of the main benefits that it is anticipated will be delivered as a result of the LHP, along with the key assumptions used to quantify them, is provided in the table overleaf. Detailed calculations are available in Appendix 6.

Table 21 - Overview of LHP benefits

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Creation of diagnostics centre						
Increased Imaging capacity	Additional scans undertaken	N/A	TBC (26,000 scans provided at LHP by the managed service)	Not monetisable	To be confirmed exact extent but it is assumed a portion of the imaging capacity will be a transfer of current capacity, but the vast majority will be additional capacity. This helps with freeing up space in acute settings for emergency care patients and pathways. (Likely an additional benefit) – Could look at same day emergency care no. of scans (delays over a week for scans and reporting) Helps to focus on emergency work.	UB1 (a)
Increased Endoscopy capacity	Additional tests undertaken	N/A	11,330 additional endoscopy tests at LHP	Not monetisable	The increased endoscopy capacity will be additional to current levels.	UB1 (b)
Reduced Imaging waiting times as a result of additional capacity provided by the diagnostics centre.	% of patients waiting over 8 weeks for Imaging	47% (CTMUHB % as of January 2024. Source: Strategic Overview Case 2025)	0% (In line with NHS Wales target wait times)	Not monetisable	Comparators - NHS England's planning guidance for 2024/25 requests that the percentage of patients waiting 6 weeks or more should be at most 5%. - NHS Wales target is that the maximum wait for access to specified diagnostic tests is 8 weeks. The target improvements will be incorporated into the managed service contract as KPI's meaning there will be a high degree of certainty that the improvement will be reached.	UB2 (a)
Reduced Endoscopy waiting times as a result of additional capacity provided by the diagnostics centre.	% of patients waiting over 8 weeks for Endoscopy	64% (Average for 3 UHBs in August 2024. Source: Regional Endoscopy Plan 2025)	0% (In line with NHS Wales target wait times)	Not monetisable		UB2 (b)
Release of elective diagnostic capacity at Acute sites, which can be used for urgent and emergency care patients/pathways. This would lead to reduced waiting times for urgent scans and subsequent reports.	No. of scans undertaken in SDEC Wait time/Delays for scan and or reporting from scan in SDEC/Acute settings	To be confirmed at FBC	To be confirmed at FBC	Not Monetisable	The additional capacity provided at LHP will free up capacity at acute sites for urgent and emergency patients requiring scans/tests. This will lead to more prompt turnaround of scans and subsequent reporting. Measures included as potential ways to measure this benefit, but quantification will be completed at FBC stage.	UB3

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Supports greater compliance with cancer pathways: By providing earlier diagnosis which will allow more targeted interventions and better monitoring.	Single suspected cancer pathway (SCP) compliance: 62-day backlog %age of patients starting treatment within 62 days	58% Equates to 444 patients waiting longer than 62 days (Source: CTMUHB)	80% Equates to c.211 patients waiting longer than 62 days (In line with national target)	Contributes to SB1	National target of at least 80% of people starting first definitive treatment for cancer within 62-days as per NHS Wales planning framework 2025 to 2028, Annex 1: key delivery expectations (NHS Wales planning framework 2025 to 2028 GOV.WALES) The target improvements will be incorporated into the managed service contract as KPI's meaning there will be a high degree of certainty that the improvement will be reached.	UB4
	SCP compliance: 104-day backlog	130 patients waiting longer than 104 days (Based on a 2024-25 average Source: CTMUHB.)	39 patients waiting longer than 104 days (In line with CTMUHB Target for March 2026)	Contributes to SB1	104-day backlog targets in line with CTMUHB Target. The target improvements will be incorporated into the managed service contract as KPI's meaning there will be a high degree of certainty that the improvement will be reached.	UB5
Improved patient outcomes: Earlier diagnosis of cancers leading to more targeted interventions and better monitoring will contribute to improved mortality rates	Single suspected cancer pathway (SCP) compliance: 62-day backlog %age of patients starting treatment within 62 days	58% Equates to 444 patients waiting longer than 62 days (Source: CTMUHB)	80% Equates to 211 patients waiting longer than 62 days (This equates to an assumed 16 QALYs p.a. based on 24 patients benefit from earlier cancer diagnosis as result of achievement of SCP compliance 62-day backlog targets)	£3.4m p.a. after confidence rating applied	Based on figures provided by Cancer Research UK in written evidence to the UK parliament on 4 common types of cancer, the average 10-year survival rate when diagnosed at the earliest stage is 78% compared to 10% at the latest stage. Percentage of suspected cancer referrals to cancer diagnosis was 10% based on data from NHS England Cancer Waiting Times Feb 2024-25 It is therefore assumed for the c.233 patients who receive an earlier diagnostic test (due to - achievement of SCP compliance 62-day backlog targets outlined in UB1), 24 will receive a cancer diagnosis. As a result of the earlier diagnosis, those 24 patients will have increased their 10-year survival rate by 68%. Apply 1 QALY for 10 years to the increased survival rate per patient. QALY value of £70,000 as per HM Treasury Green Book (uplifted to base year prices)	SB1

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
					A prudent 25% confidence rating is then applied noting the significant increase in 10-year survival rate that has been applied, and that it assumes that by achieving the 62-day backlog target, those patients will receive the diagnosis at the earliest stage compared to the latest stage.	
Improved patient outcomes: Earlier diagnosis of other clinical issues (non-cancer related) leading to more targeted interventions and better monitoring will contribute to improved quality of life for patients.	No of additional Endoscopy tests undertaken	N/A	11,330 additional endoscopy tests at LHP	£5.2m after confidence rating applied	Increased number of endoscopy tests will lead to an increase in the number of people with hypertension being diagnosed. This diagnosis will cause the patient to get treatment and management of Hypertension. This will in turn lead to a potential reduction in all-cause mortality by 13% of those diagnosed with hypertension. The following assumptions have been used to calculate a monetary value: - Only focused on the increased number of endoscopy tests (11,330) as these are all additional. - Prevalence of Hypertension in CTM's catchment area is 16.9% (See: https://www.gov.wales/general-practice-disease-registers-interactive-dashboard). - Assume that the additional tests diagnose patients with hypertension in line with prevalence and that 50% of those patients otherwise did not know they had it/was not controlled - It is noted that this is a large assumption, but this is factored into a low confidence rating (outlined below). - No. of additional patients diagnosed with hypertension per year = 957 - This leads to those patients undertaking treatment and controlling it, which reduces the risk of all-cause mortality by 13% (see: https://www.england.nhs.uk/blog/under-control-why-getting-to-grips-with-blood-pressure-is-a-win-win-intervention-for-healthcare-systems/) - Potential reduction in mortality per year is 124.	SB2

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
					Assume this results in 1 QALY for 10 additional years per reduction in mortality. QALY value of £70,000 as per HM Treasury Green Book (uplifted to base year prices) A prudent 5% confidence rating is then applied noting there are significant assumptions within the calculation including that a significant no. of patients that are tested are not already aware they have hypertension and that as a result of knowing there will be a significant reduction in mortality that does not take into account other factors.	
Release of capacity at acute sites to undertake Bowel cancer screenings.	No. of Bowel Cancer Screenings undertaken at acute sites	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC (potentially monetisable)	To be confirmed at FBC	SB3
Reduced reliance on external Diagnostics capacity: Reduced outsourcing, insourcing and waiting list initiatives as a result of additional capacity provided by CDC	Expenditure on Diagnostics outsourcing, insourcing and waiting list initiatives	N/A	N/A	Included in BAU costs	Included in the transfer of costs associated with substitution of services at CTMUHB. It should be noted that the LHP and the managed service contract has been built/developed so that additional capacity can be accommodated. This would mean that if there was an increase in the capacity required it could be managed without having to rely on relatively more expensive and shorter term outsourcing, insourcing and waiting list initiatives. Note FBC Actions include verify whether the other UHBs can reduce costs / all 3 UHBs can reduce the risk of these costs as a result of LHP.	N/A
Assist with meeting 'Straight to Test' guidance.	No. of direct referrals from GPs to Radiology	TBC	TBC	TBC	LHP will increase the ability to have direct referrals from GP to radiology will help meet the Straight to Test guidance. This will also improve waiting list cleanliness because it will help to ensure that the lists only have the necessary patients who require the service on them.	UB6

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Model of care transformation						
Greater alignment with GIRFT principles	GIRFT principles	To be confirmed at FBC	To be confirmed at FBC	Not monetisable	N/A – Will help all of the other sites to align with GIRFT principles.	UB7
Achievement of JAG accreditation	JAG accreditation	To be confirmed at FBC	Achieve JAG accreditation (minimum contract requirement)	Not monetisable	N/A – Will help all of the other sites to reach JAG accreditation.	UB8
Provide more robust and in-depth data and reporting to Health Boards: the managed service can provide more robust and in-depth data to the Health Boards which can be used to better inform decisions.	Qualitative	N/A	N/A	Not Monetisable	Not possible to quantify in a meaningful way at this stage	UB9
Providing regional sustainability and capacity to allow contingency at other sites.	Increase in the no. of imaging and endoscopy scans/tests	N/A	26,000 imaging scans provided at LHP by the managed service and 11,330 additional endoscopy tests at LHP	Not monetisable	As a result of the increased capacity at LHP it will provide regional sustainability and contingency at other acute sites.	UB10
Provides opportunities for future reconfiguration of services at the 3 UHBs: The move of diagnostic activity to LHP will release regional capacity, providing the UHBs opportunities to consolidate or reconfigure services for future rationalisation	Qualitative	N/A	N/A	Not Monetisable	Not possible to quantify in a meaningful way at this stage	UB11
Supports other regional initiatives: Delivery of a successful regional model provides an evidence-base and acts as a potential exemplar, providing a catalyst for standardising other suitable pathways or centralising other suitable services	Qualitative	N/A	N/A	Not Monetisable	Not possible to quantify in a meaningful way at this stage	UB12

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Positive reputational impact to UHBs from patients and Welsh Government from positive outcomes of the initiative	Qualitative	N/A	N/A	Not Monetisable	It is assumed that the investment and service will be delivered in a productive and beneficial manner which will provide positive outcomes for patients, staff and the organisations. This will lead to a positive reputational impact from both patients and Welsh Government.	UB13
Improving patient experience						
Improved patient experience as a result of reduced waiting times, ease of access and quality of care.	Patient satisfaction scores	N/A (not possible to isolate existing patient scores from wider UHB)	95% (Based on current targets)	Not monetisable	N/A	UB14
Ability to achieve better utilisation as result of confidence in level of booking: Centralised elective centre with co-location of equipment and clinical rooms making it a “one-stop” clinic provides predictability of care and planning.	Utilisation rate	To be confirmed at FBC	To be confirmed at FBC	Potentially monetisable – to be explored at FBC	Due to LHP being a centralised elective centre, there would be more confidence in how many elective scans will be utilised and hence how many should be booked, leading to better utilisation. This would be a benefit to both the Health Boards and patients and would assist with reducing waiting times and throughput.	UB15
Increased number of and improved clinical pathways developed and delivered at LHP	Qualitative	N/A	N/A		Due to LHP being a centralised elective centre and a “one-stop” clinic, it will lend itself to developing and delivering more and improved clinical pathways. These pathways and improved ways of working could be used as an exemplar and then also be rolled out across the region.	UB16
Reduced health inequalities Reduction in waiting times and ease of access supports equality of access	Qualitative	N/A	N/A		Not possible to quantify in a meaningful way at this stage	UB17

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Delivering a sustainable workforce						
Develop a skilled and sustainable endoscopy workforce: The new Skills Academy in partnership with HEIW at LHP will train and develop a skilled endoscopy workforce that can provide high quality endoscopy service.	Qualitative	N/A	N/A	Not monetisable	The skills academy in partnership with HEIW will provide training opportunities to help develop a highly skilled and sustainable endoscopy workforce, so that at the end of the managed services contract LHP can be staffed adequately and provide high quality endoscopy services. The skills academy in partnership with HEIW will provide improved access to consistent, high-quality training programmes to ensure uniform competencies among endoscopy practitioners. Due to the network of regional training centres provided by HEIW, best practices can also be shared across the region. It will also encourage collaboration among healthcare professionals to enhance team-based care in endoscopy services It should be noted that currently there are endoscopy workforce challenges including risk that a significant portion of the workforce may retire in the short to medium term, meaning that development of staff to replace them is of a high priority. Although it is assumed that should there be the opportunity for the transfer of some staff into opportunities at LHP after the end of the managed service contract this would be incidental. The main goal and benefit would be in partnership with HEIW to develop an endoscopy workforce during the period of the managed services contract that would be able to manage the service at the end.	UB18
Improved recruitment and retention across the region due to the improved training and development provided at LHP as well as from reduced pressure on acute sites as a result of increased capacity at LHP.	Qualitative	N/A	N/A	Not monetisable	It is expected that as a result of the improved opportunities for training and development at LHP that would be available for endoscopy workforce across the region, this will lead to improved recruitment and retention across the region (from opening). It is also expected staff at Acute sites will have reduced pressure on them from the increased capacity at LHP, which will lead to staff being able to provide timelier service to patients at those acute	UB19

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
					sites, which in turn should lead to less complaints/concerns and a better place to work, contributing to improved recruitment and retention. It is also expected that after the end of the managed service contract, there will be significant and desirable new opportunities for colleagues to continue providing the service at LHP.	
Opportunities to share best workforce practices across the region	Qualitative	N/A	N/A	Not monetisable	Learnings around more efficient ways of workings can be taken from the managed diagnostics service. This will lead to optimised workforce planning and a team that can operate in a more agile way is expected to result in productivity improvements and rota efficiencies	UB20
Providing a sustainable estate						
Modern fit for purpose compliant facility that aligns with current guidance and provides more robust, resilient and sustainable facilities	WHBNs HTNs	N/A	Complies with relevant WHBNs and HTNs	Not monetisable	N/A	UB21
	BREEAM rating	N/A	BREEAM rated as excellent	Not monetisable	N/A	UB22
	Enhanced facilities	N/A	Enhanced facilities enhanced provisions (i.e. 2 oxygen tanks, N+N generator etc.)	Not monetisable	N/A	UB23
Community Benefits (Social Value provided by the contractor))	Number of local direct full time equivalent (FTE) employees hired or retained.	N/A	10 FTE	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX.	UB24 (a)
	Number of weeks of apprenticeships provided to local staff.	N/A	250 weeks	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX.	UB24 (b)
	Equipment or resources donated to local third sector and civil society organisations	N/A	£25,000 donated	Potentially monetisable	Target as per Social Value information provided as part of the Tender documents by MTX.	UB24 (c)

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
	Directly funded number of hours volunteering time provided to support local community projects.	N/A	250 Hours of volunteering time	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX.	UB24 (d)
	Direct support and investment provided for people to learn and use Welsh (e.g. interactions and signage).	N/A	£25,000	Potentially monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. Allocate £25,000 to support the Welsh language on a construction project by offering free Welsh lessons for workers, tailored to industry vocabulary (£12k). Introduce bilingual site signage, safety instructions, and manuals (£7k). Host community engagement events, such as guided tours and Welsh-themed workshops, in partnership with local schools or organizations (£5k). Celebrate Welsh culture onsite with events and competitions like St. David's Day (£1.5k). Leave a legacy with bilingual plaques or contributions to local Welsh programs (£1.5k). Partner with Mentrau Iaith or Learn Welsh Cymru for effective delivery and long-term impact, promoting Welsh language use onsite and beyond.	UB24 (e)
	Total amount (£) spent in the local supply chain.	N/A	£20,000,000 spent locally	Not Monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. Potential social value generated by value spent locally = £20,000,000*1.76 (Local Multiplier) = £35,200,000. Note will not be included as a monetisable value in the CIA Model.	UB24 (f)
Reduced waste and single use products: Contribute to CTMUHB environmentally sustainable goals by reducing waste and single use products	Waste and single use products usage	TBC at FBC	TBC at FBC	TBC at FBC	TBC at FBC (however examples include the Gloves off initiative)	UB25

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Improved recycling: Contribute to CTMUHB environmentally sustainable goals by improved recycling and finding alternative ways of disposing of waste	Recycling rates	TBC at FBC	TBC at FBC	TBC at FBC	TBC at FBC	UB26
Contribute to decarbonisation targets (Net Carbon Zero) with energy efficiency: Providing an energy efficient building which optimises energy consumption and associated CO2e	Energy consumption CO2e	No baseline available as new facility	TBC at FBC	TBC at FBC	TBC at FBC	UB27
Preservation of biodiversity and wetland area due to choice and design of site.					As a result of the choice of site for the development and that is recycling a previously developed industrial site instead of a greenfield site, there is preservation of biodiversity in the region. The choice of design and ensuring it stays within the already developed portions of the site, the wetland area is preserved and protected from all development in line with Local Council's recommendations.	
Enables and provides meaningful and adequate spaces for future phases of work that are planned	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage	UB28
Provides opportunity for future expansion: As a result of the choice of site and design, it allows for expansion to capacity in current services as well as development of future services	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage Existing design allows for future increase in capacity (i.e. has design has factored in space for further equipment and rooms to accommodate providing additional capacity in the future)	UB29

6.7.3 Monetisable benefits analysis

While work continues to validate assumptions and explore benefits that it has not yet been possible to quantify, initial analysis has identified circa £8.6m of monetisable benefits per year, as summarised in the table below.

Table 22 - Monetisable benefits values after confidence rating (when benefits are fully realised)

Element	Option 0 – BAU £'000	All “Do Something” Options £'000
Cash releasing benefits	0	0
Non-cash releasing benefits	0	0
Societal benefits	0	8,619
Total annual recurring benefits values	0	8,619

These figures can be considered risk-adjusted since, as outlined in Table 22 above, relatively prudent confidence ratings have been applied to them to reflect the degree of uncertainty at this stage in the process. Further work will be undertaken at FBC to firm up these assumptions and reduce the level of uncertainty.

6.7.4 Unmonetisable benefits analysis

In addition to the monetisable benefits there are several benefits which it is not possible to monetise at this stage, either because they cannot be meaningful quantified or because they cannot be stated in monetary terms. A summary is provided below.

Table 23 - Unmonetisable benefits analysis

Ref	Description	Option 0 - BAU	All “Do Something” Options
UB1 (a)	Increased Imaging capacity	-	TBC (26,000 scans provided at LHP by the managed service)
UB1 (b)	Increased Endoscopy capacity	-	11,330 additional endoscopy tests at LHP
UB2 (a)	Reduced Imaging waiting times	-	Percentage patient wait times for imaging of greater than 8 weeks will reduce from 47% to 0% for CTMUHB
UB2 (b)	Reduced Endoscopy waiting times	-	Percentage of patient wait times for endoscopy of greater than 8 weeks will reduce from 64% to 0% across the 3 Health Boards
UB3	Release of elective diagnostic capacity at Acute sites, which can be used for urgent and emergency care patients/pathways.	-	To be confirmed at FBC
UB4/5	Supports greater compliance with cancer pathways	-	SCP Compliance = 75% 62-day backlog = 279 patients 104-day backlog = 39 patients
UB6	Assist with meeting ‘Straight to Test’ guidance.	-	To be confirmed at FBC
UB7/8	Greater alignment with GIRFT principles and achievement of JAG compliance	-	Achieve JAG accreditation (minimum contract requirement)
UB9	Provide more robust and in-depth data and reporting to Health Boards	-	Qualitative
UB10	Providing regional sustainability and capacity to allow contingency at other sites.	-	26,000 imaging scans provided at LHP by the managed service and 11,330 additional endoscopy tests at LHP

Ref	Description	Option 0 - BAU	All “Do Something” Options
UB11	Provides opportunities for the future reconfiguration of services at the three Health Boards	-	Qualitative
UB12	Supports the future of other regional initiatives	-	Qualitative
UB13	Positive reputational impact to the Health Boards from patients and Welsh Government from positive outcomes of the initiative	-	Qualitative
UB14	Improved patient experience	-	95% patient satisfaction
UB15	Ability to achieve better utilisation as result of confidence in level of booking	-	To be confirmed at FBC
UB16	Increased number of and improved clinical pathways developed and delivered at LHP	-	Qualitative
UB17	Reduced health inequalities	-	Qualitative
UB18	Develop a skilled and sustainable endoscopy workforce	-	Qualitative
UB19	Improved recruitment and retention across the region due to the improved training and development provided at LHP as well as from reduced pressure on acute sites as a result of increased capacity at LHP.	-	To be confirmed at FBC
UB20	Opportunities to share best workforce practices across the region	-	Qualitative
UB21-23	Modern fit for purpose compliant facility	-	Complies with WHBN/HTMs BREEAM rated as excellent Enhanced facilities with enhanced provisions (i.e. 2 oxygen tanks, N+N generator etc.)
UB24	Community Benefits (Social Value provided by the contractor))	-	10 local direct full time equivalent (FTE) employees hired or retained. 250 weeks of apprenticeships provided to local staff. £25,000 worth of equipment or resources donated to local third sector and civil society organisations 250 Hours of volunteering time provided to support local community projects. £25,000 direct support and investment provided for people to learn and use Welsh (e.g. interactions and signage). £20,000,000 spent in the local supply chain.
UB25	Reduced waste and single use products	-	To be confirmed at FBC
UB26	Improved recycling	-	To be confirmed at FBC
UB27	Contribute to decarbonisation targets (Net Carbon Zero) with energy efficiency	-	To be confirmed at FBC
UB28	Preservation of biodiversity and wetland area due to choice and design of site.	-	Qualitative

Ref	Description	Option 0 - BAU	All “Do Something” Options
UB29	Enables and provides meaningful and adequate spaces for future phases of work that are planned	-	Qualitative
UB30	Provides opportunity for future expansion: As a result of the choice of site and design, it allows for expansion to capacity in current services as well as development of future services	-	Qualitative

6.8 Risk analysis

The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms, including:

- Quantified risk in relation to planning contingency included in capital cost forms
- Key project risks which have not been accounted for within capital costs.

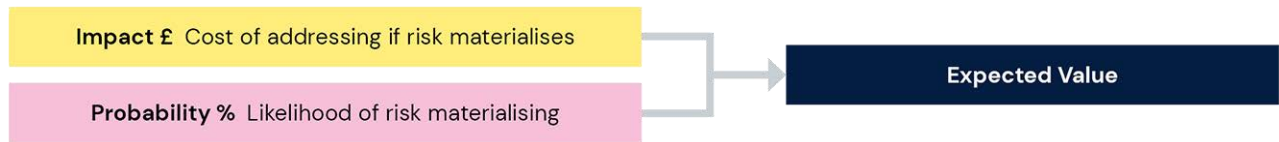
Key project risks have been identified which are not already accounted for within capital costs and these include the following:

- **Funding Risk - Unable to secure sufficient capital funding to deliver the project:** There is a risk that due to the significant amount of initial capital funding required to deliver the project it may take time to secure this funding which could lead to delays in the programme while alternative routes are explored.
- **Funding Risk - Unable to secure sufficient revenue funding to deliver the project:** There is a risk that due to the significant amount of ongoing revenue funding required to deliver the project it may take time to secure this funding which could lead to delays in the programme while alternative routes are explored.
- **Implementation Risk – Increased procurement timescales lead to delays:** There is a risk that the procurement timescales are longer than expected leading to delays in implementation of the project and resulting in the programme having to be extended.
- **Outsourcing Risk – Unable to secure a partner to provide the service:** There is a risk that due to the ISP having to provide the new LHP and to a much lesser extent provide the service that it would be difficult to find a provider that is willing to partner on the project. This could lead to delays in the programme while alternative routes are explored.
- **Workforce Risks – Recruitment and Retention (short term):** There is a risk that in the option where the service would be provided by NHS staff, that it would be difficult to recruit sufficient substantive staff in the short term, which could lead to a reliance on unplanned, expensive temporary and locum staff leading to increased staffing costs.
- **Workforce Risks – Recruitment and Retention (long term):** There is a risk that after the end of the ISP contract period that it would be difficult to recruit sufficient substantive staff, which could lead to a reliance on unplanned, expensive temporary and locum staff leading to increased staffing costs. It should be noted that this risk is significantly mitigated in the options where an ISP provides the service in the short term as that will have given the Health Boards an opportunity to train staff and share learnings ready for the service to be provided by NHS staff.
- **Outsourcing Risk – Increased Handover Costs:** There is a risk that after the end of the ISP contract period, for the fully outsourced option, when the Health Boards purchase the building back from the ISP, the cost of this has been understated, leading to an increased handover payment.

- **Outsourcing Risk – The building that would be provided by the ISP doesn’t meet the health Boards’ requirements:** There is a risk that the ISP owned building that is handed over to the Health Boards after the end of the ISP contract period does not fully meet the Health Boards requirements due to the Health Boards having less control at design stage. This could lead to increased lifecycle costs for the building.

These risks have been quantified by calculating an ‘expected value’. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 16 - Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the table below.

Table 24 - Risk assumptions

Element	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
K1 – Funding Risk: Capital Funding					
Risk	Unable to secure sufficient capital funding to deliver the project				
Consequence	Programme extended to allow time to explore alternative routes				
Impact per year			Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m
Probability			5%	10%	10%
Timescales			Year 0	Year 0	Year 0
Total Risk Value £'000	Does Not Apply	Does Not Apply	1,040	2,080	2,080
K2 – Funding Risk: Revenue Funding					
Risk	Unable to secure sufficient revenue funding to deliver the project				
Consequence	Programme extended to allow time to explore alternative routes				
Impact per year		Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m
Probability		30%	10%	10%	10%
Timescales		Year 0	Year 0	Year 0	Year 0
Total Risk Value £'000	Does Not Apply	6,240	2,080	2,080	2,080
K3 – Implementation Risk: Delays from increased procurement timescales					
Risk	Implementation is delayed due to increased procurement timescales				
Consequence	Programme extended				
Impact per year		Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m		Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m
Probability		75%		15%	15%
Timescales		Year 0		Year 0	Year 0
Total Risk Value £'000	Does Not Apply	15,600	Does not Apply	3,120	3,120

Element	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
K4 – Outsourcing Risk: Unable to Secure Partner					
Risk	Unable to secure partner to provide the service				
Consequence	Programme extended to allow time to explore alternative routes				
Impact per year		Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m	Assume a 12-month extension to the programme at a run rate of £400k per week, which equals £20.8m	
Probability		75%	2.5%	5%	
Timescales		Year 0	Year 0	Year 0	
Total Risk Value £'000	Does Not Apply	15,600	520	1,040	Does Not Apply
K5 – Workforce Risk: Recruitment and Retention (short term)					
Risk	Unable to recruit sufficient staff to enable delivery of the model in the short term				
Consequence	Reliance on unplanned outsourcing of services leading to increased costs				
Impact per year					Assume unplanned outsourcing is equal to cost of outsourcing the service in Option 1 (£4m p.a.)
Probability					75%
Timescales					Years 2 - 11
Total Risk Value £'000	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	29,740
K6 - Workforce Risk: Recruitment and Retention (long term)					
Risk	Unable to recruit sufficient staff to enable delivery of the model in the long term				
Consequence	Reliance on unplanned outsourcing of services leading to increased costs				
Impact per year		Assume unplanned outsourcing is equal to cost of outsourcing the service in Option 1 (£4m p.a.)	Assume unplanned outsourcing is equal to cost of outsourcing the service in Option 1 (£4m p.a.)	Assume unplanned outsourcing is equal to cost of outsourcing the service in Option 1 (£4m p.a.)	Assume unplanned outsourcing is equal to cost of outsourcing the service in Option 1 (£4m p.a.)
Probability		2.5%	2.5%	2.5%	5%
Timescales		Years 12 - 62	Years 12 - 62	Years 12 - 62	Years 12 - 62
Total Risk Value £'000	Does Not Apply	5,056	5,056	5,056	10,112

Element	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
K7 - Outsourcing Risk: Increased Handover Costs					
Risk	For the fully outsourced option, risk that costs for the handover of ISP owned building at end of the contract is understated				
Consequence	Increased handover payment at end of contract				
Impact per year		25% increase on current assumed Handover Cost			
Probability		25%			
Timescales		Year 12			
Total Risk Value £'000	Does Not Apply	15,364	Does Not Apply	Does Not Apply	Does Not Apply
K8 – Outsourcing Risk: Building Provided by ISP Doesn't Meet HB Requirements					
Risk	For the fully outsourced option, risk that handover of ISP owned building at end of the contract does not fully meet HB requirements due to less control at design stage				
Consequence	Increased lifecycle costs				
Impact per year		Lifecycle Costs are doubled			
Probability		10%			
Timescales		Years 12 - 62			
Total Risk Value £'000	Does Not Apply	9,870	Does Not Apply	Does Not Apply	Does Not Apply

6.9 Economic appraisal

The Comprehensive Investment Appraisal (CIA) model has been populated with the assumptions outlined above to support the appraisal of overall value for money by producing a cost-benefit analysis of the shortlisted options.

The assumptions above have been incorporated into a discounted cash flow for each of the costs, benefits and risks are calculated over a 63-year appraisal period including Year 0 (base year) + 19 months construction/commissioning + 60 years estimated useful life.

- Year 0 is 2025/26
- Costs and benefits use real base year prices – all costs are expressed at 2025/26 prices in line with the baseline costs.

The following costs are excluded from the economic appraisal:

- Exchequer **transfer** payments, such as VAT
- General inflation
- Sunk costs
- Non-cash items such as depreciation and impairments
- A discount rate of 3.5% is applied to years 1-30, 3.0% from year 31 onwards.

The economic summary is provided in the table below and a copy of the CIA model is provided in Appendix 10.

Table 25 - Economic summary

Element	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Capital expenditure including contingency (discounted)	0	-98,417	-137,538	-146,828	-146,828
Revenue expenditure (discounted)	0	-180,472	-145,534	-145,498	-129,422
Operational Risks	0	-59,101	-5,291	-9,971	-34,480
Risk-adjusted Present Cost	0	-337,989	-288,363	-302,298	-310,729
Cash releasing benefits (discounted)	0	0	0	0	0
Non-cash releasing benefits (discounted)	0	0	0	0	0
Societal Benefits (discounted)	0	327,217	327,217	327,217	327,217
Total Benefits	0	327,217	327,217	327,217	327,217
Discounted Net Present Social Value (NPSV)	0	-10,772	38,855	24,920	16,488
Incremental costs - total	0	-337,989	-288,363	-302,298	-310,729
Incremental benefits - total	0	327,217	327,217	327,217	327,217

Element	Option 0 - BAU	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Risk-adjusted Incremental Net Present Social Value (NPSV)	0	-10,772	38,855	24,920	16,488
Benefit-cost ratio	0.00	0.97	1.13	1.08	1.05

Option 2, which entails a traditional capital build of Phase 1 of the LHP (the Community Diagnostics Hub portion), with an ISP providing the service provision equipment and delivering the service via a managed service contract for the first 10 years before the service becomes inhouse and run by the Health Boards, provides the best value for money of the options. This option would deliver an incremental Net Present Social Value (NPSV) of £38.9m when compared to the Business as Usual (BAU) position and a Benefit Cost Ratio (BCR) of 1.13. This means that £1.13 of incremental benefit is delivered for every £1.00 of incremental whole life cost, which suggests LHP will deliver value for money.

Option 2 offers the best value for money primarily due to it bringing the least operational risk when compared to the other options, while also providing all the same quantifiable benefits as the other options. This option also provides all the outlined non-monetisable benefits, including the ability to develop a robust, skilled and sustainable endoscopy workforce.

It should be noted that this is based on an initial assessment of benefits and risks with further work being required to fully quantify several of the benefits and risks of each option as the scheme progresses to Full Business Case (FBC) stage. Where benefits have been quantified, values have been estimated based on current assumptions as outlined in section 7.6 of this case. Given further work is required at FBC to validate and refine these assumptions, a relatively low confidence rating has been attached to the majority of these to ensure a prudent approach is taken to claiming benefits until a more detailed analysis can be undertaken. It is therefore reasonable to assume that at FBC stage, the BCR is likely to increase and further strengthen the value for money case.

Option 3, which involves a Traditional Capital Build for LHP Phase 1 with the specific service provision equipment being supplied by Welsh Government/Health Boards, while the diagnostics service is provided by an ISP through a managed service contract for the initial period, has the next best value for money of the options. It has a slightly lower BCR (1.08) and NPSV (£24.9m) largely because it provides the same benefits as Option 2 but has a higher initial capital outlay from the Health Boards having to provide the specific service provision equipment and having slightly higher level of risk attributed to it.

Option 4, which entails a Traditional Capital Build for LHP Phase 1 and the whole diagnostics service being provided by the Health Boards, offers the next best value for money, with a BCR of 1.05 and an NPSV of £16.5m. There are significant risks around this option including that there would be difficulty recruiting sufficient NHS diagnostics staff to deliver the service in the first 10 years, which could lead to a poorer service being provided, expensive temporary and locum staff having to be used, or poorer service occurring across the region, as staff in those areas are re-located to LHP. It should be noted that a key benefit of using a managed service contract for the initial period is to develop a diagnostic workforce capable of providing the service during that period, which would not be available in this option.

Option 1, which entails both the construction of Phase 1 of LHP and the diagnostics service being fully outsourced to an ISP, delivers the lowest BCR (0.97) and would result in a Net Present Cost of £10.8m. This is because there are significantly higher revenue impacts in this option; it is still expected that the Health Boards would have to purchase the LHP back from the ISP at the end of the managed service contract at, at least the Net Book Value and that there are significant risks attached to this option including finding an ISP that would be willing to design and construct the LHP which would lead to significant delays to the programme.

6.10 Sensitivity analysis

The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential movements in capital and revenue costs.

The first part of this involves undertaking a switching values analysis to test the robustness of the ranking of options. This is applied to areas of material cash flows to identify the extent that costs and benefits of each of the alternative options must change for the BCR to reflect that of the highest-ranking option (excluding BAU). This analysis is outlined in the table below:

Table 26 - Sensitivity switching analysis (BCR)

	Option 1 - Fully outsourced managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Increase in benefits to equal preferred option	17.2%	4.8%	7.8%
Decrease in capital costs to equal preferred option	-50.4%	-9.5%	-15.2%
Decrease in revenue costs to equal preferred option	-27.5%	-9.6%	-17.3%
Decrease in quantitative risks to equal preferred option	-84.0%	-139.8%	-64.9%
Decrease in total costs to equal preferred option	-14.7%	-4.6%	-7.2%

This demonstrates that in order to change the ranking of the options:

- Option 3 would need to improve its current benefits by 4.8% (£15.8m) or otherwise reduce capital costs by 9.5% or revenue costs by 9.6% (£13.9m) to rank equal to Option 2.
- Option 4 would need to improve its current benefits by 7.8% (£25.4m) or otherwise reduce capital costs by 15.1%, revenue costs by 17.3% or quantified risk by 64.9% (£22.4m) to rank equal to Option 2.
- Option 1 would need to improve its current benefits by 17.2% (£56.3m) or otherwise reduce capital costs by 50.4%, revenue costs by 27.5% or quantified risk by 84.0% (£49.6m) to rank equal to Option 2.

This suggests that Options 3's rankings are relatively sensitive to benefit or cost assumptions, however noting that this option and the preferred option have the same benefits and relatively similar cost assumptions it is likely that any change in benefits and costs would be similar in both Option 3 and the preferred option. As such it is unlikely that this option could overtake Option 2 as the preferred option.

This suggests that Options 1 and 4's rankings are not particularly sensitive to benefit or cost assumptions and so it is unlikely that these options would overtake Option 2 as the preferred option.

Additionally, to the switching analysis, alternative scenarios have been calculated to consider how the value for money of the options may be affected by future uncertainty as outlined in the table below.

Table 27 - Sensitivity analysis scenarios

Scenario	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 1 - Fully outsourced managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Original Results (BCR)	1.13	0.97	1.08	1.05
1. Initial Capital costs increase by 20%	1.08	0.97	1.03	1.00
2. Revenue costs in Options 2 and 3 are 10% higher due to the tariff discount for land and building in options 2 and 3 not being as large as estimated	1.08	0.92	1.03	1.01
3. Building Buy Back value in Option 1 is 20% lower than expected	1.13	0.99	1.08	1.05
4a. Improved patient outcomes (cancer related) as a result of shorter diagnostics waiting times confidence rating decreased from 25% to 12.5%	0.92	0.78	0.87	0.85
4b Improved patient outcomes (cancer related) as a result of shorter diagnostics waiting times confidence rating increased from 25% to 50%	1.57	1.34	1.50	1.46
5a. Improved patient outcomes (non-cancer related) as a result of shorter diagnostics waiting times confidence rating decreased from 25% to 12.5%	0.80	0.68	0.76	0.74
5b Improved patient outcomes (non-cancer related) as a result of shorter diagnostics waiting times confidence rating increased from 25% to 50%	1.81	1.55	1.73	1.68
6. Costed Risks are overstated by 20%	1.14	1.00	1.09	1.08

In summary:

- **Scenario 1:** Even if initial capital costs were to increase by 20% (c.£14m excluding VAT), this would have minimal impact on the BCR of all options, and the preferred option would still deliver a positive NPSV.
- **Scenario 2:** A 10% increase in revenue costs in Options 2 and 3 (c. £538-747k p.a. increase in the preferred option) would have minimal impact on the BCR of Options 2 and 3, and the preferred option would still deliver a positive NPSV.
- **Scenario 3:** if the Building Buy Back value in Option 1 is 20% lower than expected Option 1's BCR would increase however it would not overtake Option 2 as the preferred option.
- **Scenario 4:** The benefit associated with improved patient outcomes as a result of reduced Diagnostics waiting times for patients with a suspected cancer appears to have a significant impact on the value for money indicators for all options. For instance, if the confidence rating was reduced from 25% to 12.5% this would reduce the BCR for the preferred option from 1.13 to 0.92, while increasing it to 50% would improve the BCR to 1.57. While this suggests value for money is relatively sensitive to changes in the confidence rating applied to this benefit, it should be noted that there is still some work to be done at FBC stage to quantify more of the benefits, as well as firming up the level of certainty in those already quantified, which would likely mitigate this.
- **Scenario 5:** The benefit associated with improved patient outcomes as a result of reduced Diagnostics waiting times for patients with non-cancer related health issues also appear to have a significant impact on the value for money indicators for all options. For instance, if the confidence rating was reduced from 25% to 12.5% this would reduce the BCR for the preferred option from 1.13 to 0.80, while increasing it to 50% would improve the BCR to 1.81. While this suggests value for money is relatively sensitive to changes in the confidence rating applied to this benefit, it should be noted that there is still some work to be done at FBC stage to quantify more of the benefits, as well as firming up the level of certainty in those already quantified, which would likely mitigate this.
- **Scenario 6:** if the costed risks in each of the options was overstated by 20%, this would have minimal impact on each of the options BCRs and it would have no effect on the rankings.

The results of the scenario analysis show that the BCR is relatively sensitive to some changes in assumptions, specifically the confidence rating applied to patient outcomes associated with reducing diagnostic waiting times. However, it is believed that as the project progresses to FBC and assumptions can be firmed up, it will be possible to monetise further benefits and increase the confidence rating applied to those already quantified. This would likely increase the BCR overall.

6.11 Preferred option

The results of the economic appraisal demonstrate that the preferred way forward offers value for public money.

Option 2, which utilises a traditional capital for the build of phase 1 of the LHP (the Community Diagnostics Hub portion), with an ISP providing the service provision equipment and delivering the service via a managed service contract for the first 10 years before the service becomes inhouse and run by the Health Boards, will require capital investment of £109.1m and ongoing revenue costs of £7.5m (excluding depreciation) for the initial 10 year period of the managed services contract, reducing to £5.4m after the end of the contract. Based on estimated costs and benefits, it is anticipated that this option will deliver an incremental Net Present Social Value (NPSV) of £38.9m and a Benefit Cost Ratio (BCR) of 1.13.

This represents £1.13 of incremental benefit delivered for every £1.00 of incremental whole life cost, because of the quantifiable benefits that it has been possible to state in monetary values at this point in time, including:

- **Improved patient outcomes from earlier diagnosis:** Delivery of the CDC will address CTMUHB Diagnostic Imaging and regional Endoscopy capacity shortfalls and ensure future demand can be met. This will have a direct impact on waiting times for patients and support the cancer pathway by enabling earlier diagnosis, more targeted interventions and improved monitoring. This will lead directly to delivering better patient outcomes, specifically contributing to improved cancer survival rates.
- **Improved patient outcomes from earlier diagnosis (non-cancer related):** Delivery of a significant increase in additional Endoscopy capacity should lead to earlier and increased diagnosis for patients with health issues other than cancer such as hypertension, which will lead to better patient outcomes and help contribute to reduced mortality related to those health issues.

In addition to this, there are other quantifiable benefits which it has not yet been possible to state in monetary values given the information that is available at this time. These will be explored further at FBC-stage and, it is expected, will further strengthen the BCR. These include:

- **Release of elective diagnostic capacity at Acute sites, which can be used for urgent and emergency care patients/pathways:** The capacity provided at LHP for more elective diagnostic tests will free up Acute sites to use their diagnostic capacity for non-elective scans/tests, which reduce delays for urgent and emergency patients.
- **Improved predictability and confidence in booking scans and tests:** The centralised elective centre with co-located services provides a 'one-stop' shop clinic with greater predictability of care which in turn means that scans and tests can be booked with more confidence leading to improved utilisation of the service.
- **Impact of a more sustainable estate:** The delivery of appropriately designed and compliant facilities provides opportunities to contribute to CTMUHB's environmentally sustainable goals and national strategies around decarbonisation and optimising energy efficiency. The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTMUHB has instituted in other areas, such as reducing waste and single use products.

LHP will also deliver various non-financial benefits which while they cannot be quantified in monetary terms are equally important to the delivery of local, regional and national policy. These include:

- **Additional Imaging and Endoscopy capacity leading to reduced waiting times:** The additional capacity at LHP will allow the Health Boards to meet the NHS Wales target that no patient is waiting more than 8 weeks for imaging or endoscopy tests.
- **Help to meet 'Straight to Test Guidance':** The additional capacity provided at LHP will assist with meeting 'Straight to Test Guidance', allowing an increase in the number of direct referrals from GPs to radiology. It will also allow for improved regional sustainability and provide contingency for other sites across the region.
- **Increased number of and improved clinical pathways:** Due to LHP being a centralised elective centre and a "one-stop" clinic, it will lend itself to developing and delivering more and improved clinical pathways. These pathways and improved ways of working could be used as an exemplar and then also be rolled out across the region.
- **Reduced health inequalities:** Reduction in waiting times and ease of access supports equality of access.

- **Community Benefits:** The contractor has agreed to implementing several community benefits, including hiring local, providing volunteering and donations to local organisations, investing in people learning and using Welsh and investing in the local supply chain.
- **Improved patient experience:** As well as reduced waiting times patient experience is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking. Having a centralised elective centre with co-located services provides the convenience of a **one-stop shop** clinic with greater predictability of care.
- **Increased staff satisfaction:** The improved training pathway and increased training opportunities, along with the modern fit for purpose facilities and a consolidated service model that enables more effective ways of working, contributes to staff satisfaction and creates an attractive place to work which will support recruitment and retention of highly trained health professionals in the long term.
- **Develop a skilled endoscopy workforce:** Delivery of the Skills Academy in partnership with HEIW will provide significant opportunities to increase the number of training places available in the region and help to build a skilled and sustainable endoscopy workforce.
- **Increased compliance:** The dedicated CDC will ensure that the Health Boards have capacity across the region to ensure alignment with GiRFT principles and continue to achieve JAG accreditation. Modern fit for purpose facilities that are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent.
- **Future proofing:** The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.
- **Opportunities for future transformation:** The additional capacity offered by LHP provides opportunities to transform and reconfigure core local services and deliver things differently in the future. Further to this the robust and in-depth data/reporting the service at LHP will provide to the Health Boards will greatly inform future decisions. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways and will have a positive reputational effect.

The results of the options appraisal (excluding BAU) are presented in the table below.

Table 28 - Results of options appraisal

Element	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
Initial capital investment	£0m	£109.1m	£119.7m	£119.7m
Incremental NPSV	-£10.8m	£39.9m	£24.9m	£16.5m
Benefit Cost Ratio	0.97	1.13	1.08	1.05
Key benefits	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option	As per benefits outlined above for the Preferred Option
Key risks	• Unable to secure a service provider who would be willing to provide the service • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales	• Significant initial capital outlay • Unable to secure revenue funding	• Significant initial capital outlay • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales	• Significant initial capital outlay • Unable to secure revenue funding • Implementation is delayed due to increased procurement timescales • Unable to recruit sufficient staff to enable

Element	Option 1 - Fully outsourced managed service contract	Option 2 (PWF) - Traditional capital build + ISP equip and deliver services via managed service contract	Option 3 - Traditional capital build and equip + ISP deliver services via managed service contract	Option 4 - Traditional capital build and equip + NHS staffing and service provision
	Significant risks around handover of the building at the end of the managed service contract period, including higher than expected handover costs and that the building would not fully meet the Health Boards requirements.			delivery of the model in the short term

It should be noted that this assessment is based on an initial assessment of benefits and risks and further work is required to quantify these more fully. As outlined above, it is anticipated that this is likely to further strengthen the BCR and value for money case as the scheme progresses to FBC stage.

Commercial Case

7 Procurement strategy

7.1 Introduction

This section of the business case outlines the procurement strategy and proposed deal to deliver the preferred option to develop a community diagnostic hub for CTMUHB, co-located with a regional endoscopy centre on the Llantrisant Health Park site, as discussed in the economic case. The preferred delivery model would be to undertake the build and fit out of the site using NHS capital funds and deliver the services through a contract with a commercial service partner who would also equip the facility.

The former British Airways Avionics Engineering (BAAE) site was acquired by CTMUHB in February 2023. The Llantrisant Health Park site will comprise a Community Diagnostics Hub, Orthopaedic Surgical Hub with associated ward accommodation, and other regional services, which may include Day Surgery. The Community Diagnostics Hub will be delivered as the first phase of a multi-phase development.

The following section sets out the commercial arrangements for the capital LHP site, including procurement and delivery of the design and build and fit out, with the procurement strategy for the independent delivery partner shown in section 7.3.

7.2 Procurement of the Capital Build and Fit Out

Work on the design of the CDH commenced shortly after the site purchase in the autumn 2023 and progressed via the appointed design team lead by Strides Treglowan Architects. The design team progressed through the RIBA design stages from masterplanning to completion of RIBA 2 in December 2024 culminating in the approval to commence demolition works and RIBA 3 design works in December 2024.

Alongside the completion of the RIBA 2 works, work had commenced on the appointment of separate contractors for the demolitions and the main build programmes and each will be set out as below:

7.2.1 Demolition Contractor procurement

A detailed procurement tender was undertaken by CTMUHB procurement and NWSSP using the Crown Commercial Services Framework, Construction Works and Associated Services Lot 10 Demolition framework.

The procurement was prepared and completed by CTMUHB, the appointed design team and NWSSP procurement services. The procurement process was undertaken for a new contract, whereby an Expression of Interest was issued to 13 national demolition providers on 30 October 2024 and providers had until 31 October 2024 to respond. Following the deadline, only five providers responded to the Expression of Interest.

A Mini competition was undertaken, utilising *RM6088 Construction Works and Associated Services Framework lot 10 Demolition*, and was published via e-Tender Bravo portal, in which certain selection criteria was applied at the qualification, technical and commercial evaluation stages.

Tenders were published on 1 November with the deadline for submission on 25 November. At the end of the tender period, five submissions were received, however after review, two suppliers failed to meet the minimum criteria, leaving three for scoring. Detail of the scoring approach is included in the tender analysis submitted as part of the estates annex.

A preferred supplier was identified and appointed in January 2025 following WG approval of funding for demolition works to proceed.

The contract has commenced and works began on site on 14 April 2025. This contract was originally programmed to conclude by 22 August 2025, however, there has been a delay of around three weeks, and the works are now expected to complete by 20 September, when the contractor will leave site.

7.2.2 Main Contractor procurement

The main contractor tender process completed in November 2024. The tender was issued via the Crown Commercial Services (CCS) framework. The Welsh NHS run Building for Wales (BfW) framework was not selected due to:

- Delays in the implementation of the new framework after the previous one ended in April 2024
- Delays associated with securing the funding information required to commence the tender
- Inclusion of high levels of modular development in the design, with no modular supplier on BfW this would not have provided value for money.

As a result, a framework was selected that enabled the Programme to test the appetite and ability of both modular and other modern methods of construction (MMC) contractors to respond and offer the most advantageous infrastructure solution to the programme. A two-stage design and build contract solution was selected with a fixed price for the professional services and a target cost model for the construction phase (similar to the contractual arrangements under BfW).

An expression of interest was issued in October 2024 and seven companies opted in to show an interest. The tender was published on 13 November 2024 and after two extensions, closed on 31 January 2025.

The process has been managed by Mott McDonald, acting as primary PM for tender and procurement exercise and at all stages support has been provided by NWSSP procurement services.

The tender period closed on 31 January 2025 with three responses received. There were some clarifications required from tendering parties, the detail of which is available if required. Legal advice was sought regarding the contractual terms and conditions.

By the end of the process, only one contractor confirmed full acceptance of the proposed terms and conditions for both design and build contracts. In addition, the same contractor offered the best overall score in the combined qualitative and quantitative analysis. This information can be found in the tender analysis report contained in the estates annex to the business case.

Following completion of the tender scoring, the outcome was presented to NWSSP-SES and a paper prepared for WG approval for CTMUHB to appoint MTX, the preferred contractor. This approval was granted by letter on 14 March and, following the mandatory 10 day standstill period, MTX were appointed as the successful contractor on 31 March 2025, under an NEC professional services contract, to deliver the design up to completion of RIBA 4 and development of target cost.

Once FBC approval is received, CTMUHB will enter into an ECC contract with MTX to deliver the phased construction solution. This is expected to be structured to support sectional completion in line with the LHP phased construction programme.

Tendering parties provided costs up to RIBA 4 completion, as per standard NEC professional services contract (PSC). This will enable generation of completed design, securing of planning and SAB approvals, with fully tendered build costs. As a design and build arrangement, and to proceed to construction, an ECC contract will be required to be entered into on FBC approval.

CTMUHB requested WG approval to enter into the full PSC contract, which would take the scheme up to RIBA 4, at a contractor design fee cost of £3.935m. This cost excludes VAT and the additional health board fees associated with both RIBA 3 and 4. Full costs are included in the finance section of this case.

It should be noted that the cost tendered by the contractor was based on a single business case process and start-on-site of a phased construction completion programme. The recent decision and instruction to split this work into phases, each with its own business case and development programme, has subsequently elongated the programme and increased the level of costs and fees incurred. A longer design period will mean further costs for all time-based consultants. Additional design works will also be required to ensure that Phase 1 can be fully operational as a standalone building for a longer period. In addition, the ability to create linked buildings whilst maintaining the operational status of the CDH has also had to be considered and resulted in some redesign of the area that will immediately adjoin Phase 2.

One of the key areas of impact has been around the mechanical and electrical engineering and medical gases works, where short term solutions had been proposed to support a phased opening whilst construction of other phases, including the permanent engineering infrastructure, was completed. With the risk of a longer period of opening without this infrastructure in place, the timing and location of much of the supporting infrastructure has had to be reconsidered and alternative areas included. This has also brought much of this forward in the programme and means it is included in Phase 1.

Work with the construction partner has confirmed the level of fees to support the Phase 1 contract however the design fees for Phases 2 and 3 are under review and being developed at the time of writing this business case. This information will be included in the phase 1 FBC and the Phase 2 OBC.

In December funding was approved for the RIBA 3 design stage of £3.5m which included stages 3A and 3B, 3B undertaken by MTX. RIBA 3A was completed by the end of March 2025, with RIBA 3B completed by the main contractor by 30 June 2025.

As per the tender return, the total MTX fees only for the design stage are £3.935m based on a fixed price submission. The total Phase 1 fees have now been agreed and sit within this sum. Phase 2 fees are currently being agreed, and it is likely that these will exceed this original tendered sum and will require an uplift.

Table 29 - Breakdown of original tendered fees

Cost element	RIBA 3 £000	RIBA 4 £000	Total £000
Design fees	377	2,632	3,009
Management services	-	495	495
Surveys	-	207	207
Overhead and profit @ 6%	23	200	223
Total	400	3,535	3,935

As mentioned above this covered the total programme costs. Whilst the RIBA 3 costs have not changed, from those committed above, the sums for phase 1 RIBA 4 have changed.

Phase 1 RIBA 4 costs are £2.573m, however this represents main contractor design fees only. The total RIBA 4 cost up to approval of the FBC and contractor start on site are as set out in Table 30 *Table 31* below, to date £2.828m funding has been received from WG, approved on 12 August. Therefore, the balance sought to complete RIBA 4 and proceed to works on site will be £2.177m

Table 30 - Requested fees to complete RIBA 4 up to start on site

Fee description	Forecast cost £000
Health Board Fees	1,507
MTX Fees	2,573
Non works costs	341
Planning Fees	430
Sub total	4,851
VAT (less recoverable)	154
Total cost	5,005
Funding Received to OBC	-2,828
Balance of funding required	2,177

Should a decision be made not to complete RIBA 4 following the outcome of this business case then there is a risk of a contractor claim against the Health Board under the PSC contract. Whilst any payment is likely to be negotiated, it is probable that a sum amounting to any actual costs rightfully incurred and incurred will be paid, alongside a claim for loss of profit on all phases and likely to be around two months of committed / contracted cost.

As a worst-case scenario, this could amount to a liability of approximately, £1.3m however it is likely to be significantly lower after negotiation.

7.3 Independent Service Provider (ISP) procurement

CTMUHB, acting on behalf of the three Health Boards in South East Wales is currently undertaking a procurement exercise to appoint a prime contractor to act as a design partner and contributor to the pathway redesign currently being scoped out for diagnostic services to provide one imaging CDH with the option to flex to one further CDH over the course of the contract. In addition, the CDH will also have at the same location, an ISP staffed Endoscopy Suite comprising of up to four rooms co-located with an NHS staffed two room Endoscopy Training Academy. The endoscopy suite requirements will be designed and fitted out to meet JAG accreditation standards.

There will be a co-located training academy which will include an endoscopy theatre. It is expected that the fitting out of the academy training rooms, and delivery of activity will be facilitated by NHS organisations through collaborative work with Health Education and Improvement Wales.

The Regional Radiology Project Board and the Regional Diagnostics Programme Board endorsed the use of competitive dialogue to test the market potential to support the development of a regional diagnostic centre and associated community diagnostic hubs, one of which will be on the LHP site. The competitive dialogue procedure is flexible and allows the Procurement Evaluation team to discuss proposed solutions with bidders to understand advantages and disadvantages.

The recommended option is to develop a regional endoscopy centre through a traditional NHS capital build proposal and to seek the equipment and delivery of the centre activity through contract with a commercial partner.

To drive this strategy, further competitive dialogue will need to be completed to understand financial implications and other non-financial risks. The current procurement programme leads to the appointment of the ISP by the end of October 2025.

The successful provider will provide a range of new clinical and non-clinical equipment items, including furniture as required for the commissioned services. Equipment must be new and installed at the start of the contract. The overall requirement would be expected to provide economies of scale linked to staff resources, training and cross cover; logistics associated with consumables, equipment, maintenance, corporate and management overheads.

The proposed contract between CTMUHB and the ISP is for an initial period of seven years from the operational commencement date with an option to extend for up to an additional three years (in 12 month tranches).

As stated above, MTX, the main contractor, has been appointed to undertake the modular construction of the whole site and the CDH shell for the ISP to equip, commission and operate.

7.4 Health Board contracting arrangements

CTMUHB will enter into the ISP contract with the successful bidder. The proposed contract mechanism with the ISP partner will be a cost per case arrangement with a base minimum level of expected activity creating a floor financial value for each modality of service. Any activity over and above this floor will be charged on an agreed marginal cost per case using agreed activity currencies.

Initial volumes indicate a potential for surplus capacity at the site that the commercial service provider could utilise for private patient access, all non NHS activity undertaken at the site will attract an enhanced rate for the health boards' contract with the supplier for the NHS activity.

During the next few months arrangements with regional partners will be confirmed so that upon entering into contract with the ISP there is a confirmed and signed agreement in place with all regional partners for contracting and recompense. This will be further detailed at FBC stage.

7.5 Workforce Plan for CDH Delivery via ISP/MSCE plans

7.5.1 Background

There is a well-documented shortage in the diagnostic workforce across Wales, particularly in radiology and endoscopy. This has created a significant barrier to timely diagnostics and service delivery, impacting patient outcomes and system flow across south Wales.

To address this, the Community Diagnostic Hub (CDH) model will be delivered in the medium term through an Independent Sector Provider (ISP) under a Managed Service Contract (MSC). The ISP will operate independently with its own commercial and operational model but must align with NHS Employers standards and the strategic workforce objectives of Cwm Taf Morgannwg UHB (CTM) and the wider South East Wales region.

The MSC is expected to be a seven-year contract, with the option of three one-year extensions (7+1+1+1), subject to performance and strategic review. This provides a stable platform for service delivery while allowing flexibility for future transition planning addressing the workforce pipelines shortages that will be essential to transition back in house.

Whilst the new ISP provider must define its own commercial structure to have its own identity and flexibility to function, through this it must also provide robust assurance to all stakeholders. They must provide a safe and effective workforce that delivers a safe and high-quality service to the users of the facility.

7.5.2 Assurance

To ensure the ISP delivers a safe, effective, and sustainable workforce model, a robust assurance framework will be embedded in the tender and contract documentation.

Workforce KPIs

The contract will include a suite of workforce-related Key Performance Indicators (KPIs), such as:

- Staffing levels and skill mix appropriate to meet service demand demonstrating efficiency
- Compliance with professional registration and revalidation
- Completion of Statutory and Mandatory Training (StatMan Framework)
- Sickness absence, turnover, and retention rates
- Use of agency or temporary staff, ratio to substantive
- Evidence of qualifications, DBS checks, and safe recruitment practices
- Percentage of workforce recruited from within South East Wales, the wider UK, and internationally.

Recruitment standards

All recruitment must align with NHS Employers governance and standards. The ISP will be required to demonstrate adherence to safe recruitment practices, including verification of qualifications, right to work checks, enhanced DBS clearance, and reference checks.

These requirements will be explicitly stated in the tender and contract documentation aligned to the parameters of the framework compliance.

Workforce impact mitigation

While the ISP cannot be contractually prevented from recruiting CTMUHB staff, the contract will include mechanisms to monitor and limit the impact on the existing South East Wales workforce. KPIs will track recruitment sources and workforce movement to ensure the ISP does not destabilise local services. The ISP will be expected to work collaboratively with CTMUHB and regional partners to support workforce sustainability.

Partnership and governance

CTMUHB will ensure senior workforce representation on the tender evaluation panel. Workforce and clinical experts will review the provider's submitted workforce plan to ensure appropriate skill mix and competencies, suitability for CDH service delivery, and alignment with patient safety and training standards.

Providers will be expected to demonstrate experience of collaborative working with NHS facilities in England or similar settings, with a proven record of partnership and workforce stability.

There will be monitoring of the service delivery and workforce through regular contract meetings with the ISP

7.5.3 Transition back in-house

The long-term ambition is to transition diagnostic service delivery back into CTM, ensuring integration, sustainability, and alignment with NHS values.

Transition planning

The timing of the transition will be defined collaboratively with the appointed provider during the tender and contract agreement stage, recognising the dialogue-based nature of the contract. CTMUHB will begin scoping the transition plan during the contract period, depending on service maturity and workforce readiness. The addition of the Skills academy will support the development of an increased work force to provide a greater number of staff trained with skills to work within an endoscopy environment. This will form a key component of the plan to bring the CDH endoscopy service back into the NHS

The transition plan will include:

- A training and development programme to support internal workforce growth
- Exploration of dual running costs to support over-recruitment and phased handover
- Scope and develop a transition plan that will comply with the legal regulation (TUPE) to move workforce from the ISP to CTMUHB contract of employment
- Engagement with HEIW (for endoscopy) and the Radiology Academy to support workforce development and succession planning.

Workforce Development

CTMUHB will explore opportunities to develop new roles and increase skill mix, including:

- Clinical support workers
- Assistant practitioners
- Advanced radiographers.

These roles will be developed in partnership with the ISP, drawing on their experience and models used elsewhere throughout Wales and England. The transition plan will also include a skills gap analysis and a future workforce model to ensure readiness for in-house delivery model with a clear plan around the transition timeline.

Education and training

CTMUHB and regional partners will work to provide better access to education and training, supporting:

- Upskilling of existing staff
- Development of new career pathways
- Attraction and retention of local talent.

The ISP will be expected to contribute to this agenda by sharing best practice, supporting placements, and participating in joint workforce planning.

Monitoring and evaluation

Regular review points will be built into the MSC to assess readiness for transition. Workforce impact assessments will inform decision-making. Ongoing stakeholder engagement will ensure transparency and shared ownership of the transition process.

7.5.4 TUPE arrangements and/or transfer of staff

It is not anticipated that TUPE will apply to any existing NHS staff in the establishment of the service agreement as there will be no change to existing capacity at the Health Board.

Following the end of the Contract term there may be TUPE implications for staff employed by the Commercial Service Provider in the continuation of the services either by NHS providers or by any subsequent Commercial Service Provider Partner.

It is anticipated that there will be no TUPE arrangements required in relation to the wider site development as staff would not be required to transfer out of their existing organisation. This will be reviewed at FBC.

7.5.5 Adapted-risk service model

Detailed workforce implications will continue to be developed as part of revenue assessments. This service model is anticipated to lead to some workforce efficiencies as there will be improved integration within teams and support systems.

7.6 Associated disposals

There are no known disposals associated with this development, which would generate income for the three Health Boards.

7.7 Design and compliance with mandatory standards

7.7.1 NHS Net Zero compliance

In October 2020 the NHS published the ***Delivering a Net Zero National Health Service*** in response to the health emergency that climate change will bring. More intense storms and floods, more frequent heat waves and the spread of infectious diseases resulting from climate change threaten to undermine years of health gains.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions that can be influenced (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

NHS Net Zero Building Standard

The NHS Net Zero Building Standard, published in February 2023, provides technical guidance to support the development of sustainable, resilient, and energy efficient buildings that meet the needs of patients now and in the future. 10% plus of the carbon emissions associated with operating the NHS estates are as a result of energy usage (operational carbon) alongside embodied carbon. The standard is a critical element in ensuring that the design, and construction of new NHS buildings and the inevitable refurbishment / repurposing of the existing estate, supports the “Delivering Net Zero” commitment to a zero-carbon estate by 2040.

The proposed LHP development design process will follow the guidance of the standard through RIBA stages 1-4.

The construction process for LHP will follow the guidance of the standard through RIBA stages 5-7. To facilitate this as required a Net Zero Carbon (NZC) Coordinator will be appointed who will be responsible for managing the process as well as being an advocate for Zero Carbon within the design team.

7.7.2 Modern Methods of Construction

NHS Wales and NHS Improvement with the Department of Health and Social Care, are working on progressing the approaches used to increase the use of Modern Methods of Construction (MMC) on all business cases requiring central NHS sign off. As part of this, an interim draft guidance has been developed for inclusion in the NHS Capital Business Case Fundamental Criteria Checklist.

Early consideration of the use of off-site manufacture, allows the process to be streamlined through the design and construction process, maximising the benefits this approach can bring. Agreement to an early BIM Execution Plan and sharing information in a project specific Common Data Environment (CDE) allows all parties to input in an integrated design, manufacturing, and assembly process.

LHP will be constructed using MMC and be entirely modular.

7.7.3 BREEAM

The Building Research Establishment Environmental Assessment Method (BREEAM) is the leading and most widely used environmental assessment method for buildings and communities. It sets the standard for best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance.

As of 1 July 2008, all developments of new healthcare buildings in the UK seeking OBC approval must commit to achieving an EXCELLENT rating (assessed against BREEAM New Construction) and all refurbishments (assessed against BREEAM Non-Domestic refurbishment and fit-out) to commit to a VERY GOOD rating. Any project with a capital value exceeding the £2m threshold must include a BREEAM assessment.

BREEAM provides clients, developers, designers and others with:

- Market recognition for low environmental impact buildings
- Assurance that best environmental practice is incorporated into a building development
- Inspiration to find innovative solutions that minimise the environmental impact
- A benchmark that is higher than regulation
- A tool to help reduce running costs, improve working and living environments
- A standard that demonstrates progress towards corporate and organisational environmental objectives.

BREEAM addresses wide ranging environmental and sustainability issues and enables developers and designers to prove the environmental credentials of their buildings to planners and clients and:

- Uses a straightforward scoring system that is transparent, easy to understand and supported by evidence-based research
- Has a positive influence on the design, construction and management of buildings
- Sets and maintains a robust technical standard with rigorous quality assurance and certification.

BREEAM is a compulsory requirement for projects of this scale in Wales, as such work towards accreditation has been ongoing since RIBA Stage 1. The Design Stage Tracker set out the target ambition for the project to achieve BREEAM 'Excellent'. Moving forward, workshops are to be set up for RIBA 3B stage, ensuring that design adaptations do not compromise the project trajectory.

7.7.4 Infection control

The proposed development will be designed and configured in compliance with HBN and HTM guidance to provide clean, well-designed environments within which clinical services and procedures can be carried out safely. Infection prevention and control measures will be designed into the new building through zoning, with appropriate clinical adjacencies to facilitate clean to dirty flows and the provision of good access for cleaning and maintenance to take place.

As planned for the design development at OBC stage, the clinical leads will be fully engaged to ensure the needs of users are understood and clearly articulated in the design brief. Health Board Infection Prevention and Control Teams will also be further engaged by the Project Team and Design Team to inform the detailed designs.

7.7.5 Sustainability

Efficient building services design can have a positive impact on future climate scenarios by reducing energy consumption and greenhouse gas emissions associated with buildings. Climate change is primarily driven by the release of greenhouse gases such as carbon dioxide, methane, and nitrous oxide into the atmosphere, and buildings account for a significant portion of these emissions.

When designing LHP, the aim will be to ensure that the building will operate as efficiently and sustainably as possible.

See Appendix 7; RIBA 3a report for further information on the design details.

7.8 VAT recovery

A VAT Advisor has not yet been engaged for OBC stage, but the Cost Forms allow for VAT recovery on fees and a nominal amount (5%) on the main build. Once into FBC Stage, engagement with the VAT Advisor will be sought.

7.9 Interface

The LHP finance representative has confirmed there is no interface between any NHS LIFT, PFI, PF2 or other PPP and there are no joint venture agreements/contracts already in place and therefore there are practical or contractual issues in the light of HM Government changes to the use of PFI in its various forms.

7.10 Summary and conclusion

Following a robust tender process, MTX have been appointed as the preferred contractor offering the most commercially advantageous tender, following both qualitative and financial appraisal.

Welsh Government approval for the balance of RIBA 4 cost of £2.177m which will fund the programme to complete RIBA 4 stage and through FBC approval and start on site is being sought as part of this business case.

Financial Case

8 Financial appraisal

8.1 Introduction

The purpose of the Financial Case is to outline the financial implications of the preferred option and assess affordability. As such it sets out the capital requirements and revenue consequences, along with underpinning assumptions, of the proposed scheme. It outlines anticipated funding arrangements and the impact on the overall financial statements.

As outlined in the Economic Case the preferred option involves an NHS funded capital build while an independent sector provider (ISP) provides and manages the necessary equipment and delivers MRI, CT, non-obstetric ultrasound (NOUS), and Endoscopy services.

8.2 Capital costs and funding

8.2.1 Capital costs

Delivery of the preferred option requires capital investment of £109.1m in total, including expenditure incurred to date. This is based on capital requirements prepared by the Health Board's Cost Advisors, Mott Macdonald using the following assumptions:

- Agreed Schedules of Accommodation and RIBA 3b design. Agreed scope of Phase 1 to cover the build of the CDH plus additional site wide infrastructure to facilitate later phases
- Proposed start on site 26 February 2026 and proposed works completion date end of July 2027. At completion the site will be handed over to the ISP for equipping and commissioning which is estimated to last 3-4 months
- Works costs calculated using benchmarked rates suitable for South Wales (including Healthcare Premises Cost Guide) @ BCIS TPI updated 20/08/2025.
- Allowances for fees, equipment costs, planning contingency have been applied as appropriate.
- No allowance for optimism bias has been applied given the degree of certainty at this stage in terms of maturity of design, knowledge of the site, and publicly declared political support for the development. It is therefore superseded by the Costed Risk Register figure.
- VAT advisor advice will be sought on VAT recovery options before FBC. Currently all fees are forecast to be VAT recoverable.

The resulting capital costs estimates are summarised in the table below and a copy of the detailed capital cost forms are provided in Appendix 8.

Table 31 - Capital costs

Element	Net £'000	VAT £'000	Total £'000
Works costs	58,058	11,611	69,669
Fees	14,463	2,892	17,355
Non-works costs	10,362	2,072	12,435
Equipment costs	2,628	526	3,145
Quantified risk contingency	10,583	2,116	12,699
Subtotal	96,094	19,218	115,312
Less: recoverable VAT	-	-5,323	-5,323
Total capital costs	96,094	13,895	109,989

The capital cost schedule includes costs for the provision of the CDH alongside a range of site wide infrastructure works to support the later phases of development. This is the most efficient way to deliver these services as it avoids having to dig up areas more than once. It also offers efficiencies in only requiring machinery and certain skills for a concentrated period of time in one phase therefore further reducing the risk of duplication in a phased approach.

The scope of sitewide works is detailed in the estates annex to this business case and has been shared with NWSSP-SES for their consideration. The inclusion of this element of the infrastructure does therefore mean that the capital costs appear above benchmarking if just measured across the 9,500m² building footprint for Phase 1.

8.2.2 Funding requirements

Funding of £18.1m had been received to date from WG for:

- Site purchase - £8.0m
- RIBA 2 fees - £3.1m
- RIBA 3 fees - £3.5m
- Demolition - £0.7m
- RIBA 4 fees - £2.8m.

This includes funding of £2.828m which has been approved in August 2025 to support the phase 1 OBC redesign and the commencement of RIBA 4 works to support the FBC being completed for November Boards. Further funding of £91.9m is therefore requested from Welsh Government.

Table 32 - Capital cashflow and funding sources

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	Total £'000
Costs							
Construction costs	0	0	0	1,803	42,054	14,200	58,058
Project fees	0	791	3,498	5,544	3,759	871	14,463
Non-works costs	7,990	268	962	825	310	8	10,362
Equipment costs	0	0	0	0	0	2,628	2,628
Planning contingency	0	0	0	1,746	5,891	2,945	10,583
Subtotal	7,990	1,059	4,460	9,918	52,013	20,652	96,094
VAT	0	0	192	874	9,651	3,178	13,895
Total capital costs	7,990	1,059	4,652	10,794	61,664	23,830	109,989
Funding							
Site purchase	7,990	10	0	0	0	0	8,000
RIBA 2	0	1,049	2,042	0	0	0	3,091
RIBA 3	0	0	2,013	1,486	0	0	3,499
Demolition	0	0	109	591	0	0	700
RIBA 4	0	0	0	2,828	0	0	2,828
Funding received to date	7,990	1,059	4,164	4,905	0	0	18,118
Construction	0	0	0	5,889	61,664	23,830	91,871
Funding still required	0	0	0	5,889	61,664	23,830	91,871
Total funding	7,990	1,059	4,164	10,794	61,664	23,830	109,989

As mentioned in section 7.2.2 in table 32, this OBC is requesting fees to take the programme from OBC approval to FBC approval and start on site, currently forecast to be late February 2026. The fee requested is contained in table 32 and excludes any works costs. This is why the funding balance differs slightly from that in Table 33 above. On FBC approval it is anticipated that the remaining 2025/26 funding of £3.712M will be required within the 25/26 CRL to avoid programme delay.

8.3 Revenue affordability

8.3.1 Recurring revenue costs

It is anticipated that the creation of the new diagnostics centre will incur additional recurring full year revenue costs of £9.3m p.a. related to the managed service contract with the ISP for the provision of equipment and delivery of services related to MRI, CT, NOUS, and Endoscopy. This is based on:

- Activity based on individual HB requirements included in the ISP procurement specification.
- ISP cost estimate currently based on 2025/26 NHSE CDC tariff.
- Case mix assumptions are based on 2024/25 CTMUHB activity.
- ISP procurement specification assumes seven-year contract with the option to extend for a further three years.
- Excludes depreciation and any IFRS16 implications (which are considered in section 9.4).

It is expected that the contract value will be reduced through the agreement of a tariff discount in return for the ISP's use of land and buildings. This has been estimated for the purposes of the OBC at £1.9m p.a.

It is also expected that activity and revenue costs will begin post completion and ISP commissioning of Phase 1 of the build. Whilst the main contractor build programme will complete at the end of June it is expected that the handover, equipping and commissioning could take up to four months, which is expected to be at the end of October 2027, which means the first year will incur five months of activity and revenue costs.

A summary of costs is provided below with more detailed calculations provided in Appendix 9 and 10.

Table 33 - Summary of revenue costs

Revenue element	2027/28 (assume opening - end of October 2027)	2028/29	2029/30 until end of ISP contract period
Activity	No. of tests	No. of tests	No. of tests
MRI	3,333	8,000	8,000
CT	5,000	12,000	12,000
NOUS	2,500	6,000	6,000
Gastroscopy	1,413	3,390	3,390
Colonoscopy	2,568	6,491	6,947
Sigmoidoscopy	250	763	992
Revenue costs	£'000	£'000	£'000
MRI	544	1,307	1,307
CT	518	1,242	1,242
NOUS	155	373	373
Gastroscopy	713	1,711	1,711
Colonoscopy	1,584	4,003	4,284
Sigmoidoscopy	107	326	423
Total ISP contract	3,621	8,961	9,341
Less: tariff discount for land	-724	-1,792	-1,868
Total ISP costs after discount	2,897	7,169	7,473

8.3.2 Commissioner funding requirements

Commissioner revenue funding requirements have been estimated for each of the three Health Boards based on projected activity assumptions at this stage, as outlined in the table below.

Table 34 - Activity assumptions

UHB	Revenue element	2027/28 ⁶	2028/29	2029/30 ⁷
CTM	Activity	No. of tests	No. of tests	No. of tests
	MRI	3,333	8,000	8,000
	CT	5,000	12,000	12,000
	NOUS	2,500	6,000	6,000
	Gastroscopy	850	2,040	2,040
	Colonoscopy	1,360	3,264	3,264
	Costs	£'000	£'000	£'000
	Allocation of ISP contract costs	2,486	5,965	5,965
	Less: allocation of tariff discount for land	-497	-1,193	-1,193
	Allocation of revenue costs	1,989	4,772	4,772
C&V	Activity	No. of tests	No. of tests	No. of tests
	Gastroscopy	563	1,350	1,350
	Colonoscopy	1,208	2,900	2,900
	Sigmoidoscopy	250	600	600
	Costs	£'000	£'000	£'000
	Allocation of ISP contract costs	1,135	2,726	2,726
	Less: allocation of tariff discount for land	-227	-545	-545
	Allocation of revenue costs	908	2,181	2,181
AB	Activity	No. of tests	No. of tests	No. of tests
	Colonoscopy	0	327	784
	Sigmoidoscopy	0	163	392
	Costs	£'000	£'000	£'000
	Allocation of ISP contract costs	0	271	651
	Less: allocation of tariff discount for land	0	-54	-130
	Allocation of revenue costs	0	217	521

These assumptions will be firmed up at FBC stage once more detailed information is available and funding requirements adjusted accordingly. This results in a full year funding requirement of £9.3m p.a. (£7.5m per year after the proposed tariff discount) associated with the ISP contract, to be allocated as follows:

- CTMUHB £6.0m p.a. (£4.8m after the proposed tariff discount)
- C&VUHB £2.7m p.a. (£2.2m after the proposed tariff discount)
- ABUHB £0.7m p.a. (£0.5m after the proposed tariff discount)

⁶ assumed opening - end of July 2027

⁷ until end of ISP contract period

8.4 Accounting treatment and capital charges

8.4.1 Accounting treatment

The resulting asset will be held on CTMUHB's balance sheet and therefore be treated in line with the Health Board's policy in relation to depreciation and impairments.

8.4.2 Capital charges

Capital charges have therefore been estimated based on the following assumptions:

- Asset additions of £110.0m
- Impairment is applied when the resulting asset comes into use. Based on recent schemes in the region, specifically the Grange as a new build development at ABUHB, it is anticipated that this will be in the region of 20%, although this will need to be explored with the District Valuer and CTMUHB's Auditors during the development of the FBC stage. Full impairment is assumed on fees and non-works costs
- Depreciation charges are applied based on straight line depreciation using the following standard useful life:
 - ♦ **Buildings** – 60 years for buildings and 30 for engineering works (using a typical 65:35 split)
 - ♦ **Equipment** – seven years as a proxy for a mixture of short life ICT equipment (five years) and longer life equipment (10 years). This will be explored further at FBC stage when a costed equipment list is available.

It is anticipated that this will result in:

- Circa £48.0m non-recurring AME impairment on completion of the new build which will be funded as AME funding via Welsh Government
- £2.29m annual depreciation, which will be funded by Welsh Government.

8.4.3 IFRS16 implications

There will be IFRS16 implications associated with the external contract with the independent sector provider for Diagnostic Imaging and Endoscopy services. These will be calculated at FBC stage once more detail is available about equipment requirements and contractual arrangements. An estimate of these costs has been being provided via the WG required non cash returns.

8.5 Overall affordability

The financial analysis demonstrates that delivery of the preferred way forward is affordable providing that Welsh Government capital funding can be secured, and agreement reached with commissioners about revenue funding requirements.

8.5.1 Capital affordability

The cost plan prepared by CTMUHB's Cost Advisors, based on RIBA3a design, estimates that delivery of LHP will result in capital investment requirements of £110.0m in total, including expenditure incurred to date. It is anticipated that this will be funded as follows:

- £18.1m has been received, to date from WG, for:
 - ♦ Site purchase - £8.0m
 - ♦ RIBA 3 fees - £3.5m
 - ♦ RIBA 4 fees - £2.8m
 - ♦ RIBA 2 fees - £3.1m
 - ♦ Demolition - £0.7m

This includes funding of £2.828m which has been approved in August 2025 to support the phase 1 OBC redesign and the commencement of RIBA 4 works to support the FBC being completed for November Boards.

Further funding of £91.9m is therefore requested from Welsh Government for construction works.

8.5.2 Revenue affordability

Work undertaken to date by the programme team and finance leads, estimates that provision of services at LHP will incur recurring revenue costs of £9.3m for contracted out services for MRI, CT, NOUS, and Endoscopy.

It is expected that the contract value will be reduced through the agreement of a tariff discount in return for the ISP's use of land and buildings. This has been estimated for the purposes of the OBC at £1.9m per year.

These indicative costs are based on high level assumptions at this stage and will be firmed up at FBC stage once more detailed information is available.

This therefore results in a full year recurring revenue funding requirement of £7.5m. This has been allocated across the three Health Boards, based on projected activity assumptions which have been identified at this point in time, which equates to the following:

- CTMUHB £6.0m per year (£4.8m after the proposed tariff discount)
- C&VUHB £2.7m per year (£2.2m after the proposed tariff discount)
- ABUHB £0.7m per year (£0.5m after the proposed tariff discount)

It should be noted that should less activity be required funding requirements adjusted accordingly.

Management Case

9 Management arrangements

9.1 Introduction

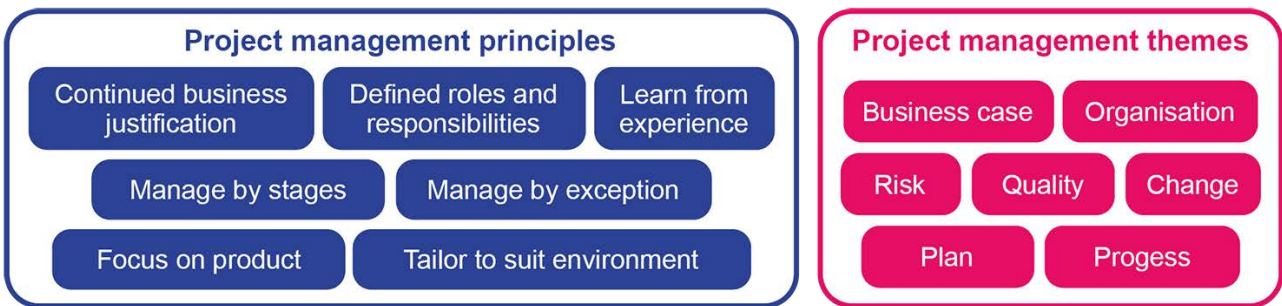
This section of the business case sets management arrangements that will successfully deliver Llantrisant Health Park Programme to time, cost and quality. The Management Case outlines the following arrangements:

- Project management arrangements
- Project assurance at different stages of the project
- Change management arrangements
- Benefits realisation and plans
- Risk management plans
- Contract management arrangements
- Post project evaluation plans
- Contingency plans.

9.2 Project management arrangements

The project will be delivered in line with PRINCE2 methodology. PRINCE2 is organised into seven principles and seven themes, which are deemed essential for any project to be deemed to be 'controlled'. This programme will apply these principles and themes throughout.

Figure 17 - Project management principles and themes



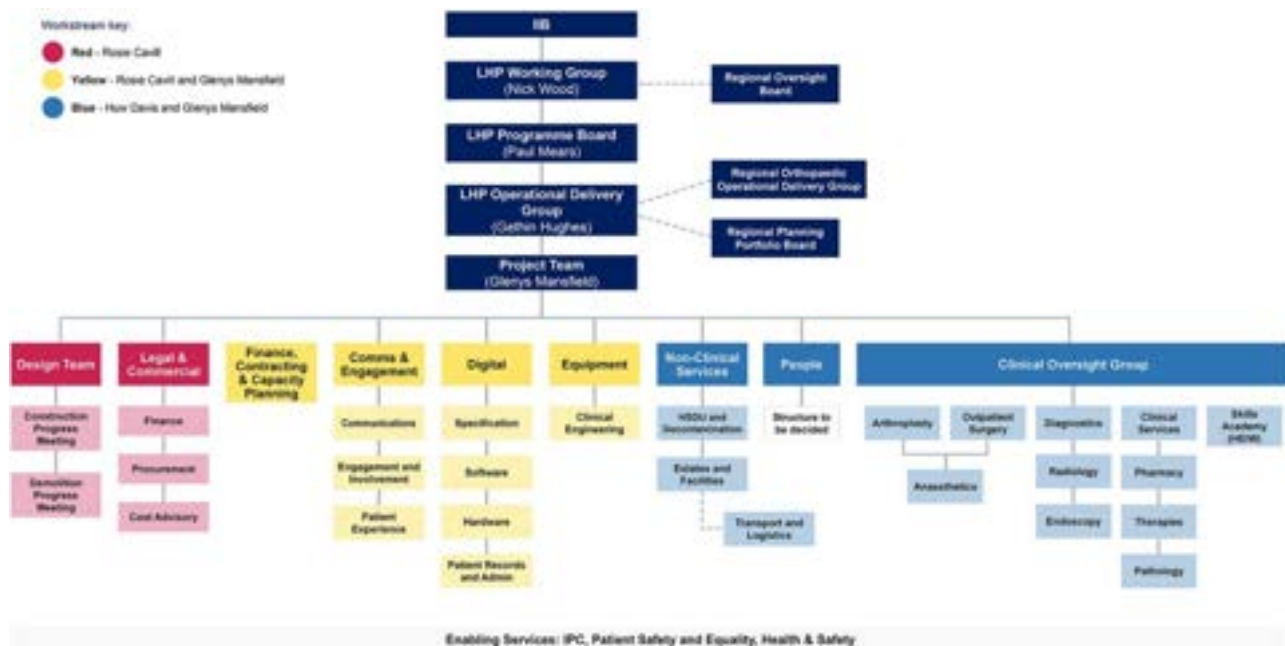
The key principles of PRINCE2 are the identification of three main functional areas of the project governance structure, including governance, delivery and assurance functions.

9.2.1 Project reporting structure

The programme governance structure has been established to reflect the principles and themes of controlled project delivery. The workstreams will report into the Project Team and Steering Group, Steering Group then reports into Programme Board which then reports to the Regional Oversight Board and CTMUHB Governance.

The project governance arrangements are outlined below.

Figure 18 - Project governance arrangements



9.2.2 Governance pathway

There is a clear demarcation between those groups with a responsibility to produce outputs needed to deliver the project i.e. workstreams and delivery groups, and those forums with responsibility to scrutinise, challenge and approve the outputs ensuring that the programme is directed consistently across all subject matters i.e. governance committees.

The main governance routes for reporting include CTMUHB Main Board and the Regional Portfolio Oversight Board.

9.2.3 Programme Board

Chair: Paul Mears, Chief Executive Officer and SRO for the Project, CTMUHB

The Llantrisant Health Park Infrastructure Programme Board has responsibility for overseeing the management and delivery of all aspects of this programme including the design proposals and the associated business cases.

The duties of the Programme Board are as follows:

- Ensure the programme objectives and scope of all projects have been appropriately defined and that any material changes are formally approved and integrated
- Ensure a robust programme timetable has been produced and monitored and that each workstream lead is committed and remains committed to its delivery
- Oversee the delivery of all projects within the defined parameters of time, cost and to the required quality and specification
- Ensure the cost implications of the programme are fully set out within robust financial plans and that it remains within the health board's overall affordability envelope
- Ensure there is an effective system of cost control in place and receive regular reports on the current and planned expenditure relating to the delivery of the programme
- Ensure that the programme is sufficiently resourced to deliver within its agreed scope, time, cost, and quality parameters
- Ensure there is an effective risk management system in place and that regular reports on the risks and issues are effectively acted upon

- Ensure that all development proposals meet the highest possible standards of design in respect of clinical use, patient and staff environment and building quality
- Sign off key documents including the clinical services strategy, business case, prior to submission to the IIB/Welsh Government for approval, as well as other key programme documents as required.

9.2.4 Programme Management Office

The Programme Management Office (PMO) is responsible for the oversight of all workstream project management within the programme. The PMO maintains internal reports and PRINCE2 documents including risk registers, issues logs and an assumptions log for the redevelopment. The team provides assurance by maintaining a focus on governance and programme controls and through the regular review and mitigation of risks and issues.

The programme plan is regularly reviewed and revised by the PMO team to accurately reflect progress, identify potential delays and ensure lessons learned are applied to planning. The PMO support resource management within the programme and produce project artefacts and tools for workstreams.

The duties of the PMO are as follows:

- Establish and run an effective PMO to support the programme during the business case process
- Establish and implement a robust governance structure
- Collate and interrogate management reports, assessing the health of the programme delivery environment
- Assess the status of milestones and deliverables from each workstream
- Plan and schedule resources efficiently in order to meet objectives
- Streamline and automate processes and workflows, ensuring escalation routes to governance committees are robust and succinct
- Facilitate knowledge transfers between workstreams
- Support project management resource within workstreams, where appropriate
- Facilitate cross stream working and collaboration
- Develop progress and assurance reports for key groups and committees as required.

9.2.5 Specialist workstreams and task and finish group

Included in the structure above (Figure 18) are specialist task and finish groups to support the clinical and non-clinical aspects of the redevelopment. These groups are the key interface between the delivery functions and the 'front line' workforce who deliver clinical and operational (non-clinical) services. The groups provide feedback and knowledge on their departmental requirements to the programme technical delivery experts.

9.2.6 Design Team

A design team has been appointed to review the concept site assumptions made prior to the site acquisition and develop design proposals. The design team's work will be informed by the regional workstreams' clinical specification and proposed models of care.

The key deliverables from this work are:

- Review of the technical infrastructure report (completed)
- A high-level design (RIBA Stage 1) and master plan (completed)
- A concept design (RIBA Stage 2) for the agreed clinical pathways (completed)
- RIBA 3 design works developing on the agreed clinical pathways (underway)
- Undertaking of site surveys (completed)
- A specification of enabling works for the temporary diagnostics facility (completed)
- Preparation of a temporary planning application for the mobile diagnostics facility (completed)
- Appointment of modular partner (completed)
- Confirmation of planning strategy and development of planning applications as required during the timeframe.

Terms of reference for all key project groups i.e. Programme Board, Steering Group, Project Team or Design Team can be made available upon request.

9.2.7 Outline project roles and responsibilities

Key Project delivery roles are described below:

Senior Responsible Officer (SRO)

The Chair/SRO role is held by **Paul Mears**, CEO of CTMUHB - responsibilities include:

- Keeping the Programme Board members informed of progress, escalating matters, as relevant
- Is responsible for providing leadership and the strategic activity of the Health Board, ensuring it is operating effectively and efficiently
- Being the ambassador within the local community and also at a regional and national level
- Ensuring that the programme aligns with the priorities of the wider Welsh Government plans
- Ensuring that the redevelopment programme fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money
- Sponsoring the project within CTMUHB and acts as the main point of contact with the Health Board and Executive Director
- Owning the vision for the project and the supporting business case
- Providing clear leadership and direction at an executive level throughout the programme
- Having full responsibility and accountability for the outcome of the project and realisation of the benefits
- Managing the interface with key senior stakeholders, keeping them engaged and informed
- Being the key link between the relationship between the programme, Regional Portfolio Oversight Board and Welsh Government;
- Maintaining the alignment of the project to the organisation's strategic direction
- Ensuring that the project remains affordable and will improve the quality of care to the target population
- Ensuring that the necessary resources are made available to deliver the scheme
- Chairing the Programme Board.

Infrastructure Programme Director

The Programme Director role is held by **Rosie Cavill**, LHP Programme Director - the main responsibilities include:

- Co-ordinating all workstreams to deliver the agreed objectives
- Monitoring progress, resolving issues, mitigating risks, and initiating corrective action as appropriate
- Providing an overall monitoring and assurance role across the project workstreams, ensuring that project risks and issues and any internal or external dependencies are defined, managed, and escalated where appropriate
- Ensuring appropriate risk, benefits and stakeholder management frameworks are in place for the project
- Acting as the day-to-day agent on behalf of the SRO for the infrastructure elements to ensure the successful delivery of the scheme
- Owning and reviewing the project plan, communicating the impact of any revisions in terms of milestones, timelines, and dependencies
- Ensuring the development of the business case and project documentation
- Ensuring that the initiatives and projects that support the infrastructure delivery of the Health Park are initiated on a consistent basis with governance arrangements that meet requirements
- Managing allocated outputs to the required quality within the agreed time and costs constraints
- Managing and providing assurance for the work of project team members
- Reporting regularly to all relevant individuals and groups using standard reporting processes and templates.

Clinical Operational Director

The Clinical Operations Director role is held by **Glenys Mansfield**, LHP Clinical Operations Director - the main responsibilities include:

- Clinical and operational pathway development to inform design and operational running of LHP
- Review of 1:200 and 1:50 designs
- Development of clinical governance structure
- Development of the workforce plan and delivery plan
- Development of the Digital infrastructure
- Establishing and managing task and finish groups
- Managing interdependencies of clinical model/pathways across workstreams
- Acting as the day-to-day agent on behalf of the SRO for the clinical pathway and operational elements to ensure the successful delivery of the scheme
- Ensuring that the initiatives and projects that support the delivery of the new hospital are initiated on a consistent basis with governance arrangements that meet requirements
- Ensuring appropriate risk, benefits and stakeholder management frameworks are in place for the project
- Reporting regularly to all relevant individuals and groups on clinical and operational pathway developments using standard reporting processes and templates.

Infrastructure Project Manager

The Infrastructure Project Manager role is held by **Alex Bowles**, Archus PM - the main responsibilities include:

- Ensure operational delivery of the project to time, quality, and budget
- Decision on matters for escalation and approval to Project Board and Health Board as required
- Management of risks and issues and escalation of appropriate matters for executive direction and/or approval
- Developing the format of the report, contents, and key requirements for consideration
- Planning and delivering stakeholder engagement and workshops
- Ensure the key milestones are agreed and communicated with all stakeholders.

Construction Partner

The role of Construction Partner Lead will be fulfilled by **MTX**. The role includes:

- Being point of contact for all infrastructure and estate related issues including arranging Isolations and issuing permits to work etc.
- Management of the construction programme
- Providing design/estates related input to OBC/FBC processes.

9.3 Special advisors – roles and responsibilities

Special Advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors, to support the internal resources for this development. Special advisors and their roles on the project are shown below.

Business Case Support – Archus

• Manage the Business Case process including the facilitation of workshops, chasing of information etc.	• Technical authoring of the OBC
• Stakeholder engagement	• Support submission of OBC to WG
	• Liaise with LHP Programme Lead on Business Case progress.

Technical Advisor (Architecture and Design) - Stride Treglown

• Providing design advice to the LHP Project Team on contractor lead design changes	• Liaise with appropriate stakeholders
	• Preparing regular reports for the Project Manager.

Technical Advisor (Mechanical and Electrical Engineering) Stantec

• Providing technical advice and solutions to the Project/Design Team	• Assist with the design and construction teams where required
• Liaise with appropriate stakeholders	• Preparing regular reports for the Project Manager.

Cost Advisor – Mott MacDonald

- Full financial management and reporting of project costs together with payment recommendations for all expenditure incurred on the project
- Preparation of contract documents, procurement of contractors, payment of valuations and agreement of final accounts
- Budget estimating and cost modelling
- Cost planning
- Provision of cost advice
- Analysing and reporting on tenders received.
- Reporting and advising on all tendering and contractual arrangements
- Preparation of tender documents, including incorporation of client standard amendments and appropriate insurance provisions
- Preparing and issuing regular executive financial reports and cash flow summaries to the Project Manager.

Site Supervisor

To be appointed during RIBA 4

9.4 PM and professional fees budget

The following table outlines the estimated project and professional fees budget for the OBC.

Table 35 - Fees and non-work costs

Company	Purpose	Total fees spent incl. 20% VAT
Archus	Project Management	£1,069,127
Archus	Business Case Support	£20,250
Stride Treglown (ST)	Design Planning to RIBA 3a	£1,026,114
Mott Macdonald	Cost Advisor	£423,480
TBA	NEC Supervisor	£310,000
Stantec / ST	TA Support	£180,000
CTMUHB	Client Fees	£4,158,299
MTX	Construction (PSCP)	£8,555,529
MTX	Planning	Incl. in MTX fees
MTX	Building Services; M&E and Surveys	Incl. in MTX fees
Stride Treglown (MTX)	Design Planning	Incl. in MTX fees
Total		£15,742,799

9.5 Key milestones

A construction project programme has been developed to control and track the progress (attached at Appendix 11 and included in the estates annex) and delivery of the project and resulting outcomes. Key milestones for Phase 1 are summarised below.

Table 36 - Phase 1 project timeline

Milestone	Start	Completion
Confirm Scope and Develop OBC	14/07/2025	31/08/2025
Draft OBC Submitted to WG	05/09/2025	05/09/2025
HB OBC Approval	08/09/2025	15/10/2025
WG OBC Review and Approval	04/09/2025	16/10/2025
Planning Application	11/07/2025	15/10/2025
RIBA 4 and FBC Prep	28/07/2025	20/11/2025
HB FBC Approval and WG Submission	27/11/2025	27/11/2025
Scrutiny and WG FBC Approval	28/11/2025	23/01/2026
Contractor Mobilisation	23/01/2026	26/02/2026
Construction	01/03/2026	30/06/2027
Supplier Fit out of CDH	01/07/2027	31/08/2027
Commissioning	01/09/2027	31/10/2027

Indicative Milestones dates are also provided for the procurement of the ISP which should see them brought on line just at the completion of RIBA stage 4. It has been assumed that the ISP procurement is approved at IIB on 16th October alongside the Phase 1 OBC. In addition, whilst the date of the provider appointment is given it is anticipated that there will be a number of contractual negotiations during the construction phase. The ISP will become part of the design team moving forward so that programmes around equipping and commissioning can be fully aligned. It is anticipated that this may shorten the fit out and commissioning programme allowances however this cannot be confirmed at this stage.

Table 37 - ISP provider appointment timeline

Milestone	Start	Completion
ISP Tender Issue	18/08/2025	18/08/2025
ISP Tender Period	18/08/2025	19/09/2025
ISP Tender Evaluation	22/09/2025	03/10/2025
HB ISP Approval	06/10/2025	06/10/2025
WG ISP Procurement Approval	06/10/2025	16/10/2025
Intent to Award and Standstill Period	17/10/2025	31/10/2025
ISP Provider Appointment	31/10/2025	31/10/2025

9.6 Stakeholder engagement

9.6.1 Engagement to date

Key staff stakeholders across all health boards have been involved in design so far. RIBA 3 design review meetings were held in April and May 2025 to confirm all key stakeholders were agreed with current designs. In addition, the LHP Clinical team have worked closely with clinical users to ensure compliance with clinical standards and also with members of JAG compliance teams to ensure compliance.

9.6.2 Future communications and engagement

A communications and engagement group will be put in place to manage the engagement, consultation and communication processes for the regional Diagnostic Programme. This group will consist of communications and engagement leads for each health board, service leads and other colleagues to be co-opted as required.

The communications and engagement plan will be supported by the following key steps:

- Facilitating and supporting stakeholder identification, mapping and analysis
- Engagement with patients, clinicians, staff and the public to discuss and explore issues, refine and evaluate proposals, and decide which questions to consult on. This includes the proposed pre- engagement activity to assess the public's views on the development of diagnostic services (endoscopy and radiology) delivered outside of an acute hospital setting on both a local and regional level, and to identify their needs and any barriers they face in accessing services.
- Focused formal consultation on fully evaluated proposals will last a minimum of six weeks
- Communication of agreed changes to key stakeholders, organisation-wide staff groups, and the public – it should be noted that this activity does not replace management communications with specific teams.

In developing and delivering our communications and engagement activities we will:

- Maintain stakeholder and public confidence in the LHP as a landmark development that will improve the provision of modern health care in south-east Wales
- Provide the public with a range of opportunities to inform the development of the LHP in ways that maximise access, clinical effectiveness and the experience of patients
- Take a collaborative approach, with NHS partners, to developing and disseminating messages and communications/engagement resources, that enable consistency, clarity and accuracy across the region and nationally
- Identify and promote opportunities to add social value within local communities
- Identify and celebrate programme milestones, alongside partners
- Involve local political partners and relevant third-sector organisations
- Provide assurance to the programme board and national bodies on the effectiveness of communications and engagement activities and seek to continually improve.

9.6.3 Involving and engaging the public

It is important that those communities who will benefit from the LHP, are provided with meaningful opportunities to inform the ways in which they will experience, and access healthcare and support provided from the facility.

Working in partnership with Llais, and through collaboration across NHS partner organisations, we are developing approaches and resources that enable people to be engaged and involved in a range of ways, recognising and respecting barriers and protected characteristics, and adhering to best practice and law including the Llais Service Change Protocol as appropriate.

We will take a continual involvement approach that seeks to embed the patient voice into the structure of the programme and the development of the facility. This may include the formation of a citizens' panel which would include representation from different communities across the region.

9.7 Project assurance

The current governance structure allows for a clear separation between governance functions and those that deliver or approve outputs. The assurance functions will confirm that the processes and procedures followed by the delivery groups have been sufficient and in accordance with sound management principles. The assurance function will also act as the coordination point between the delivery and governance functions. Within the PRINCE 2 governance arrangements the PMO is classed as part of the Assurance function.

Programme

- Review of upcoming programme activity and milestones with LHP Technical PM and Project Director to determine outputs required by workstreams
- Create lookahead programme highlighting key programme deliverables over coming weeks/months for dissemination to workstreams
- Track workstream output and performance toward achieving programme deliverables and feed progress into monthly reporting – PMO drumbeat.

Risk

- Review of risk with LHP Technical PM and Project Director to review and update risk register based on workstream risks
- Track workstream risks and feed into project reporting – PMO drumbeat.

Key Performance Indicators (KPIs)

- Work with LHP Project Director to determine workstream KPIs
- Track workstream KPIs and feed into project reporting – PMO drumbeat.

9.8 Change management

The Health Boards are aware that the project will cause major change for staff working in the area and across all three Health Boards, and therefore its success is predicated on staff supporting the project. To date, key staff have been involved in workshops regarding clinical flows and design, and it is envisaged that they will continue to play an instrumental role as the project moves into its next phase. Prior to the new facilities opening, detailed planning will be undertaken to understand any changes to ways of working, and staff will be supported by the project team to prepare for this. Transition plans will be developed, in collaboration with relevant stakeholders, to ensure the new facilities run smoothly and that staff are prepared for any resulting changes to their working models.

There will be no change to organisational structures following completion of the development. There is potential for positive cultural changes following completion to enable staff to work more effectively and efficiently in a new fit-for-purpose building. This can help contribute to higher levels of staff retention over the coming years to improve the working culture for both staff and patients.

Within each stage there will be a series of decision points where major documents produced by workstreams will be ratified within the governance arrangements. For example, clinical advice leaflets pre/post day surgery. All documents will be subject to a robust and consistent version control methodology.

All changes will be subject to a formal change control process. Change is not design development. Change can only occur when strategic, operational policies or functional content quantities are altered from those included in the current approved documents. Change management associated with the infrastructure aspects of this project will be managed by the LHP Project Team through Programme Board and Regional Oversight Board.

9.9 Contingency plans

Should the current scheme fail to proceed, the only contingency plan would be to continue with business as usual for services regionally, working with wait list initiatives or temporary diagnostic solutions such as mobile MRI when required to meet additional demand.

9.10 Benefits realisation

A Benefits Realisation Plan will be developed by the Programme Board to put in place the necessary arrangements to ensure that the project delivers its anticipated benefits. This includes setting out the arrangements for planning, modelling and tracking the identified benefits as well as a framework that assigns responsibility for the realisation of the benefits throughout key phases of the project. The Benefits Realisation Plan will be owned jointly by the Health Board's Infrastructure and Clinical and Operational Programme Directors.

The main benefits for the preferred option are outlined in the benefits register included in Appendix 6 while the actions required to realise the benefits will be confirmed at FBC stage.

The spending objectives and aligned benefits used in the selection of the preferred option will be used to measure the project success.

This evaluation process will be run in parallel with the Post Project Evaluation Plan as noted below and will be developed as part of the detailed design stage. The Benefits Realisation Plan will be regularly reviewed and updated. This will ensure that – should any strategic change take place, such as a legislative change – the service and project will be flexed accordingly to ensure that the facility delivers a fit for purpose service from the point of operational commencement.

The benefits realisation approach outlined above is a key output to provide assurance on investment delivery and performance and will be shared with the Health Boards and Welsh Government to facilitate shared learning at FBC stage.

9.11 Risk management

The complexity of the LHP programme necessitates an appropriate risk management process is put in place to identify, assess and mitigate the likelihood of risks materialising throughout the programme duration.

Workstream risks are those which are considered by each workstream as a risk to successful delivery of business outcomes and targets. They vary from seemingly insignificant risks to risks which are potentially very damaging. Where risks are deemed to be significant (residual rating >12) and occur across several workstreams these are considered as programme risks and dealt with accordingly.

Risk management is therefore dealt with in a two-tier system approach:

- Workstream risk management is an iterative process undertaken by workstream leads, with a monthly reporting cycle up to the LHP Steering Group. All workstreams will be issued a risk register template to log their risks and issues
- Programme risk management is an iterative document that is reviewed monthly in the Programme Board and Steering Group meetings and updated to reflect any changes that may impact programme scope, cost, timeliness, quality, or designs.

Should any risks be identified through the programme that have an impact on the Health Board service delivery and / or strategic direction then it should be escalated via the SRO to the Assistant Director of Governance and Risk for inclusion and scrutiny on the Organisational Risk Register.

9.11.1 Consequence and likelihood definitions

The below tables include the initial definitions relating to the consequence and likelihood of a risk occurring. These definitions are used for both workstream-level risks that are maintained in the dashboard report *and* the programme levels risks that are reflected in the programme risk register.

Table 38 - Risk consequence definitions

Score	Descriptor	Actual or potential impact on the individual/service or organisation
1	Negligible	• Minimal injury requiring no/minimal intervention or treatment. • Potential for public concern • Insignificant cost increase/ schedule slippage • Minimal or no impact on the environment
2	Minor	• Minor injury or illness, requiring minor intervention. • Local media coverage – short-term reduction in public confidence • <5% over project budget, schedule slippage • Minor impact on the environment
3	Moderate	• Moderate injury requiring professional intervention. • Local media coverage – long-term reduction in public confidence • 5 – 10% over project budget, schedule slippage • Moderate impact on the environment
4	Major	• Major injury leading to long-term incapacity/disability • National media coverage with <3 days service well below reasonable public expectation • 10-25% over project budget, schedule slippage, key objectives not met • Major impact on the environment
5	Catastrophic	• National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) • Incident leading to > 25% over project budget, schedule slippage, key objectives not met • Catastrophic impact on the environment

Table 39 - Risk *likelihood* definitions

Score	Descriptor	Likelihood of occurrence
1	Rare	This will probably never happen/recur
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so
3	Possible	Might happen or recur occasionally
4	Likely	Will probably happen/recur but it is not a persisting issue
5	Almost certain	Will undoubtedly happen/recur, possible frequently

9.11.2 Risk matrix

The risk matrix shown below is also consistent between both levels of risk management. The Health Board risk matrix is shown below.

Figure 19 - Risk scoring matrix (Likelihood x Consequence = Risk score)

Likelihood	Frequency	Consequence				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly unlikely: will probably never happen	not for years	1	2	3	4	5
2 Unlikely: not expected to happen / recur, but is possible	at least annually	2	4	6	8	10
3 Likely: might happen / recur occasionally	at least monthly	3	6	9	12	15
4 Highly likely: will probably happen / recur, but not a persistent issue	at least weekly	4	8	12	16	20
5 Almost certain: will undoubtedly happen / recur, possibly frequently	at least daily	5	10	15	20	25

Risks should be assessed and reviewed on a regular basis, as determined by their score:

1-6 Low	Low risks should be reviewed and progress on actions recorded and updated at least every 6 months
8-12 Moderate	Moderate risks should be reviewed and progress on actions recorded and updated at least quarterly
15-25 High	High risks should be reviewed and progress on actions recorded and updated at least every 2 months; if scored 20 or over the risk should be reviewed each month

The following management actions are taken for each category:

- **Red** – Reviewed at every Steering Group and Programme Board meeting with clear and determined action reviews in each pertinent workstream. Workstream leads are predominantly identified as the risk owner;
- **Amber** – Reviewed regularly and appropriate review dates are agreed at workstream groups/committees. The risk owner should be a senior member of the pertinent workstream; and
- **Yellow and Green** – Reviewed regularly to ensure the likelihood and/or consequence of the risk arising has not risen. Risk ownership can be assigned to anyone on the pertinent workstream.

9.12 Contract management

Robust contract management process will be put in place to oversee both the construction contracts and the managed service contracts with the ISP. The use of regular reviews and KPI monitoring will be critical to managing and overseeing performance throughout contract durations.

9.13 Post-project evaluation

Post-project evaluation (PPE) is a mandatory requirement for infrastructure projects that receive Welsh Government funding. The purpose of PPE is to improve project delivery through lessons learned during the project delivery phase and to appraise whether the project has delivered its anticipated outcomes and benefits.

The Health Board and its partners are committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that lessons are learnt. The PPE also sets in place a framework within which the benefits realisation plan set out in section 10.11 can be tested to identify which benefits have been achieved and which have not.

The Health Board is exploring opportunities to work with a local university in carrying out the PPE. Detailed plans will be drawn up in partnership with the university. The evaluation will be carried out in line with NHS guidance, and will measure the project against the following factors:

- The extent to which the original objectives have been met
- Measurement against the Benefits Realisation Plan
- Risk allocation
- Timetable
- The economic viability of the project in comparison with the 'Do Nothing option
- Functional Suitability – how the facility performs
- Functional Relationships – how well the various process flows (staff, patient, service) work.
- The cost of the project and the extent to which it can demonstrate value for money
- The Project outcome compared with the 'Do Nothing' or 'Do Minimum' scenarios
- User satisfaction
- Procurement route

We envisage four key stages to the evaluation, outlined as follows:

Stage 1: Project procurement

The objective of the evaluation at this stage is to assess how well the project was managed from the time of OBC approval to commencement of the construction phase. It is planned that this evaluation will be undertaken within three months of construction commencement. The evaluation at this stage will examine:

- How effectively the project was managed
- The quality of the documentation prepared by the Health Board and its partners
- Communications and involvement during procurement
- The effectiveness of advisers used on the scheme
- The efficacy of NHS guidance in delivering the scheme.

Stage 2: Implementation

The objective of this stage is to assess how well the project was managed from the time the construction phase commences through to commencement of operational commissioning.

It is considered that this should be undertaken three months following operational commissioning of the unit. The evaluation at this stage will examine:

- How effectively the project was managed
- Communications and involvement during construction
- The effectiveness of the joint working arrangements established by the Contractor, the design team and the project team.

Stage 3: New operational model in place

The objective of this stage will be to assess how well the project was managed during the operational commissioning phase, through to operation in the new building. It is proposed that this stage will be undertaken up to 12 months after completion of operational commissioning of the scheme. The evaluation at this stage will examine:

- How effectively the project was managed
- Effectiveness of the new operational model
- Communications and involvement during commissioning, and into operations
- Overall success factors for the project in terms of cost and time
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

Stage 4: New operational model well-established

It is proposed that this evaluation is undertaken 18 months following completion of operational commissioning. The objective of this stage will assess how well and effectively the project was managed during the actual operation of the new Health and Wellbeing Centre. The evaluation at this stage will examine:

- Effectiveness of the new operational model
- Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

The evaluation process will be managed by the Project Manager via a bespoke team established to oversee the PPE. Evaluation reports will be made available to all relevant stakeholders, including Welsh Government.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Cwm Taf Morgannwg
University Health Board

Llantrisant Health Park Programme – Strategic Overview

September 2024

CTM 2030
**Ein Hiechyd
Ein Dyfodol**
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
**Our Health
Our Future**
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Contents

1. Executive Summary

- 1.1 Background and Strategic Overview
- 1.2 Options Appraisals and Proposed Way Forward
- 1.3 Preferred Option and Commercial Route:
- 1.4 Finance and Funding
- 1.5 Governance and Reporting Structures
- 1.6 Actions Requested:

2. Background and strategic overview

- 2.1 Strategic Vision
- 2.2 Background
- 2.3 Proposed Scope of Services to be Provided at LHP
- 2.4 The Strategic Context and Clinical Evidence for Change
- 2.5 Existing arrangements and drivers for change
- 2.6 Proposed patient pathways and clinical engagement
- 2.7 Demand and Capacity Modelling for LHP
- 2.8 The programme investment objectives
- 2.9 Programme benefits and risks

3. The infrastructure options appraisal and proposed way forward

- 3.1 The Long List
- 3.2 Identifying a Preferred Option
- 3.3 Option costings
- 3.4 Comparative programmes
- 3.5 Capacity to accommodate required services
- 3.6 Summary of Infrastructure Options Appraisal outcome

- 3.7 Option Appraisal for the CDH Delivery Model on LHP site

- 3.8 Progress since the IIB meeting on the Preferred Infrastructure Option for the Surgical Hub

4. Taking the preferred option forward – the proposed commercial route

- 4.1 Main contractor appointment
- 4.2 Contractor Feasibility Studies
- 4.3 Interim Demolition Contract
- 4.4 Current Design Team and Advisors

5. Finance and Funding

- 5.1 Capital Cost
- 5.2 Capital Profile
- 5.3 Capital Funding Requirements to Proceed Through RIBA 3 and RIBA 4 Design Stages to Construction
- 5.4 Revenue Funding Position

6. Governance and reporting structures

- 6.1 Project Reporting Structure
- 6.2 Programme
- 6.3 Proposed Business Case Structure
- 6.4 Programme Assurance Review (PAR)

7. Next steps / actions requested

Appendices

- Appx 1 – Case for purchase of the LHP Site
- Appx 2 – Infrastructure Options appraisal long and short list
- Appx 3 – Site Mapping and Indicative 1:200 layout Sketches
- Appx 4 – Cost Plan for Preferred Option
- Appx 5 – Programme for Preferred Option

1. Executive Summary

1.1 Background and Strategic Overview

Llantrisant Health Park (LHP) will be a cutting-edge diagnostics and treatment centre, which will improve care and access to services for thousands of patients right across South East Wales annually, aiming to deliver accessible, safe, and innovative healthcare services.

The site was purchased in February 2023 by Cwm Taf Morgannwg (CTM) University Health Board and comprises over 20 acres with 3 separate buildings totalling over 10,300sqm. There is car parking on site for over 299 cars and a development area for a potential 4th building.

The infrastructure programme is led by CTM in partnership with Aneurin Bevan University Health Board (AB) and Cardiff and Vale University Health Board (C&V). The services provided by LHP will benefit patients across the entire South East Wales region, demonstrating a collective commitment to regional healthcare improvement.

The proposed model for the programme is for Welsh Government capital to fund the demolition of buildings on the site and the build of an 12 theatre unit comprising 6 orthopaedic and 6 day surgery theatres with supporting beds and trolleys. This would require a forecast capital investment of between £140-155Million. It is currently proposed that a community diagnostic centre would be provided on the site by a private partner with both imaging and endoscopy service provision and these costs are being determine but would have an IFRS 16 impact.

Currently the programme is expected to complete by the end of August 2027 however there are opportunities to look to bring services onto site sooner but these would require Welsh Government Intervention as it would involve the suspension of targets such as net carbon zero alongside lifting SAB drainage and planning application measures to offer programme reductions. These are discussed further in section 6 of this paper.

1.1.1 Proposed Scope of Services

The initial phase of the LHP development focuses on creating an elective diagnostic and treatment hub, encompassing services such as:

- Diagnostic Imaging (MRI, CT, Ultrasound)
- Endoscopy, with potential for a regional training academy
- Orthopaedic Theatres for high volume, low acuity cases with inpatient ward facilities
- Day surgery unit.

LHP will provide comprehensive diagnostic services, including physical infrastructure and staffing, through a managed service contract with a commercial partner. The surgical hub will be Welsh Government (WG) capital funded and will feature up to 6 orthopaedic and 6 day surgery theatres delivering a standalone elective surgical hub, high volume, low complexity activity. This facility will provide key core capacity for CTM and additional capacity for C&V and AB.

From the ongoing regional development work it has become clear that there are additional services that could be considered for the LHP site. These include regional pathology, cataracts and urology and gastro intestinal hubs. It has been important to retain future expansion space during the site master planning phase.

1.1.2 Strategic Context and Clinical Evidence

The vision for LHP is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address regional current capacity shortfalls and future demand. This aligns with the WG’s 2022 plan for transforming planned care and reducing waiting lists, which set goals and priorities for recovery post-COVID-19, addressing demographic changes, and health inequalities.

LHP will deliver upon a large number of the 7 key WG priorities and also act an enabler for further regional service reconfiguration. As well as aligning with regional planned care programmes the development looks to deliver high volume low complexity surgery in line with GiRFT principles and attain achievement of GiRFT accreditation for both the surgical and diagnostic hubs and JAG accreditation for the endoscopy service.

The achievement of GiRFT accreditation will require the adoption of new and innovative ways of working to increase efficiency in surgical and imaging practices. This will not only address the shortfall in capacity and reduce waiting times but will improve patient experience and outcomes.

1.1.3 Existing Arrangements and Drivers for Change

This will be covered for each of the core services in turn in the sections below. More detailed information is contained in section 2 of the main report.

Imaging

For imaging, the most recent data is summarised in the table below showing a worsening waiting time position from the end of July 2022 where 12,600 patients were waiting over 8 weeks to the latest data collection in January 2024 with just over 17,000 patients waiting over 8 weeks. This is for all modalities CT, MRI and non-obstetric ultrasound (NOUS).

Table A Imaging Waiting Times July 2022 and January 2024

Health board	Non Cardiac CT		Non-Cardiac MRI		Non Obstetric USS		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
Jul-22	4955	411	6694	1747	11720	10469	23369	12627
Jan-24	4645	1050	6683	3582	10667	12383	21995	17015

This illustrates that despite all Health Boards commissioning additional non recurrent capacity they are unable to pace with growing demand. Currently CTM has additional non recurrent MRI capacity with a mobile MRI situated on the LHP site, this has reduced the waiting times for CTM MRI on a non recurrent basis. More detail is included in the main document.

Endoscopy

In terms of endoscopy services, despite significant work having been undertaken by the 3 Health Boards there are still a high number of patients waiting in excess of 8 weeks. Table B sets out the position at September 2023 and January 2024.

Table B - Endoscopy Waiting time summary

Health board	Colonoscopy		Gastroscopy		Sigmoidoscopy		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
Sep-23	1930	2382	1934	3174	901	1784	4765	7340
Jan-24	1667	2375	1741	3144	761	1564	4169	7083

The securing of non-recurrent capacity alongside some service improvements have led to a reduction in the number of patients in CTM waiting over 8 weeks however this is not mirrored in other Health Boards who have an overall worsening position.

Day Surgery

Currently, each health board has its own dedicated day surgery units, except for CTM, where Royal Glamorgan Hospital (RGH) lacks such a facility. This leads to mixed lists and no dedicated space for day surgery, reducing efficiency. To address this, it is proposed to establish a dedicated day surgery hub at Llantrisant Health Park (LHP). This hub, separate from the arthroplasty hub, aims to increase the number of procedures done as ambulatory day surgeries, leading to better patient outcomes and higher treatment volumes.

Orthopaedic Arthroplasty

Currently each Health Board makes its own arrangements for delivery of orthopaedic surgery and management of waiting lists. The regional orthopaedic Board has undertaken some work on analysis of waiting times across the region which is illustrated in the table below, a further exercise is being co-ordinated by WG to provide updated figures:

Table C – Orthopaedics January 2024

Health board & Activity Type	Weeks									Total
	0-26	27-52	53-78	79-104	105-130	131-156	157-182	183-208	>209	
SEW Region										
Shoulder & Elbow	463	302	177	70	32	9	2	1	2	1058
Hip & knee	3032	2993	2841	1787	726	117	21	28	11	11556
Foot & Ankle	569	402	308	95	41	6	1	1	0	1423
Hands	1367	1097	823	313	89	10	2	4	1	3706
Total SEW Region	5431	4794	4149	2265	888	142	26	34	14	17743

The table illustrates that hips and knees constitute both the highest overall proportion and highest number of longest waits. The ability to reduce these figures by the provision of a standalone facility at LHP will support in addressing the ongoing demand and capacity gap.

1.1.4 Proposed Patient Pathways and Clinical Engagement

The first phase of work has focused on the surgical component of the LHP project and aims to establish an innovative, digital-first service model that incorporates global best practices and is adaptable to future advancements. The initial focus has been on creating a centre of excellence informed by a literature review, site visits, and consultant input. Key features include:

- Outpatient Surgery Concept:** Transition from day surgery to outpatient surgery, emphasizing speed and efficiency.
- Arthroplasty Pathway:** Shift to a day surgery model, with overnight stays only in exceptional cases.
- Challenging Traditional Practices:** The facility's design will transform current practices and improve how HVLC services are delivered.
- Standardisation:** Uniform clinical pathways and principles for the unit.
- Innovative Infrastructure:** Infrastructure will meet GIRFT Surgical Hub accreditation standards, aiming for a zero-day length of stay as the default.
- Efficiency Focus:** The design discourages unnecessary overnight stays, with ring-fenced units and dedicated staff.
- Comprehensive MDT Approach:** Multidisciplinary team involvement and a focus on competency frameworks.

The design and implementation will involve clinical reference groups and close collaboration with architects, ensuring continuous engagement with leading practices and units across the UK and beyond.

1.1.5 Demand and Capacity Modelling for LHP

To aid in decision-making regarding clinical capacity and operational service delivery, regional demand and capacity has been analysed. This analysis aims to appropriately size LHP to meet both current and future demand.

Endoscopy

The National Endoscopy programme (NEP) has facilitated a number of national demand and capacity assessments with the Autumn 2023 assessment of data identifying a recurrent gap across the South East Wales region of 6.3 rooms by 2027/28.

Table D - Endoscopy Capacity Gap by 2027/28

	2027/28		2027/28		2027/28 Rooms
	D&C "balance"	Backlog (one time)	D&C "balance"	Backlog (one time)	D&C "balance"
Recurrent	25695	107688	50 per week	10,769 total	6.3
Non Recurrent	25071	90151	49 per week	9,016 total	6.1

With the Health Board having an opportunity to create a flexible, adaptable and future focused services it is proposed to develop a 6 room service with 2 rooms equipped to support the training academy.

Radiology

The demand and capacity modelling for the CDH has been a collaborative effort by regional partners which has been complex due to varying practices amongst organisations. Two exercises were conducted to assess the capacity gaps:

1. **Exercise One** compared demand against capacity based on health board assessments and derived demand calculations,
2. **Exercise Two** used activity data from a one-month snapshot to estimate annual capacity. The summary results from each of these exercises is shown in Table E below

Table E – Summary outcome of Exercises to Identify Imaging Capacity Gap

	CT	MRI	NOUS
Exercise 1 Capacity Gap	47,383	19844	72,833
Exercise 2 Capacity gap	72,604	20628	79,845

Although figures differ it can not be denied that there is a significant gap across the region, the current plans for the CDH at LHP include provision for two MRI and two CT scanners. The design will also feature up to four ultrasound rooms and several procedure and clinical rooms. This specification will be part of the tender process to identify the preferred provider.

Inpatient Elective Orthopaedics

The South East Wales Regional Orthopaedic Board has confirmed that the new elective inpatient orthopaedic unit will focus on short-stay/day-case lower limb arthroplasties. Initial analysis indicated that 77-85% of elective procedures could be suitable for this unit, translating to 9,650-10,550 cases annually across the region. There is a current exercise ongoing with Welsh Government to develop an updated waiting time and capacity gap analysis nationally which would provide further updated information for the region.

Whilst this information is being collated, CTM orthopaedic wait figures have been analysed. These figures indicate that 4.1 operating theatres are needed to clear the backlog and meet the 10-week

waiting target by 2027/28, based on GIRFT principles. Recurrent activity would require 1.8 theatres without accounting for any growth in demand, this is unrealistic and it is likely that accounting for demand will lead to a recurrent shortfall of at least 3 theatres in CTM alone. If CTM needs 3-4 theatres consistently, 2-3 theatres would remain for regional needs. This would provide a sustainable solution to the regional capacity shortfall.

1.1.6 The programme investment objectives

In considering the strategic drivers for change and the increasing demand for services, a series of investment objectives have been developed as set out below:

- The delivery of an elective high volume low acuity model of care for the South East Wales Region on a phased basis. The first phase to focus on the following core services:
 - » Elective orthopaedic arthroplasty
 - » Imaging
 - » Day Surgery
 - » Elective Endoscopy screening
 with services operational by the end of the 2027/28 financial year. Future phases to consider further regional services such as pathology.
- To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring RGH site.
- To facilitate and support the use of innovative design and delivery solutions in both clinical and non clinical services. To implement standardised regional protocols and practices to promote efficient service delivery offering improved value for money reported via comprehensive patient level costing over the English tariff
- To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services
- To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities. The programme also offers opportunities for future additional service provision for the South East Wales region and opportunities for further regional coordination and possible estate rationalisation.

1.1.7 Programme benefits and risks

A detailed benefits register will be developed alongside a full programme risk register. The main identified benefits and risks are discussed in the main document in section 2.9. The benefits cover a wide range of areas not just reduced waiting times but also opportunities around reduced cancellations, improved standardisation and efficiency, better patient outcomes and economies from a reduced reliance on insourcing and initiatives as well as efficient procurement and potential regional rationalisation

1.2 Options Appraisals and Proposed Way Forward

1.2.1 Overarching Site Infrastructure and the Surgical Hub

Immediately following the purchase of the site, a design team and internal programme team were appointed to commence design development. Alongside this a successful early termination of the lease to the incumbent tenant was agreed giving CTM full access to the site from October 2023. Immediate master-planning and building site investigation works commenced and identified a number of issues with the infrastructure of the existing buildings concerning their ability for use as healthcare premises. The key red risks are as set out in Table G below:

Table F – Highest site infrastructure risks

Area	Issue headline	Survey outcome – summary key information	RAG
Structures	Vibration performance of first floor slab	The response factor for the FF structure exceeds a response factor of 8, significantly above WHTM standards and footfall will cause vibration	R
	Lightweight structure limits clinical use	There are limitations on the loads which can be supported off the existing structure, which will in turn limit use and accommodation of plant / infrastructure and remedial methods required to satisfy vibration requirements.	R
MEPH	Service strategy vs. structural remediation	Risk that building structure solutions adversely impact on space available for services and ductwork. Remedial options also impact on flexibility of space and layout.	R

The outcome of these investigation called the proposed use of the existing buildings into question. Therefore, an option appraisal was undertaken to identify the best infrastructure way forward for the site. A long list of 10 options spanning from a minor building refurbishment to full building demolition was developed and analysed, the results of which can be seen in Appendix 2. This led to 4 options being shortlisted for a more detailed appraisal as shown in the table below. Key considerations in shortlisting included the need to deliver the programme in the shortest time possible, infrastructure supporting efficiency and effectiveness in delivery, future expansion opportunities, the ability to maximise the additional effective capacity available as well as planning acceptability and likely buildability.

Table G –Shortlisted Options

No	Option Description	Conclusion
1	Do Minimum	Take forward for comparative purposes only - baseline do Minimum
2	Do Minimum Plus	Shortlist to develop comparative programme as Do Minimum Plus
5	Demolish 2 buildings and retain 1 building	Shortlist overcomes much of the infrastructure risks for the key clinical services plus maintains some of the existing building.
6	Demolish 3 buildings and replace with building(s) utilising MMC	Shortlist - overcomes infrastructure risk, offers space and clinical flow benefits, likely to have shorter programme

To identify a preferred option from the shortlist, a number of external consultants were appointed to advise on comparative programme, cost and deliverability. The outcomes from the appraisal are summarised in the table below and supported the selection of option 6, demolition and rebuild using modern methods of construction as the preferred option. With the shortest programme, lower capital cost and ability to meet the capacity needs and retain space for future expansion it met all the criteria for the programme.

Table H –Options Matrix

	Option 1 Do Minimum, Minor Refurb	Option 2 Do Minimum +, Major Refurb	Option 5 Demolish 2 Buildings, Major Refurb 1	Option 6 Modular Build on site
Cost				
Construction Cost £M	84.1	116.2	75.8	73.6
Cost Outturn excl OB and Infl £M	136.9	185.4	129.1	126.0
Programme				
Business Case Programme (Weeks)	52	52	52	52
Diagnostic Construction (Weeks)	117	147	60	60
Surgical Hub Construction (weeks)	117	147	125	88
Option Suitability				
Ability to support interim capacity	Mobile Imaging Pad only	Mobile Imaging Pad only	Mobile Imaging Pad Limited potential space	Mobile imaging pad Mobile theatre space
Building Sustainability / longevity	10-15 Years	25 Years	Retained Building 25 years Modular Build 40+ Years	40+ years
Capacity				
Orthopaedic Theatres	3-4	3-4	5-6	6
Inpatient beds	48	48	64	64
Day Surgery Theatres	0	3	5-6	5-6
Endoscopy Scoping Rooms	2 + 2	2 + 2	4 + 2	4 + 2
Diagnostic Modalities	CT, MR Limited NOUS	CT, MR Limited NOUS	2 CT, 2MR & + 4NOUS	2 CT, 2MR & + 4NOUS
Ability to Accommodate Services in Brief	4/5	5/5	5/5	5/5+
Future Proofing				
Capacity for future expansion			Limited potential space	Plateau

1.2.2 Option Appraisal for the CDH Delivery Model

In November 2022, a regional clinical summit set the aims and objectives for regional working, with the key principles comprising improving accessibility for deprived areas, delivering increased capacity and creating sustainable solutions for demand backlogs. The regional development of CDHs is a key workstream in delivering this. Various options for CDH were considered by partners as an options long list which was formally considered by the Project Board on 23rd January 2024 and confirmed the following shortlist of options.

Table I – CDH Options appraisal Longlist to Short list

Option 1a	Different approach to the use of existing services in each health board, and work toward collaboration through shared processes. Health board expansion of internal capacity and/or other forms of regional working.
Option 3	Regional Community Diagnostic Hubs – a minimum of one per health board, delivering cross-border diagnostic treatment.
Option 6	Community Diagnostic Hub with Mobile Units – as option 3 but with mobile units attached to reach outlying communities through CD Clinics.

The preferred option has been confirmed as option 3 which would comprise CDHs based on managed service contracts within C&V and CTM and a CDH based on in-house capacity / management within AB. The Project Board endorsed the preferred option on the basis that this will be implemented alongside further work to extend internal NHS capacity.

A second appraisal phase identified the Llantrisant Health Park as a suitable site for a diagnostic hub for CTM. As this site is owned by CTM, it is likely that under IFRS 16 CTM will be deemed to have an on balance sheet asset which will require WG capital funding. The prior assumption had been that the managed service contract would be funded from revenue via WG allocations and planned care recovery funds. The need for capital funding for a full capital build or a managed service contract has challenged the original premise of the procurement that capital would not be available. As a result, an evaluation comparing a full managed service contract and a capital-funded build solution is currently underway. The outcome will be included in the CDH OBC which is due to be submitted in late September 2024. This may impact on the main LHP program and costs should the preferred option not be a full managed service contract.

1.2.3 Progress since the IIB meeting on the Preferred Infrastructure Option for the Surgical Hub

Since the completion of the option appraisal, the design team has been focusing on the development of Option 6, demolition and rebuild. The first steps were the development of agreed clinical models and patient pathways for the day surgery and orthopaedic hubs. CTM clinical colleagues have been involved in working through the patient pathways and translating this, with the design team, into schedules of accommodation and functional layouts contained as Appendix 3.

By challenging established schedules of accommodation and considering how RGH can offer extended support to the site for clinical and non-clinical support services, the design teams with the clinical teams have developed an efficient schedule of accommodation. This schedule shows a reduction of 21% over traditional schedules of accommodation. The main report illustrates where the savings have been found.

The decision between barn and conventional theatres is pending, with recent visits to barn theatres in Poole influencing this. The orthopaedic clinical model has been recently endorsed by the regional orthopaedic board. This work has recently commenced for Imaging and Endoscopy to enable functional layouts to also be developed.

A further design challenge concerns the scale of the proposed buildings and how they could sit on the built plateau. This requires detailed consideration of the best construction method for the site as a fully modular solution could be challenging. This is being further investigated alongside the RIBA 2 design work so as not to cause delay to the programme. Currently modular construction is the preferred option due to the expected shorter delivery timeframe however this is being further examined with the market to ensure that the most effective and quickest infrastructure delivery option is recommended at the close of RIBA 2.

1.3 Preferred Option and Commercial Route:

1.3.1 Main Contractor Appointment

As the Speed of delivery is crucial, utilisation of a suitable procurement framework will be essential. As a result a procurement process for the appointment of a modular contractor needs to commence in September with a contractor on board as early in RIBA 3 as possible to maximise programme efficiencies. The proposed timeframe for the Welsh Designed for Life framework new framework will not be operational until October and is too late for this programme. At the moment there are two key frameworks for the programme which will be dependent on whether a fully modular option is selected or a more traditional incorporating modern methods of construction is adopted. Investigations as to contractor capability and capacity are proceeding with both the SBS and SCAPE Frameworks at this stage.

1.3.2 Interim Demolition Contract

There are a number of benefits associated with the early demolition of the on-site buildings. Many of these surround security and site safety but also around keeping the construction programme as short as possible. As a result, it is proposed to let the demolitions work under a framework as a separate package of works. A suitable framework has been identified and work is underway to develop the specification to support a tender by the end of August.

1.4 Finance and Funding

1.4.1 Capital Cost and Profile

A detailed capital cost plan has been developed for the preferred option, comparing costs of modular and traditional build approaches. A decision on the construction method will be made as RIBA 2 completes. The cost plan assumes that the CDH is a managed service contract incorporating design, build, fit out and operational running. However, the capital costs do cover demolition of the building in the proposed CDH location.

Table J – Preferred Option Costs and Profile

	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	Total £000
Modular	8,000	1,135	6,271	38,770	56,556	44,200		154,931
Funding Received	-8,000	-1,135	-1,956					-11,091
Balance of Funding Required	0	0	4,315	38,770	56,556	44,200	0	143,840
Traditional inc MMC	8,000	1,135	6,271	15,902	47,383	48,546	17,870	145,108
Funding Received	-8,000	-1,135	-1,956					-11,091
Balance of Funding Required	0	0	4,315	15,902	47,383	48,546	17,870	134,017

These costs account for the costs and funding incurred to date including the site purchase and the provision of the mobile MRI. It can be seen that there is a significant variation in the costs in 2025/26 depending on the construction route chosen as modular will require a larger up-front payment on order placement. The cost plan is included as Appendix 4.

1.4.2 Funding for Design and Demolition:

Table K, below sets out the total additional forecast cost associated with completing RIBA 3 and RIBA 4 design stages and a forecast demolition cost, this is over and above the funding provided to date which has covered costs to RIBA 2 stage and the provision of the mobile MRI.

Table K – RIBA 3 and 4 Cost profile

	2024/25 £000	2025/26 £000	Total £000
Works Cost (demolitions)	969	323	1,292
Fees	2,404	1,816	4,219
Non Works	168	114	281
Contingency	399	470	869
VAT	307	181	488
Total	4,246	2,903	7,149

CTM would therefore request that consideration is given to the funding of the fees element of this cost (£2.404M) in £24/25 to support the design team proceeding immediately to RIBA 3 without delay. Further cost forms and an SBAR will be submitted in August to provide additional detail on this cost. The demolition costs will be part of a separate business case to be submitted in October once tendered costs are known.

1.4.3 Revenue Funding:

The revenue funding model will be developed by the finance workstream and will need to seek to incorporate the revenue impacts of efficiencies and new workforce models to minimise additional staffing and estate costs. The finance workstream, in collaboration with the workforce, clinical and non-clinical teams, will develop a comprehensive regional revenue cost plan to ensure sustainable funding for LHP operations can be secured.

Currently, the preferred delivery model for the CDH assumes that the service provider will deliver design, construction, and operational services via a managed service contract. Detailed financial

implications, including revenue and capital considerations, will be provided in the upcoming business case to be submitted in the early autumn period.

1.5 Governance and Reporting Structures

The project will be managed using the PRINCE 2 methodology, with a robust governance structure in place to ensure effective oversight and decision-making.

1.5.1 Reporting and Governance Structure

A regional planning structure is in place focusing on orthopaedics, ophthalmology, and diagnostics. Chief Executive-led groups oversee the development of regional plans in these areas. The LHP programme feeds into the regional groups for orthopaedics and diagnostics and the oversight groups. In terms of the LHP Infrastructure Programme the structure comprises the Programme Board, chaired by the SRO and the main decision making body of the programme. Under this sits the Steering Group which reviewing and coordinating workstream updates and prepares recommendations for Board approvals. Nine workstreams cover areas like Clinical, Finance, Design, IT, and more. These specialist user groups develop the detailed LHP models and report into steering group.

1.5.2 Programme Milestones and Challenges:

The original programme developed for the options appraisal has been reviewed and developed in further detail, the latest version is included as Appendix 4. The completion date has moved from March 27 to August 27 as a result of changed timings around confirmation of clinical models, approval dates and the need to accommodate timelines around planning and strategic draining applications. A summary of key milestones is set out below:

Table M – Programme Milestones

Task/Stage	Start	Finish
RIBA 2	18/06/2024	15/10/2024
RIBA 3 Design	09/10/2024	11/03/2025
Demolitions Tender and Business Case	31/07/2024	23/10/2024
Building Demolitions	04/01/2025	31/05/2025
RIBA 3 Stage Approval	12/03/2025	12/03/2025
PAC (Pre-Application Consultation)	09/04/2025	09/05/2025
Planning Application and Approval	09/05/2025	04/08/2025
RIBA 4 Design	12/03/2025	23/06/2025
RIBA 4 Stage Approval	23/06/2025	23/06/2025
BJC	23/06/2025	18/08/2025
Mobilisation	19/08/2025	11/11/2025
Module Manufacture	19/08/2025	17/02/2026
Construction Surgical Hub and Inpatient Unit	12/11/2025	31/08/2027

There are some key assumptions and risks in this programme that are explored in more detail later in this document however some of the key points to note are

- There is no “float” in this programme so any delay will impact on the completion date
- There is no break between design stages for any approvals, stages will be instructed immediately and funding requests will be made based on estimated cost envelopes.
- The proposed business case structure as set out below is agreed by WG.

There are only very limited options available to bring the proposed completion date forward. These limited options have only previously been implemented during the COVID pandemic and include steps such as:

- The provision of capital funding based on costs incurred with no need for structured staged approvals or phases.
- Alternatively consideration of appointment of a modular partner early in RIBA 3 to provide a design and build service. A business case approval based on a cost not to exceed to enable CTM to continue through the stages without delay as long as costs remain within the agreed cost envelope
- A relaxation of statutory targets, carbon reducing and BREEAM accreditation
- The removal of the statutory requirement for a planning pre application consultation exercise and for SAB drainage approval
- Consideration of a similar approach to the CDC as for that in England where a single summary business case is submitted for the centre lead by WG requirements.
- A further consideration may be the introduction or consideration of performance incentives to support any possible further programme acceleration and at minimum prevent any further delay.

An urgent meeting with WG and key stakeholders is requested to discuss these options and identify which can be taken forward.

1.5.3 Expedited Business Case Process:

A streamlined business case process is proposed alongside regular formal updates to Infrastructure Investment Board and ongoing engagement with NWSSP-SES on the technical design elements. The key phases are as set out below:.

- 11th September 2024 - Strategic Overarching Document –this document will set out the scope, overarching case of change and the proposed way forward
- 22nd September 2024 – SBAR for fees to progress directly to RIBA 3 with an update on the overarching programme by exception where required
- November 2024 - BJC for the demolition works
- End November business cases for the CDH comprising diagnostic and endoscopy OBCs will be submitted to obtain approval to proceed to the final procurement stage
- At this stage there could be 2 options:
 - A. November 2024 a business case for appointment of the modular partner including a capital not to exceed cost is submitted to WG OR
 - B. February 2025 - SBAR with for RIBA 4 fees followed by a single case containing tendered cost for the programme construction phase in July 2025.

1.6 Actions Requested:

CTM request that WG endorse the strategic overview document, most specifically:

- Approval of the proposed way forward for LHP as being Option 6, demolition and rebuild
- NOTE the expected CDH business case which will confirm the outcome of the funding option appraisal for the LHP CDH. NOTE also that if this is not a full managed service contract revised LHP Programme costs and overall programme will also be required
- WG APPROVE the appointment of a contractor at the conclusion of RIBA 2 stage to work with CTM on the delivery of an expedited design and construction process via either SBS or Scape frameworks
- WG to continue to support work to further shorten the programme by the delivery of expedited funding approvals in line with the suggested business case structure proposed in this document
- WG to confirm funding to proceed to RIBA 3 stage in September and commence planning approval work on receipt of the detailed fee submission.

- WG to agree an urgent meeting to discuss programme with key stakeholders to enable the business case route to be confirmed

2. Background and strategic overview

2.1 Strategic Vision

Llantrisant Health Park (LHP) will be a cutting-edge diagnostics and treatment centre, which will improve care and access to services for thousands of patients right across South East Wales annually, aiming to deliver accessible, safe, and innovative healthcare services.

The development and delivery will see Health Boards across the South East Wales region working together to reduce waiting lists and establish a sustainable, future-proof service model while advancing clinical practices. LHP will:

- be a catalyst for improvement and standardisation of clinical services across the region
- develop supportive clinical models, staffing structures / roles and supporting infrastructure
- develop the blueprint for other surgical hubs across Wales.

The need to introduce diagnostic and treatment capacity to the region has never been greater than since the COVID pandemic which has seen waiting lists increase to their highest ever levels and Health Boards struggle to address the same within existing capacity and working practices. Set alongside this is the increasing aging population and acute medicine pressures which indicate that a significant change to current practice and how we use our existing infrastructure is essential if performance and access to treatment is to be improved. LHP offers the region a unique opportunity to effect real change in ring fenced capacity encompassing innovative and digital first developments and changes to outdated modes of practice. The site will provide efficient and proven effective models of care to deliver increased diagnostic and treatment facilities across the region.

This programme is being led by Cwm Taf Morgannwg University Health Board (CTM) on behalf of the South East Wales Region, which includes both Aneurin Bevan University Health Board (ABUHB) and Cardiff and Vale University Health Board (C&VUHB). The infrastructure element of the programme is being led by CTM however the commitment is that the services provided from the site provided will benefit patients from across the whole region.

2.2 Background

During the autumn 2022, CTMUHB became aware of the proposal to sell the former British Airways Avionics Engineering (BAAE) engineering site in Llantrisant. The site was vacant, with BAAE having relocated their service provision to their site in St Athan during early 2022, however they remained as tenants of the site until March 2024.

The total site covers over 20 acres with a developed area comprising 3 separate buildings totalling over 10,300sqm. There is car parking on site for over 299 cars. The site itself has the capacity and infrastructure to a wide range of clinical services including those proposed for the site. In addition to the 3 existing buildings there is also an area of cleared ground that was earmarked for a 4th building. Whilst BAAE never undertook development on the same it is available for further on-site development.

In December 2022 CTM submitted a case to Welsh Government (WG) support the purchase of the site, included as Appendix 1 to this document, setting out the initial development aims and aspirations for the site. Approval was given and £8M funding released to support the purchase of the site for a regional elective care facility. The purchase was completed on 8 February 2023 with a design team appointed shortly after and works commenced on developing the scope and design of the services planned for the programme.

The Regional Portfolio is made up of three main programmes: Orthopaedics, Diagnostics and Ophthalmology, with LHP being linked into both Orthopaedics and Diagnostics. The three University Health Boards in South East Wales Morgannwg have agreed to work together regionally and adopt the following working principles:

- To reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
- To improve resilience.
- To make effective use of capacity and capability in whichever organisation it sits.
- To create critical mass for effective high quality care delivery when and where it makes sense to do so accepting that may not reside in every organisation.
- Take all opportunities to use the evidence base and best practice to improve quality, efficiency, productivity and use of finite resources.
- To enable clinical leaders, and others, to work together, lead together and learn together.
- Distributed leadership approach collaboration with benign intent, honesty, transparency and integrity in order to build trusting and effective relationships.
- To agree approaches to engagement and communications together.
- To avoid leaving anyone behind and learn from the past and progress in an open, honest and humble way.

As the asset owner, CTM is leading development of the supporting infrastructure for the proposed scope and schedule of services discussed in the following sections. There is regional oversight of the same via the LHP Infrastructure Programme Board and Regional Oversight Board with regional representation on both Boards as well as proposed membership on key workstreams throughout the programme.

2.3 Proposed Scope of Services to be Provided at LHP

The case for purchase of the site identified the following services as being integral to the creation of an elective diagnostic and treatment hub:

- Diagnostic Imaging Capacity – MRI, CT and Ultrasound
- Endoscopy
- Potential for the provision of a regional Endoscopy Academy for training
- Orthopaedic Theatres for high volume low acuity cases
- Inpatient ward facilities to support the orthopaedic theatres
- Day surgery unit.

These services constitute the core services in the first phase of delivery of a diagnostic and treatment hub on the LHP site. In terms of deliverability, currently the Health Board, with the wider region is involved in a procurement exercise to appoint a partner for the delivery of the community diagnostic hub (CDH). The proposal is that the partner will provide diagnostic services comprising both imaging and endoscopy the precise scope of which is currently under review but is likely to include both the physical infrastructure and the staffing. The ongoing procurement will appoint a partner to provide the services on a regional basis with centres currently planned to be located within the C&VUHB area as well as the CTM hub which will be based on the LHP site. The CTM CDH is the only one proposed to include regional endoscopy services as well as having an opportunity to accommodate an endoscopy academy to provide both additional regional scoping services and a regional training hub.

Orthopaedic and day surgery theatres alongside supporting inpatient facilities will be provided via traditional capital funding with CTM leading the infrastructure development on behalf of the region.

The orthopaedic element will see the creation of a stand-alone elective surgical hub in a dedicated building, that will undertake high volume low complexity (HVLC) procedures. The LHP building is located adjacent to the Royal Glamorgan Hospital, however fully separate from any acute provision. The proximity to the RGH site will enable greater flexibility in determining the eligibility criteria for patients to be treated at LHP this can increase the cohort of qualifying patients and make a greater impact on waiting times than for a centre which is more remote from supporting acute services. The LHP facility will be utilised to undertake core capacity for CTM and additional capacity for C&V and AB UHBs. The inpatient beds will be provided to support regional patients being treated in the orthopaedic unit.

In addition to the proposed orthopaedic capacity, CTM plan to provide a dedicated 6 theatre day surgery on the ground floor of the proposed theatres building. This Unit is designed to support the acute services plan by enabling CTM to change the current approach in elective surgery to focus on high volume quality surgery being provided on a day surgery basis. There are significant efficiencies that can be realised in taking this facility from an acute site and providing it from LHP as well as in co-location with orthopaedic theatres in terms of plant and infrastructure. Currently day surgery pathways sit outside of the regional frameworks and further work will be required on patient travel and acceptance of travel for day surgery procedures on a regional basis. The benefits in location of the unit should see much improved day case conversion numbers and an improved patient experience. The proposal would be to offer capacity to regional partners and develop a model of regional day case service delivery.

From the ongoing regional development work it has become clear that there are additional services that could be considered on a regional and local basis to both support and enhance the core services being provided on the site, including:

- Regional Pathology
- Development of an Gastro Intestinal (GI) Hub
- Development of a Urology Hub
- HSDU capacity
- Phlebotomy Services
- Outpatient Services
- Regional Cataracts

For services such as the GI and urology hub these are inextricably linked to imaging and scoping services and there would be an obvious benefit to their co-location with the CDH. As a result this will be further considered as part of the ongoing commercial discussions with the CDH partner on appointment.

Clearly there are a range of additional services that could support the move of capacity from acute sites to an elective diagnostic and treatment centre on a regional basis therefore the potential for additional expansion and the need to preserve space to enable this as a Phase 2 development should also be considered a key principle in the site master-planning and development.

2.4 The Strategic Context and Clinical Evidence for Change

The Vision is to create a standalone site for High volume low complexity care and diagnostics that guarantees uninterrupted, effective, efficient services that address capacity shortfalls for the future.

The need to significantly increase diagnostic and treatment capacity in Wales was set out in the Welsh Government Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales which was published in April 2022. The plan set a clear direction for Health Boards to recover the backlog of elective activity that has developed during the Covid pandemic as well as responding to the increasing demand for diagnostic and surgical services due to demographic change and the challenge of health inequalities evident in many parts of Wales. The document set out five goals, which are underpinned by seven priorities to support and influence recovery planning and investment decisions as set out below

Figure 1 – Welsh Government Programme for Transforming and Modernising Planned Care Goals and Priorities



The seven priorities are:

- 1 Transformation of outpatients**
- 2 Prioritisation of diagnostic services**
- 3 Focus on early diagnosis and treatment of suspected cancer patients**
- 4 Implementation of a fair and equitable approach to patient prioritisation to minimise health inequalities**
- 5 Elimination of long waits at all stages of the pathway**
- 6 Building sustainable planned care capacity across the care pathway**
- 7 Provision of appropriate information and support to people**

The LHP programme aligns with planned care recovery programmes across with the region in the development of long-term additional capacity to support the delivery of efficient and effective solutions to support all 3 Health Boards to eliminate long waits and reduce overall waits within the patient pathway, both in terms of access to diagnostic services as well as in orthopaedic and day surgery.

The ability to create bespoke capacity to maximise patient flow and increase efficiency and innovation in service delivery offers additional benefits to the region from investment in the programme.

2.4.1 Clinical Evidence and Policies Underpinning LHP, Including GIRFT – Getting it Right First Time

The definition of a high-volume low complexity (HVLC) surgical hub is to ring-fence elective capacity and create elective 'hub' facilities to carry out low and medium complexity procedures at scale within defined standards. These 'hub' sites help increase elective activity with patient flows into the hubs from a number of different health providers within a system.

A HVLC is a true ring-fenced hub that exclusively performs planned surgery and can evidence separate provision of:

- Theatres
- Staff and patient entrance
- Staff areas (changing and rest areas)
- Dedicated recovery

Following an assessment of various models, the chosen approach will support the region in meeting the collaboration's goals, addressing the capacity gap, and ensuring all facilities meet GiRFT standards and are accredited for HVLC surgery. The proposed clinical model includes a dedicated building, fully separate from any acute care facilities. The Arthroplasty unit will be completely ring-fenced to meet GiRFT and BOA requirements for an orthopaedic hub.

To achieve GIRFT accreditation in surgery and compliance with the objectives set by the Elective Optimisation Programme by the Welsh Government and the Planned Care Improvement and Recovery Team in the NHS Executive, theatres will need to be operating at at least 85% capacity, over 48 weeks of the year providing 2 – 2.5 session days over 5-6 days. These requirements have formed the basis for capacity and clinical planning for LHP.

GIRFT studies and reports into radiology have concluded that demand has increased by 22% in the period from 2013 to 2019 with the expectation being that the scale of growth will continue. The report identifies a positive vision for change, of making radiology more patient-centric. That includes faster access to imaging, but also seeking to make services more convenient and accessible, and improving the physical environment of radiology departments.

This business case and the long term plans of the South East Wales region acknowledge and align with the points raised in the report and recommendations outlined. The focus of the region's work is on both delivery of sustainable services through a range of means and seeking to better manage demand through alternative pathways.

In addition to the above, the Diagnostics Recovery and Transformation Strategy for Wales (2022-25) sets the baseline plan around the improvement transformation and redesign of diagnostic pathways in Wales. This strategy outlines that there is a need to rapidly create additional diagnostic capacity alongside a move to a more combined approach to the provision of the same. It is recognised that this will improve patient outcomes and reduce the pressure on secondary care as it will reduce waiting time and improve quality of life and early diagnoses of disease. Aligned with this is the South East Wales Regional Diagnostics plan for Community Diagnostic Hubs.

The proposed development of CDH within the South East Wales region also aims to address the recommendations from the Richards Report, around the expansion and upgrade of existing diagnostic equipment and facilities as well as the opportunity to develop new service delivery models. This report incorporates a number of benefits arising from CDH development around improved health outcomes, increased capacity and improvements in productivity and efficiency and has support from the British Medical Association in Wales (BMA).

In response to the above, the purchase of the former BAAE site in Llantrisant CTM will enable the South East Wales Regional Network to introduce additional dedicated capacity to the region in four targeted clinical areas as the first phase of the development:

- **Imaging capacity** – incorporating MRI. CT and ultrasound as part of the SEW regional CDH procurement. This is likely to form a full managed service contract with LHP comprising one of up to three regional sites.
- **Endoscopy capacity** – elective and screening scoping services to increase capacity across the region and look to address the projected 6 room shortfall across the region by 2027/28.
- **High-volume, low-complexity orthopaedic inpatient unit** - to provide capacity for up to six theatres to deliver arthroplasty (knees and hips) for patients meeting the criteria for treatment without critical care support. An inpatient unit adjacent to the theatres will accommodate patients requiring an overnight stay.
- **Multi modality day surgery unit** – principally focused on addressing the significant shortfall in dedicated day surgery capacity across CTM, it will be a dedicated and fully efficient centre of excellence that reduces wait times.

It is also proposed to accommodate a further phase 2 development on the site to further integrate regional services in areas such as pathology or cataract surgery. These discussions continue in regional forums and form part of the discussion over the development on the LHP site.

2.5 Existing arrangements and drivers for change

Current service provision for the region is delivered for each of the health boards' populations within each health board's geographic footprint. Patients from each health board currently access services in other health boards as part of agreed patient flows for specific service pathways. Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives) and in-sourcing.

Currently there are waiting lists in all affected areas and a capacity shortfall against demand, the following set out the regional waiting lists for the services proposed to be offered at LHP.

2.5.1 Imaging

For imaging, the data is as published at the end of July 2022 illustrating that over 12,600 patients were waiting over 8 weeks for non-cardiac CT, MRI and non-obstetric ultrasound.

Table 1 Imaging Waiting Times July 2022

Health board	Non Cardiac CT		Non-Cardiac MRI		Non Obstetric USS		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
AB	1113	2	2680	9	4588	222	8381	233
C&V	1825	3	1985	891	4000	824	7810	1718
CTM	2017	406	2029	847	3132	9423	7178	10676
Total	4955	411	6694	1747	11720	10469	23369	12627

The latest data, as at January 2024 illustrates a worsening position with just over 17,000 patients waiting greater than 8 weeks

Table 2 Imaging Waiting Times January 2024

Health board	Non Cardiac CT		Non-Cardiac MRI		Non Obstetric USS		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
AB	1647	11	2908	674	4160	2903	8715	3588
C&V	1282	73	2010	1742	3822	6053	7114	7868
CTM	1716	966	1765	1166	2685	3427	6166	5559
Total	4645	1050	6683	3582	10667	12383	21995	17015

It is clear from this that services are unable to meet demand despite Health Boards commissioning non recurrent activity to reduce waiting times. Further growth in demand is also anticipated with the straight to test cancer pathway as well as an increasing aged population.

2.5.2 Endoscopy

In terms of endoscopy services, despite significant work having been undertaken by the 3 Health Boards there are still a high number of patients waiting in excess of 8 weeks. The following table sets out the position as at September 2023

Table 3 - Endoscopy September 2023

Health board	Colonoscopy		Gastroscopy		Sigmoidoscopy		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
AB	761	702	939	751	499	439	2199	1892
C&V	681	1140	510	1784	166	759	1357	3683
CTM	488	540	485	639	236	586	1209	1765
Total	1930	2382	1934	3174	901	1784	4765	7340

The latest figures for January 2024 demonstrate that CTM has seen a decrease in the number of patients waiting more than 8 weeks this is partly due to the securing of additional non recurrent capacity alongside service improvements which do have a recurrent impact. However, the other 2 Health Boards have not seen a significant improvement in the number of patients waiting over 8 weeks. This illustrates again that the services are unable to maintain pace with demand growth.

Table 4 - Endoscopy January 2024

Health board	Colonoscopy		Gastroscopy		Sigmoidoscopy		TOTAL	
	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks	<8 weeks	>8 weeks
AB	671	579	856	638	393	356	1920	1573
C&V	487	1590	398	2298	161	1027	1046	4915
CTM	509	206	487	208	207	181	1203	595
Total	1667	2375	1741	3144	761	1564	4169	7083

2.5.3 Day Surgery

Currently day surgery provision occurs in each Health Board with most services having their own dedicated day surgery units. Within CTM there is no dedicated day surgery unit at RGH which results in mixed list and provides no dedicated day surgery space to support improved efficiency.

As a result, CTM still provides or requires a bed for a number of procedures that could be provided via day surgery and to aid this conversion it is proposed to create a ringfenced hub at LHP. This unit will not have access to the arthroplasty beds and therefore will increase the throughput of cases provided as ambulatory day surgery procedures. This has evidenced and documented better outcomes for patients as well as increasing the volume of patients treated.

2.5.4 Orthopaedic Arthroplasty

Currently each Health Board makes its own arrangements for delivery of orthopaedic surgery and management of waiting lists. The regional orthopaedic Board has undertaken some work on analysis of waiting times across the region which is illustrated in the table below:

Table 5 – Orthopaedics January 2024

Health board & Activity Type	Weeks									Total
	0-26	27-52	53-78	79-104	105-130	131-156	157-182	183-208	>209	
AB										
Shoulder & Elbow	245	164	39	5	13	3	0	0	0	469
Arthroplasty	1265	1472	1485	910	406	36	6	1	0	5581
Foot & Ankle	292	216	172	60	31	2	0	0	0	773
Hands	534	543	482	195	47	6	1	3	1	1812
Sub Total AB	2336	2395	2178	1170	497	47	7	4	1	8635
C&V										
Shoulder & Elbow	133	68	30	20	0	0	0	0	0	251
Hip	179	187	179	100	21	3	0	0	0	669
Knee	451	362	324	216	32	8	0	0	0	1393
Foot & Ankle	172	135	70	12	2	1	0	0	0	392
Hands	703	434	253	52	8	0	0	0	0	1450
Sub Total C&V	1638	1186	856	400	63	12	0	0	0	4155
CTM										
Shoulder & Elbow	85	70	108	45	19	6	2	1	2	338
Arthroplasty	88	87	77	55	19	8	0	1	0	335
Lower Limb	1049	885	776	506	248	62	15	26	11	3578
Foot & Ankle	105	51	66	23	8	3	1	1	0	258
Hands	130	120	88	66	34	4	1	1	0	444
Sub Total CTM	1457	1213	1115	695	328	83	19	30	13	4953
SEW Region										
Shoulder & Elbow	463	302	177	70	32	9	2	1	2	1058
Hip & knee	3032	2993	2841	1787	726	117	21	28	11	11556
Foot & Ankle	569	402	308	95	41	6	1	1	0	1423
Hands	1367	1097	823	313	89	10	2	4	1	3706
Total SEW Region	5431	4794	4149	2265	888	142	26	34	14	17743

From the above table it is clear that hips and knees are reported as the largest proportion of the waiting list across the region, 65% of total waits.

The proposal to focus on arthroplasty at LHP on a high volume low complexity basis is also supported by findings from the NCSOS National Blueprint for Orthopaedic Surgical Delivery in Wales, where it has been stated that hip and knee operations comprise the largest theatre requirement per unit time. They are 3rd and 1st respectively in terms of patient number demand and backlog. Patients awaiting primary hip and knee arthroplasty comprise the largest volume and theatre time load within these subspecialties (85% and 55% respectively). To have a facility to be able to provide capacity to address these specialities will enable an improvement in wait times but also give opportunities to all regional partner in terms of theatre time released on their current sites for potential further regional configuration.

2.6 Proposed patient pathways and clinical engagement

The aim of the surgical component of the project is to develop an innovative, digital first, forward-thinking service model that challenges traditional practice, incorporates worldwide best practices and uses evidence-based for development and delivery. It must be sustainable, flexible and adaptable to future advancements in surgery, delivering quality services with excellent outcomes.

To date, most of this first phase of the LHP program has focused on developing a surgical facility. After a literature review, looking at facilities accredited with GiRFT, site visits, and consultant input, the consensus has been to develop a clinical pathway that fits into an ambulatory surgical unit. This unit will be located within the grounds, alongside the CDH, serving Cwm Taf Morgannwg and the region, ensuring room for growth.

The concepts for both day surgery and orthopaedics development is to facilitate the clinically agreed approach which has been based on the concepts developed to form the basis of the development of the clinical models:

- Day surgery changes to become known as outpatient surgery to support the change in increased throughput, patient, and staff concept to be about speed (safely) and patients moving through the facility quickly.
- Arthroplasty moves to a day surgery model and pathway. There will be the facility for patients stay overnight by exception.
- The design of the facility for both of the above will challenge today's practice and people's traditional way of working. This will be achieved through the new unit and would be transformational for the region on changing how HVLC services are delivered.
- Standardised approach and agreed principles for the unit to be followed by all.

Alongside this there a number of key supporting principles embedded in the process around the surgical hub to challenge performance and ensure efficiency and throughput is maximised. The challenge is to move away from a traditional inpatient concept of a patient being in a facility to stay for a while to a drive to achieve an ambulant patient in a fully supportive environment to ensure reduced length of stay is achieved where possible. LHP will be different from existing models under these principles:

- Clinical pathways and supporting infrastructure will be designed to meet GIRFT Surgical Hub accreditation, including flexibility to support future innovation.
- Planning for zero day length of stay as default.
- All aspects of clinical pathways will be standardised.
- Productivity to meet or exceed GiRFT guidelines.
- Supporting physical infrastructure is comfortable but will not encourage unnecessary overnight stays.
- Ring-fenced unit and staff.
- Regular, job-planned, consultant sessions delivered at LHP.
- Whole MDT team approach, competency frameworks to support staff working across traditional role boundaries.
- Stand-alone unit- satellite site of the Royal Glamorgan for logistics only

The delivery of these principles will be driven by focused clinical reference groups which will be outlined in the later governance section but these will be attended by and led by clinical staff with a clinical project team in place to support. The architect and design team will be embedded within this clinical team and regional engagement will also be secured on an ongoing basis.

It is critical that throughout the design process the teams continue to engage with and learn from exemplar units from across the United Kingdom and even further afield to support the development of forward thinking and innovative clinical pathways feeding into the physical infrastructure. The protocols developed alongside this will be clinically developed and support standardisation, innovation and patient safety with senior clinical MDT sign off throughout.

This development model is also being developed for both endoscopy and imaging services as part of the proposed CDH. The original plan was that this would be developed with the appointed partner however there is a need to confirm the footprint and space required for the CDH to support site master-planning before completion of RIBA design stage 2 therefore this will also be led by the LHP Programme team under the same design principles.

2.7 Demand and Capacity Modelling for LHP

To support decision making around clinical capacity and delivery of operational services the regional demand and capacity modelling for the key services covered in section 1.2 has been analysed to support the right sizing of LHP to ensure it can meet both current and future demand. This will be covered in turn for each of the services.

2.7.1 Endoscopy

The National Endoscopy programme (NEP) has facilitated a number of national demand and capacity assessments with the Autumn 2023 assessment of data identifying a gap across the South East Wales region of 4.4 rooms by 2027/28.

Table 6 - Endoscopy Capacity Gap by 2027/28

	2027/28		2027/28		2027/28 Rooms
	D&C "balance"	Backlog (one time)	D&C "balance"	Backlog (one time)	D&C "balance"
Recurrent	25695	107688	50 per week	10,769 total	6.3
Non Recurrent	25071	90151	49 per week	9,016 total	6.1

As a result, it is proposed that any development should include capacity to accommodate at least four endoscopy rooms for scoping in line with the identified shortfall. However, with the Health Board having an opportunity to create a flexible, adaptable and future focused services it is proposed to incorporate a 6-room service with 2 rooms available to support a training academy. The business case will consider the options around a phased future fit out of the proposed rooms which will be supported by updated demand and capacity planning.

The ability of the infrastructure to accommodate up to 6 endoscopy theatres plus associated recovery and supporting space needs to be considered in ascertaining which option delivers a sustainable solution to the endoscopy capacity shortfall across the region.

2.7.2 Radiology

The demand and capacity modelling has been undertaken as part of the Community Diagnostic Hub (CDH) workstream, jointly by Cardiff and Vale, Aneurin Bevan and CTM UHBs, understanding regional demand and capacity is complex due to the variation in working practices between organisations. However, the three health boards have undertaken to consider the demand and capacity using two different exercises in order to achieve agreement on an acceptable assessment of the collective gap.

Exercise One undertook to consider the demand against capacity, as assessed by health boards alongside demand (assessed using derived demand calculations). This exercise identified significant gaps across all modalities. The capacity gap is tabulated below.

Table 7 – Exercise 1 – Identified Imaging Capacity Gap

Modality	Annual Regional Capacity Gap (Scans)
CT	47,383
MRI	19,844
NOUS	72,833

Exercise Two was constructed using activity data as a proxy for capacity, based on a snapshot from one month extrapolated to provide an annual capacity figure. This was undertaken on a regional basis. The figures do show a difference and illustrate the complexity in determining imaging demand and capacity.

Table 8 – Exercise 2 – Identified Imaging Capacity Gap

Modality	UHB	Est Capacity	Demand	(Shortfall)
CT	AB	61,332	83,649	-22,317
	C&V	22,968	36,673	-13,705
	CTM	32,364	68,946	-36,582
Total CT		116,664	189,268	-72,604
MRI	AB	33,540	39,130	-5,590
	C&V	20,880	31,665	-10,785
	CTM	24,180	28,433	-4,253
Total MRI		78,600	99,228	-20,628
NOUS	AB	51,240	85,920	-34,680
	C&V	78,720	96,695	-17,975
	CTM	41,628	68,818	-27,190
Total NOUS		171,588	251,433	-79,845

Undertaking the demand and capacity exercise elicited considerable debate regarding the opportunities to extend working hours in existing NHS sites within the region. However, it was also noted that current workforce pressures are rendering this difficult to achieve. Alongside this is the real need to deliver increased care away from crowded acute hospital sites in purpose designed efficiency treatment hubs, not just increasing capacity but improving accessibility.

The current pathway work with the service indicates that there is a request to create a future proofed service by including 2 MRI and 2 CT in the design and infrastructure solution. It may be that the 2nd MRI and CT are included as shells within the building so that, as required, they can be added without disrupting flow and design efficiencies. In addition, up to 4 ultrasound rooms will be included within the design alongside a number of procedure and clinical rooms. This will be discussed with the appointed provider and included in the detailed tender specification for the final phase of the procurement process on approval of the OBC.

2.7.3 Inpatient Elective Orthopaedics

The South East Wales Regional Orthopaedic Board has been leading on the confirmation of the clinical model and clinical specification for the elective inpatient orthopaedic unit. It has recently been confirmed that the centre will focus on high volume low complexity procedures and that the initial key focus will be on short stay/day case lower limbs arthroplasty.

The Regional Board has analysed the anticipated demand data from the Health Board and considered the suitability of patients based on demand data. It has been considered that up to 77-85% of residual elective activity may be suitable for treatment at LHP. The range is dependent on patients classified as ASA3 and their individual suitability. On this basis it is estimated that 9,650 total spells could be suitable for treatment at LHP. If certain ASA 3 patients were included, this could increase to 10,550. However, currently these numbers include both upper and lower limbs and currently the data does not exist to confirm the numbers that would be eligible across the region. There is currently a piece of work being led by Welsh Government to confirm waiting times and future demand figures for orthopaedics across Wales and once this work is completed this will further support the modelling for LHP.

In the meantime, CTM orthopaedic wait figures have been analysed to demonstrate the demand coming from one of the regional partners. This, as per the table below, illustrates that to address backlog demand and bring CTM into compliance with the 10 week waiting target 4.4 theatres will be required to meet arthroplasty demand by 2027/28, this modelling is based on GIRFT activity principles. This does not assume any growth in demand due to the inherent uncertainty in modelling the same. Once the backlog is met CTM will have a recurrent demand of 1.8 theatres to continue to meet demand and maintain the 10 week target for arthroplasty. However as

mentioned previously this assumes no growth in these numbers and also that all performance and planning assumptions in the IMTP are delivered.

To provide a truly regional solution then CTM figures could be used as a proxy for regional numbers whilst the current exercise is undertaken. With a need for CTM to utilise between 3-4 theatres on an ongoing basis this would leave 2-3 theatres to support and meet regional demand for those patients suitable for treatment at LHP. This would indicate that the orthopaedic unit is right sized to meet the regional demand position. The current figures assume only 4 joints per session and 5 day work, if efficiency could be increased to GIRFT standards and 5 joints delivered per theatre per day then the theatres could deliver more capacity should regional growth in demand mean more theatres are required. There are opportunities to further increase capacity however the numbers indicate that to have less than 6 theatres would likely not be sufficient to meet regional demand both to meet immediate backlog but also to support all partners to continue to deliver to the 10 week target or better.

Table 9 – Orthopaedic Surgical Hub Capacity Modelling

Modelled Demand Activity 2024/27+	Shoulder	Knee	Hips	Total Arthroplasty
Recurrent Capacity (Including Temporary Appointments)	12	344	264	620
Productivity changes	3	261	261	525
Recurrent Capacity Total	15	605	525	1,145
Non Recurring Capacity Total	1	112	62	175
Total Capacity	16	717	587	1320
Avg theatre time of a LOS=0 case (mins)	194	129	134	133
theatre running time in hours per week (48wks in year)	1.07	32.13	27.22	60
Theatres Required to Meet Baseline Capacity	0.03	0.8	0.68	1.5
deterministic capacity reqs for meeting the 10 week IP component wait	18	1420	841	2279
theatre running time in hours per week (48wks in year)	1.21	63.63	39.02	105.53
Theatres Required to Meet 10 Week Wait	0.03	1.59	0.98	2.6
Indicative theatre requirements to move elective orthopaedics to Concorde and	18	1427	846	2291
theatre running time in hours per week (48wks in year)	2.3	95.8	66.2	166
Total Theatres Required	0.1	2.4	1.7	4.1

2.7.4 Day Surgery

The creation of a standalone day of surgery unit will offer a significant opportunity to establish an efficient and effective unit that can drive an improvement in both CTM and the regions conversion of inpatient surgery to day case and reduce reliance on the need to secure inpatient beds and the risk of day of surgery cancellation for patients if beds cannot be secured. To increase the number of patients treated as day patients is proven to improve patient outcomes and offers an improved patient experience.

The opportunity to create a regional centre of excellence for day surgery requires further consideration for all regional partners but has significant benefits for CTM alone in driving through improvement in service delivery. The increased conversion of procedures to day surgery and opportunity to drive this through LHP will give further opportunities for CTM to consider its clinical service strategy and how the current estates can be configured and utilised moving forward to look at the most efficient use across the Health Board.

2.8 The programme investment objectives

In considering the strategic drivers for change and the increasing demand for services, a series of investment objectives have been developed. In terms of the overall investment objectives for the LHP Programme these can be expressed as:

- The delivery of an elective high volume low acuity model of care for the South East Wales Region on a phased basis. The first phase to focus on the following core services:
 - » Elective orthopaedic arthroplasty
 - » Imaging

» Day Surgery

» Elective Endoscopy screening

with services operational by the end of the 2027/28 financial year. Future phases to consider further regional services such as pathology.

- To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring RGH site.
- To facilitate and support the use of innovative design and delivery solutions in both clinical and non clinical services. To implement standardised regional protocols and practices to promote efficient service delivery offering improved value for money reported via comprehensive patient level costing over the English tariff
- To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services
- To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities. The programme also offers opportunities for future additional service provision for the South East Wales region.

2.9 Programme benefits and risks

A detailed review of programme benefits is being undertaken and a benefits register will be developed and updated throughout this process. However initial review of the likely benefits deliverable by this programme are as listed below. Many of these benefits will not directly release cash releasing savings but will improve efficiency and throughput and offer opportunities for future regional service change and potential estate rationalisation.

High level proposed benefits of the investment are as set out below. It is proposed that these will be incorporated into a full benefits realisation plan for sharing with all stakeholders.

- To improve access to high-quality services accredited by GiRFT and JAG where appropriate and facilitate delivery of best practice and optimised care pathways, delivering efficient and streamlined workflows
- To increase diagnostic and surgical service capacity to support achievement or overachievement of WG waiting time targets and eliminate backlog waits by the end of 2027/28
- For surgical specialities accommodated at LHP, by eliminating the impact of unscheduled care, this will ensure that surgical teams, bed bases and equipment are always available which will almost eliminate the risk of same day surgery cancellations for preventable reasons.
- To provide economies of scale in service delivery by driving regional standardisation and optimising efficient workflows and working practices
- To produce service efficiencies, reducing length of stay or procedure times by introducing efficiencies and adopting best practice. To increase throughput through standardised ringfenced estate
- Standalone, purely elective sites will provide greater resilience against disruptions in planned care due to public health emergencies. By segregating elective procedures from emergency care LHP can maintain its activity even during crises
- The establishment of elective hubs will not only streamline processes, procedures and workflows leading to further increased capacity but this increased capacity will reduce reliance on outsourcing capacity solutions therefore reducing the cost per case for procedures to all regional partners
- Concentrating expertise and resources for procedures in one location allows or more specialised and consistent care this can lead to better patient outcomes and experiences
- Modern purpose-built facilities and continuous improvement practices will further enhance care quality and can result in lower complication and infection rates

- Standardising surgical techniques and implants as well as diagnostic equipment and all consumables are likely to result in cost reductions in procurement of implants and high-cost equipment.
- Efficient clinical processes and improved outcomes also reduce the average length of hospital stays, saving costs and minimising complications associated with prolonged hospital stays.
- A standalone surgical hub provides an excellent training environment for surgical staff. There are a number of benefits around surgical training which can enable faster learning, a less pressured learning environment, less stress around major cases and the ability for trainees to share learning in others areas. This is likely to both improving training outcomes but also to support increased recruitment and retention rates across the region
- LHP offers an opportunity to offer to challenge the norms and current practice and this feeds into workforce models, an opportunity to consider other roles and change how services are delivered will lead to different roles which may help with workforce development and recruitment and retention
- Patients benefit from a more organised and predictable care pathway, resulting in a significantly improved patient experience. The focus on efficiency and specialised care ensures that patients receive timely and high-quality treatment.
- Successful implementation of a regional hub can lead to further regional opportunities and service reconfiguration. This could lead to the establishment of further centres of excellence and drive wider standardisation and efficiency improvements enabling consideration of estate rationalisation opportunities across the region.

2.9.1 Programme Risks

A full programme risk register exists in a draft format and is being developed to a fully comprehensive register as the programme structure develops. This will be developed into a quantified risk register containing expected values to fully inform the planning contingency, however at this early stage it remains unquantified. The currently identified top programme and infrastructure risks are as set out in the table below:

Table 11 – Top Risks

Risk Description	Consequence (current)	Likelihood (current)	Rating (current)
Demand in Modular Market causes delay to LHP construction programme	5	4	20
Planning Department do not agree with demolition option which delays planning approval and programme	5	4	20
A SAB compliant scheme cannot be achieved within the constraints of the site	5	3	15
Design does not enable preservation of development space on the plateau	3	5	15
Lack of signed off clinical brief for the Health Park will delay design and programme	5	5	25
Welsh Government don't agree the proposed expedited phased business case model	5	3	15
Failure to agree model and costs with stakeholder representatives for all three health boards could lead to delays in approval	5	4	20
Failure to submit CDC business case with proposed funding model by end of September 2024 may impact on planning programme and main LHP programme	5	4	20
Decision on the funding model for the CTM CDH on LHP - if this is not a full managed service contract it will have cost and programme implications	4	4	16
Delays in development of a regional workforce plan may impact on ability of LHP to open on completion	5	4	20

3. The infrastructure options appraisal and proposed way forward

Immediately following the purchase of the site a design team and internal programme team were appointed to commence design development to support the same. Alongside this, works commenced to negotiate the termination of the lease on the site to the tenant which was concluded on the 30th September 2023 when the totality of the site reverted back to CTM ownership and

control. This enabled much improved access for more intrusive surveys and removed the need for a high level of commercial confidentiality to be maintained around the plans for the site.

Prior to the site purchase in November 2022, undertook a site wide survey to confirm that the site would offer suitable services to support the Health Board strategic plan for a diagnostic and elective treatment centre. The report concluded that the site would have the level of services to support the plan, but that there were, infrastructure issues that would require further investigation, including the building structural strength and integrity, vibration risk and fire risk (specifically the cladding). Despite these issues requiring clarification, the report indicated that the site size, location and service infrastructure would be able to deliver the overarching strategic plan.

Once the site was vacated, intrusive surveys commenced, on both the site and buildings, to further investigate overall structures and services and how they could be re-purposed to deliver programme.

The type of testing and surveying work being undertaken by the design team would not normally take place at this early design stage, however the need to continue to work at pace to deliver the services in the shortest time possible, and a need to clarify the potential risks outlined in Arup's report, led to an early investigation of the building capabilities. This decision was taken to support the most robust solution being selected as early as possible, to inform the design development process and to mitigate against issues further into the process, which would be far more impactful on the overall programme.

An infrastructure report was presented to CTM on 16 February 2024 which set out a number of key concerns and risks around the current buildings. It should be noted that this report focused only on the buildings and the site itself retains the ability to support the development programme. A summary of the key infrastructure risks is as set out below, the full technical report was provided to Shared Services, Specialist Estates (NWSSP-SES) for detailed review:

Table 11 - Key infrastructure risks

Area	Issue headline	Survey outcome – summary key information	RAG
Structures	Vibration performance of first floor slab	The response factor for the FF structure exceeds a response factor of 8, significantly above WHTM standards and footfall will cause vibration	R
	Lightweight structure limits clinical use	There are limitations on the loads which can be supported off the existing structure, which will in turn limit use and accommodation of plant / infrastructure and remedial methods required to satisfy vibration requirements.	R
MEPH	Service strategy vs. structural remediation	Risk that building structure solutions adversely impact on space available for services and ductwork. Remedial options also impact on flexibility of space and layout.	R
	Plant space / location	Plant location and distribution around the site is challenging, space limited on the roof to support the proposed clinical activities. Building C (General and Day Theatres) has insufficient space to accommodate required plant, risers, services and ducting. Additional space required externally.	A
Fire	Cladding	External building cladding should be replaced with a fire-compliant and appropriate cladding system.	A
	External fire escape stairs	External staircases must be removed and replaced with WHTM compliant enclosed stairs (four per building).	A
Building condition	Roof	To give certainty over a 20+ year lifespan, it may be each building will require repair or replacement of roof coverings. Suitable access to roof levels not achievable within the current roof shape, size, structure and requires a re-design of the roof space.	A
	Glazing	Existing glazing is broken-down and deteriorating. It is anticipated that this will need replacement generally throughout.	A
Infrastructure	Insufficient infrastructure and services	The existing buildings will need new lifts, staircases, service risers and drainage - adverse impact on the existing structure.	A

The report indicated that one of the key constraints over the proposed use of the buildings is the floor slab for the first floor. Whilst this has been acceptable for general light industrial use the vibration caused by footfall on this level is significantly above the levels permitted by Welsh Health Building Notices (WHBN) for inpatient wards, treatment areas and theatres. For these areas a response factor of between 0-2 is required (under the WHBN), however the current structure has a response factor of 8.

Without large scale remediation, the first-floor areas can not be used for clinical services. To remediate this issue, there will need to be a strengthening of the existing floor plate and the installation of additional supporting columns at ground floor level. This will have a major impact on the ground floor both in terms of impact of a thicker floor plate affecting floor to ceiling height, but also in the overall usable space available on the footprint of the ground floor. The introduction of columns means the ground floor floorplate becomes 'punctured' with columns which results in significant issues in creating usable clinical spaces for theatres and diagnostic equipment such as MR and CT.

In addition to the above, whilst the overall building structure is suitable for the current floor plate if strengthened it is highly likely that the overall structure will be unable to support the weight of a reinforced floor plate. This will effectively mean that any refurbishment and remediation will require a full strip back to the shell and full reinforcement of the same.

Alongside this is the fact that at 30 years old the roof on each of the buildings are no longer watertight. It may be possible to repair the same however, if plant is to be situated on the roof, then the whole roof design and structure will need to be revisited to create accessible plant rooms that can maximise plant locations on the roof. This is likely to have an impact on the shell structure as well as require a full redesign and replacement of the roof itself.

The redesign of the roofs to accommodate additional plant will remediate some of the issues around supporting plant and infrastructure but will not completely do so as the size of the total plant requirement will exceed the useable roof space created. Additional plant areas and plant rooms will be required in the current green areas which may cause issues with the planning officers.

The Mechanical and electrical engineering (M&E) consultants have raised concerns that there may be insufficient space to locate plant that does not fit on the roof without using the developable plateau, which would further impact the space available for development and location of clinical services. Whilst every attempt would be made to avoid this there may not be sufficient permitted development space to accommodate the plant requirements elsewhere.

The remaining issues around the fire rating of the building cladding, standard of glazing and space required for adequate supporting services have also caused concern in how the existing buildings can be re-purposed to deliver safe compliant clinical spaces. As a result, the design team considered whether an alternative approach to refurbishment may bring more benefits, with the early suggestion that demolition and new build may be most suitable. Given the significant change in approach, a full options appraisal was undertaken, to ensure that a robust approach could be demonstrated and to 'check and challenge' the design team's approach. The options appraisal has considered both the technical and operational (clinical and non-clinical) issues that may exist for each option to ensure a well well-rounded view could be taken.

3.1 The Long List

An initial long list of options was developed by the design team which included architects, engineering consultants, project management and representatives from the programme management office. They were given the brief to consider all conceivable methods to deliver the services on the LHP site without constraint. This led to the development of 10 options which are contained in Appendix 2 in detail and summarised in Table 12 below.

Table 12 - Long list of options

No	Option Title	Option Description
1	Do Minimum	Retain existing buildings with minimal capital intervention Locate clinical services on ground floor only with non-clinical services or plant on the first floor. Modular ward unit located on Plot D/Plateau
2	Do Minimum Plus	Retain 3 existing buildings - Major Refurbishment Full refurbishment of existing buildings - increase FF stability, increase structural capacity of Roof for plant, replace cladding, new roof, new fire escape, create FF link corridors, locations for generators and med gasses away from plateau
3	Build a building inside the shell of existing buildings	Retain the building shell for all 3 buildings Insert modular / off site manufactured structures inside the existing structure to address vibration issues Build the modular ward block on the development plateau (Building D)
4	Demolish 1 building and retain 2 buildings	The demolition of Building C and creation of a single building using MMC to house both the wards and theatres for orthopaedics and day surgery. Assumed 2 storey building with the plant located on the roof of the same. Refurbishment of existing buildings -expected major refurbishment as per Option 2
5	Demolish 2 buildings and retain 1 building	Assumed Demolition of Buildings A and C and use of footprint from building C and plateau to create theatres and ward layouts and provision of a floor space formerly building A . Refurbishment of remaining building - assume a major refurb
6	Demolish 3 buildings and replace with building(s) utilising MMC	All 3 buildings demolished and replaced with either a single or 2 buildings, likely modular using MMC. Option to use whole footplate in one or 2 buildings (may keep diagnostics and endoscopy separate). Opportunity to increase no of floors if required.
7	Phased development - demolish and rebuild sequentially (all 3 buildings)	As Per Option 6 but demolition and rebuild to occur on a building by building basis
8	Modular solution for diagnostics on a new location on site, Major refurbish existing buildings	Modular solution for diagnostics on a new location on site (not Plot D/Plateau) - likely to be the car park area refurbish existing buildings - could be major or minor depending on extent of clinical space required if modular wards still located on the development plateau.
9	Demolish all 3 Building, rebuild on Car Park	Construct new buildings using MMC on the car park area. Opportunity to expedite programme to bring in services early.
10	Do Maximum	Do Maximum - demolish existing buildings and construct high rise tower on the former locations of buildings A and B. Construct roundabout on plot C for goods vehicle and fire tender turning. Create staff parking area on plot D/plateau

Following this, the long list was subjected to a number of workshops for consideration of how these can be formulated into the shortlist of options. The key comments and conclusions from this are as set out in appendix 2 with a conclusion column showing if they are to be shortlisted.

The consideration of options in moving from long list to short list focused both on the investment objectives contained in section 1.5 above as well as on the following principles:

- Need to expedite the development of the site to support South East Wales Health Boards to reduce waiting time backlogs
- The concept is to develop a 'green' elective diagnostic and treatment centre not to develop a new hospital
- LHP will deliver a high throughput- low acuity site and the design solutions need to support this (quick check in areas, no main concourse, JIT deliveries etc)
- The infrastructure needs to support the delivery of efficient and effective solutions which maximise clinical efficiency and challenge traditional ways of working
- Solutions should provide an opportunity for future expansion in the site
- The programme timescales need to deliver clinical services in the shortest possible timescale

Evaluating the technical advantages and disadvantages alongside the main principles identified above led to the identification of a short list of four options (outlined below). The detailed analysis can be found in Appendix 2.

Table 13 - Conclusion of shortlist

No	Option Description	Conclusion
1	Do Minimum	Take forward for comparative purposes only - baseline do Minimum
2	Do Minimum Plus	Shortlist to develop comparative programme as Do Minimum Plus
5	Demolish 2 buildings and retain 1 building	Shortlist overcomes much of the infrastructure risks for the key clinical services plus maintains some of the existing building.
6	Demolish 3 buildings and replace with building(s) utilising MMC	Shortlist - overcomes infrastructure risk, offers space and clinical flow benefits, likely to have shorter programme

3.2 Identifying a Preferred Option

In order to identify a preferred option from the options short list, specialist external advice was been sought from the following consultants:

- **Akerlof** – a specialist in modern methods of construction worked with the programme team to provide high level programme advice, comparing traditional construction methods against a modular / DFMA approach.
- **Darwin Group** who are a modular specialist company owned by Portakabin. They are currently manufacturing five orthopaedic theatres and a 30-bedded ward block for North Bristol NHS Trust at Southmead Hospital. They provided an overview of programme length and modular deliverability.
- **WT partnership** – provided interim cost advisor support to the Health Board whilst the longer-term partner was procured. Indicative programmes and cost envelopes were developed for each of the shortlisted options.

3.3 Option costings

The table below summarises the comparative capital costs associated with each option, developed by WT partnership and based on the indicative programmes developed by Akerlof. These costs were only produced for the purposes of the option appraisal.

Table 14 – Options costings

	Option 1 - Do Min Minor Refurb	Option 2 - Do Min + Major refurb	Option 5 - Refurb 1 Demolish 2 Buildings	Option 6 Modular build(s) on site
	£000	£000	£000	£000
Works costs				
Refurbishment	69,360	101,468	28,629	0
Demolition	0	0	3,200	4,740
New build	14,765	14,765	43,957	68,891
Subtotal works cost	84,125	116,233	75,786	73,631
Fees	8,413	11,798	7,579	7,363
Non works	2,450	3,413	2,868	2,787
ICT and equipment	10,021	10,667	12,777	12,777
Contingency	10,501	14,385	9,901	9,656
Subtotal excluding VAT	115,510	156,496	108,910	106,213
Total including VAT	136,930	185,435	129,177	125,983
Optimism bias	20,792	28,483	19,604	19,118
Inflation	11,036	16,798	10,405	8,644
Total outturn	168,757	230,716	159,186	153,745

These costs were high level costs prepared based on an estimated cost per m2 estimate with a large number of caveats associated with the above costs. The floor area of Options 5 and 6 was assumed to be the same as for Option 2 however, it is highly likely that the new build options (5 and 6) will offer layout efficiencies and contain the services within a smaller floor area but for the purposes of this comparison these efficiencies have not been assumed. All historic and sunk costs were excluded from this analysis so the land purchase and RIBA stage 1 fees are not included.

Under Options 1 and 2, it is assumed that all three buildings will be subject to refurbishment and a two-storey modular build will be required on the plateau. The same level of refurbishment is assumed for all existing buildings even those that the private diagnostic partner will fit out and provide the diagnostic and endoscopy service from. It has been assumed that the selected partner will require the space to be handed over in a building condition B (or as close as possible) and that the fit out will be cosmetic only. The assumptions differ for Options 5 and 6 where it is assumed that the building will be demolished, service infrastructure put in place and that the empty footprint will be handed over to the partner for them to provide their own modular fit out. This does obviously provide a lower cost for this option.

Fees, non-works and contingency are all based on a proportion of the works costs. Equipment costs differ across the schemes as although all four assume no equipping budget for diagnostic and endoscopy, Options 1 and 2 include an element of ICT infrastructure to the refurbishment of the areas proposed for these services. It is also assumed that the equipping costs will be lower in Options 1 and 2 as the refurbished buildings will accommodate fewer services than those in the new build areas.

It is likely that some VAT would be recoverable on the refurbishment costs however these would be unlikely to be material due to the extensive nature of the required refurbishment. It is not expected that the level of recovery would change the ranking of the option costings. Option 6 remains the lowest cost option due to the cost efficiencies and programme benefits of the MMC.

3.4 Comparative programmes

To further appraise the shortlisted options Akerlof worked with the design team to develop overarching comparative programmes for each of the shortlisted options. There are a number of key assumptions within those programmes which are detailed in the table below.

Table 15 - Key risk assumptions

Risk	Required Action / Comment	Option/s
1 Demand / capacity and Clinical Brief available by completion of options appraisal	Final confirmation of scale and scope of services to be included alongside facilities and supporting services model	1, 2, 5, 6
2 Overlap of OBC and FBC stages- technical progress review with WG not OBC whilst FBC design development continues	Approval of Fees for FBC will be required during technical review RIBA 2 close stage. Effectively single stage formal business case at FBC – planning approved and tendered	1, 2, 5, 6
3 Assumes planning applied for at close of RIBA 3 and is easily resolved with no onerous planning conditions imposed	Approval for Temp MRI gives positive indication, key will be proactive early engagement with planning dept	1, 2, 5, 6
4 Appointment of a modular contractor at close of RIBA 2 / early RIBA 3 to inform design and planning application	Appointment of modular contractor on phased appointment - payment of fees from RIBA 2. Not assumed to proceed under D4L. Early fees released to place order to stay on programme	5, 6
5 Enabling works i.e. Demolition, Soft Strip commence prior to FBC approval	Approval of procurement of enabling works contractor and draw down of funds required prior to FBC approval (separate BJC?)	5, 6
6 Diagnostics building to be delivered by separate contractor	Capital costs currently exclude fit out or construction of Diagnostics building	1, 2, 5, 6

One of the key assumptions within the developed programmes was that there will be no break or pause between design stages. That upon RIBA 2 completion, the design team can proceed immediately into RIBA 3 and thereafter to RIBA 4. Whilst it is extremely important to ensure good governance and programme oversight, to keep the programme progressing it has been assumed that these will be in the form of programme reviews rather than formal scrutinised business cases. Measures such as ongoing workshops and design development with NWSSP-SES colleagues and quarterly IIB reviews should assist to provide ongoing clear oversight of development.

At the time, the same preconstruction time frame was assumed under all four options. The table below shows the comparative programmes for each of the options following the assumptions outlined above. Pre construction – design, funding, planning and business case processes are shown in light blue for all four options. Post FBC approval each options programme is detailed in different coloured bars below.

The images below show a summary comparative programme and an overview of the site layout and completion dates for the four options. These programmes were developed on a comparative basis for the option appraisal only.

Figure 2 - Summary programme



The illustrations above show that Options 5 and 6 will deliver diagnostic and endoscopy, services on site in the shortest timeframe with orthopaedics and day surgery completion slightly later in the following year. However, Option 2 does not produce operative services on site until a year after this. In addition, Option 6 leaves the plateau area undeveloped which gives an opportunity for the provision of interim on-site services during the construction programme. It is assumed that the remaining car park area on the site will be required to service two contractor compounds and parking and therefore would not provide any additional interim capacity during construction phases.

The above summary shows that with no breaks in the programme that the quickest to deliver on site clinical services is Option 6. This is on the assumption that the diagnostic partner proceeds with their modular development independently of the capital funded theatre and inpatient ward solution.

3.5 Capacity to accommodate required services

Section 1.2 of this paper outlined the core services for inclusion in the programme and also the opportunity to consider further regional service. The potential for additional expansion or a Phase 2 development should also be considered as a real opportunity within the options appraisal.

The demand and capacity planning supports both an immediate capacity need but also illustrates that with rates of growth it would be prudent to accommodate additional capacity where possible. As a result, the following table was developed to consider the acceptable capacity position – capacity required on opening, anything below this being considered as sub optimal and then anything that could provide additional development and growth space being preferable. For the core services under consideration this is as set out below:

Table 16 - Demand and capacity categories

Services in scope	Capacity categories		
	Preferred	Acceptable	Sub-optimal
1 Orthopaedic Theatres	6	4-5	<4
2 Inpatient beds	64	48	<48
3 Day Surgery Theatres	6	4-5	3
4 Endoscopy Suites	4 + 2	2 + 2	2(no training suites)
5 Diagnostic Modalities	2 MR, 2 CT, 4+ NOUS	1 MR 1 CT 2-3 NOUS	removal of any modality

In discussion with the technical design team the likely maximum capacity for each of the core services was considered. In looking at the two refurbishment options, consideration had to be given as to how services could be accommodated if only one half of the buildings are being used (Option 1) and when the ground floor areas will be compromised to make the first floor useable (Option 2). Option 2 must also accommodate additional services such as patient lifts, stairs, escape routes and service ducting to support clinical services on two floors. As a result, the table below summarises the likely maximum capacity available for each of the shortlisted options:

Table 17 - Maximum estimated capacity of shortlisted options

	Option 1 Do Minimum and Minor Refurb	Option 2 Do Minimum and Major Refurb	Option 5 Demolish 2 Buildings, Major Refurb 1	Option 6 Modular Build on site
Capacity				
Orthopaedic Theatres	3-4	3-4	5-6	6
Inpatient beds	48	48	64	64
Day Surgery Theatres	0	3	5-6	5-6
Endoscopy Scoping Rooms	2 + 2	2 + 2	4 + 2	4 + 2
Diagnostic Modalities	CT, MR Limited NOUS	CT, MR Limited NOUS	up to 2 CT, 2MR + 4NOUS	up to 2 CT, 2MR + 4NOUS
Ability to accommodate services in brief	4/5	5/5	5/5	5/5+
Future Proofing				
Capacity for future expansion	None	None	Limited space	Plateau

Option 1 would be unable to accommodate all of the required services within the available space for clinical use. Under this option it is likely that diagnostics and endoscopy services would be split over two buildings which would make the legal agreements, financing and discussions with the selected commercial partner for the CDH more complex. It is also likely that it would increase the cost of the managed service contract due to a loss of efficiencies in space utilisation and shared areas. At this stage it is assumed that the service not provided would be day surgery.

Option 2 could technically accommodate all options, but it is likely again that due to space limitations on the ground floors that diagnostics would have to be accommodated in the modular on the plateau. This could mean that there would need to be a split of diagnostic and endoscopy services as mentioned above. There are also significant concerns about whether theatres could be accommodated in the ground floor areas with the added columns and strengthening and

ducting requirements for the first-floor services. It is highly likely that this will reduce the floor to ceiling height by quite a margin alongside the physical impediments caused by additional columns.

Options 5 and 6 would see the site able to offer both current and future expansion space for the core services with both having the option for future development albeit quite limited under Option 5. But Option 5 may still have space on the first floor of the retained building which may not be required for the core services. This would be the only space and would only be available if a major refurbishment was carried out in this building.

3.6 Summary of Infrastructure Options Appraisal outcome

A summary of the outputs from each of the studies undertaken is presented in the table below showing comparative costs, programmes, interim capacity opportunities, sustainability, service capacity and expansion opportunities for the shortlisted options.

Table 18 - Options appraisal outcome

	Option 1 Do Minimum, Minor Refurb	Option 2 Do Minimum +, Major Refurb	Option 5 Demolish 2 Buildings, Major Refurb 1	Option 6 Modular Build on site
Cost				
Construction Cost £M	84.1	116.2	75.8	73.6
Cost Outturn excl OB and Infl £M	136.9	185.4	129.1	126.0
Programme				
Business Case Programme (Weeks)	52	52	52	52
Diagnostic Construction (Weeks)	117	147	60	60
Surgical Hub Construction (weeks)	117	147	125	88
Option Suitability				
Ability to support interim capacity	Mobile Imaging Pad only	Mobile Imaging Pad only	Mobile Imaging Pad Limited potential space	Mobile imaging pad Mobile theatre space
Building Sustainability / longevity	10-15 Years	25 Years	Retained Building 25 years Modular Build 40+ Years	40+ years
Capacity				
Orthopaedic Theatres	3-4	3-4	5-6	6
Inpatient beds	48	48	64	64
Day Surgery Theatres	0	3	5-6	5-6
Endoscopy Scoping Rooms	2 + 2	2 + 2	4 + 2	4 + 2
Diagnostic Modalities	CT, MR Limited NOUS	CT, MR Limited NOUS	2 CT, 2MR & + 4NOUS	2 CT, 2MR & + 4NOUS
Ability to Accommodate Services in Brief	4/5	5/5	5/5	5/5+
Future Proofing				
Capacity for future expansion			Limited potential space	Plateau

From this it is clear that in taking account of all of the above factors Option 6, demolition of all three buildings offers the best outcome in cost, programme, current and future capacity as well as being a long-term sustainable option with some opportunities for interim capacity.

As a result, the preferred infrastructure option is **Option 6 Modular build on the LHP Site.**

3.7 Option Appraisal for the CDH Delivery Model on LHP site

Early in the process, November 2022, a clinical summit with regional representatives took place which set the aims and objectives for the regional working with key principles being that :

- Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region
- Developments deliver an increase in capacity
- Developments will be founded on seeking sustainable solutions to demand backlogs

The original option appraisal focused on the model of care to provided and a range of delivery structures to include regional diagnostic centre and community diagnostic hubs. At this time ABUHB developed a case for the provision of a community diagnostic hub managed in house within the NHS and enabled by the provision of a second MRI scanner at the Grange Hospital. As a result the following long list of options was created with the highlighted options being those taken forward to shortlist.

Table 19 – CDH Options appraisal Longlist to Short list

Option 1	Do nothing - Health boards would continue to provide services as per current arrangements.
Option 1a	Different approach to the use of existing services in each health board, and work toward collaboration through shared processes. Health board expansion of internal capacity and/or other forms of regional working.
Option 2	Independent Community Diagnostic Hubs (CDH) – each health board operating their own CDH with no cross-border treatments.
Option 3	Regional Community Diagnostic Hubs – a minimum of one per health board, delivering cross-border diagnostic treatment.
Option 4	A single Regional Radiology Diagnostic centre , located on one site, serving all three health boards.
Option 5	Combined approach - Regional Diagnostic Centre/community diagnostic hubs.
Option 6	Community Diagnostic Hub with Mobile Units – as option 3 but with mobile units attached to reach outlying communities through CD Clinics.

The Project Board formally considered the options on 23rd January 2024 and confirmed the acceptability of options 3 and 6 with the preference for option 3 which may include mobile units as required. The full preferred model through Option 3 would therefore comprise CDHs based on managed service contracts within C&V and CTM and a CDH based on in-house capacity / management within Aneurin Bevan Health Board. The Project Board endorsed the preferred option on the basis that this will be implemented alongside further work to extend internal NHS capacity.

As a second phase appraisal site solutions were considered, within the Cwm Taf Morgannwg University Health Board estate there were a number of potential sites, however the majority were not suitable due to being green spaces with no existing building infrastructure in place for development. These sites were considered unsuitable on the basis of increased development costs and longer delivery timelines. The exception was the Llantrisant Health Park site which was deemed suitable for location of a CDH in the Cwm Taf Morgannwg geographic area.

Since the commencement of the procurement process, IFRS 16 has been implemented in Health Boards and the proposed model will have an impact on the same. The programme to date has proceeded on the basis that the funding for regional solutions will be provided by Health Boards primarily from the recurrent regional funding allocations provided by Welsh Government in 2023 and allocated planned care recovery funding allocated to each Health Board. This funding will need to be managed alongside the need to support the elective surgical services Hub on a regional basis. However, it is almost certain that the proposed model for the LHP CDH will fall under IFRS 16 if the supplier designs, builds and equips the hub. This will require capital funding and has raised the question as to which is the most effective option for delivery of the CDH.

To date the LHP programme has assumed that the capital funding would be used for the demolition of the buildings and preparation of services to the site, however the design, build, fit out and equipping of the hub would all be undertaken by the service provider as part of the managed service contract. The fact that this would create an asset for which CTM would be the main user, located on a CTM asset and would likely revert to the Health Board at the end of the contract term (up to 10 years, main duration 7 years with 3 x 1 year extensions). This would make it on balance sheet and therefore the only question is whether IFRS capital or main capital funding is required for which WG have confirmed the process will still require a business case approval.

The original premise for the procurement was that capital would not be available however WG have requested that the proposed delivery route be subject to an option appraisal as to which option will offer the best outcome for the Health Board. Therefore, an evaluation of the comparative cost models for a full managed service contract against a capital funded build with a managed service contract arrangement for staffing will be undertaken and included in the business case to be submitted in September.

Currently the financial options and affordability are under appraisal alongside possible wider benefits focused around programme delivery, future flexibility around service growth and ability to accommodate complimentary services alongside core imaging and endoscopy. The proposed way forward may impact on the main LHP programme and will alter the latest proposed cost model if the assumption changes from a full managed service contract. This will require further discussion on conclusion of the option appraisal.

3.8 Progress since the IIB meeting on the Preferred Infrastructure Option for the Surgical Hub

Since the completion of the option appraisal, and presentation to IIB, the design team have been proceeding with the design development based on the assumption of demolition and modular rebuild. The planning strategy is under review and the associated statutory drainage (SAB) applications are also being included within the programme.

The focus has been on the clinical model and patient pathways to inform the development of schedules of accommodation and initial layouts for the day surgery and orthopaedic units as well as the inpatient beds. Currently, as included in the detailed OBC submitted alongside this case, the proposal will be for a partner to develop the pathway and design works for the CDH. Therefore, this section will focus on the works to date on the whole site and the services in the surgical and ambulatory surgery unit.

In the first phase of work there have been challenges around the schedules of accommodation and work has focused on developing a lean and efficient patient pathway to deliver efficient care. Alongside the proximity of the Royal Glamorgan hospital provides an opportunity for clinical and non-clinical support services to develop a hub and spoke lean and efficient support services infrastructure to reduce the required floor area in this regard. This has enabled a significant reduction in assumed space for non-clinical and clinical supporting services on the LHP site. The table below sets out the steps made in the reduction of schedules of accommodation from those contained in standard guidance such as WHTM and WHBN. This demonstrates a ca 20% reduction in accommodation which if the endoscopy academy is removed increases to nearly 29%.

Table 20 – Schedule Accommodation Adjustments

	Original M2	Revised M2	Movement M2	Comments
Building A - CDC				
Imaging	1,291	1,291	0	
Endoscopy	2,131	1,977	-154	
Endoscopy Academy		419	419	excluded from original SOA
Sub Total Building A	3,422	3,687	265	
Clinical and Non Clinical Support				Potential to co-locate in Building A
FM Support Services	2,152	565	-1,587	
Pharmacy	406	92	-314	
Catering	315	99	-216	
Sub Total Support Services	2,873	756	-2,117	
Building B Surgical Hub - Inpatient				
Ambulatory Recovery Area for theatres	3,166	2,531	-635	
Sub Total Building B Surgical Hub	3,166	2,531	-635	
Building C - Theatres				
Orthopaedic Theatres	2,639	2,267	-373	arthroplasty - first floor
Day Surgery Unit	3,304	2,889	-415	ground floor
Sub Total Building C - Theatres	5,943	5,155	-788	
Total Site Overview	15,404	12,129	-3,275	
Plant and Circulation Space	5,931	4,670	-1,261	
Total SOA	21,334	16,799	-4,535	
Reduction in Floorspace			-21%	

Alongside this focused clinical teams have been undertaking work on the patient pathways for arthroscopy and day surgery. On the basis of the requirement of 6 theatres work has been done on assumed patient pathways and looking at the most efficient route for patients, staff and consumable delivery. Initial layouts have been developed and can be seen in the appendices as the RIBA 2 plans and layouts which are being used for the planning pre application process. For orthopaedics the decision around barn or conventional theatres remains ongoing however a recent visit to barn theatres in Poole has taken place with regional clinical representatives which will further support this recommendation and decision. The orthopaedic clinical model has been developed by the regional orthopaedic Board with the design principles also endorsed in this forum. The final decision will be presented and approved at the LHP Programme Board on 26th September.

A diagram of how the buildings could sit on the site is set out below and Appendix 3 contains the latest plans for the development which include massing diagrams for each floor of the building, an initial landscaping plan and a plan of how the buildings will sit on the site. Work is ongoing to further refine and develop proposed designs and layouts and develop the supporting engineering solutions to close out RIBA 2 with a comprehensive first stage design and be ready to proceed directly into the RIBA 3 stage. The documentation shared as Appendix 3 has formed part of the planning pre application submission which commenced on 11th September.

Figure 3 RIBA 2 Site Perspective

The output from the pathway work, demand and capacity planning as well as the infrastructure review has provided some challenges in determining the infrastructure solution for the site. As can be seen in the drawing above and from the drawings in Appendix 3, the raised developable area on the site is a slightly curved shape which provides some challenges in the siting of standard modular grid buildings at the scale required to support the programme. The need to preserve development space on the site to support further regional development such as pathology or cataract surgery has required a further investigation into the most effective build solution.

Whilst the RIBA 2 design work is ongoing the Programme team have undertaken an independent review of the optimum MMC solution for the infrastructure looking at how the capacity needs can be accommodated in the shortest possible timeframe. Alongside this study, a capability and capacity assessment of potential modular construction partners will also be undertaken to assess how the market can respond to a modular option which is the most likely recommended option to deliver within a challenging programme. To date the initial MMC study has supported the team to find a better solution to the CDH building which better fits within the space available and can still be accommodated within a modular grid structure.

To ensure that a robust appraisal is undertaken a study into how a traditional construction incorporating elements of MMC can also deliver. This feasibility study is being delivered via a framework and aims to look at how a traditional programme can deliver the outputs to provide a direct comparator to a modular solution. The current outcomes seem to indicate that this will be a longer programme than currently assumed in this document but the study is not yet fully complete.

For the purposes of this paper in terms of programme a modular solution is being considered with the assumption that this has the shortest programme, however if there are demonstrable improvements to this via an alternative approach this will be taken through the Programme Board structure for approval and a revised and improved programme can be shared. The Programme section later in this document covers this in more detail.

Updated costs, programmes and the proposed commercial solution are all discussed in relevant sections below.

4. Taking the preferred option forward – the proposed commercial route

4.1 Main contractor appointment

Speed of delivery will be a critical factor in selection of the procurement process to maintain programme. Use of a suitable procurement framework will be key in this aim. The proposal is to utilise a framework route to market, to reduce the procurement period, provide cost visibility and be satisfied as to the tested suitability of tenderers.

It is imperative that a contractor, whether it be modular or traditional can come on board as early as possible into the RIBA 3 process to be part of a design and build solution which should offer the maximum programme efficiencies. Whilst it is recognised that this would mean a less flexible solution to the programme to deliver within required ministerial timeframes will be challenging and will require a quick market response from all parties.

An investigation into existing frameworks was undertaken and the initial consideration was to use the NHS Building For Wales Framework. The latest framework agreement expired on 26th April 2024 and at this time, NHS Building for Wales are currently concluding the procurement for the next generation of frameworks. Whilst bidding parties have been made aware of the outcomes the expected commencement date for the new Framework is expected to the 14th October. In discussion with the Head of the Framework he has confirmed via email that the new frameworks are programmed to be operational on 14th October, so an earliest realistic date to assume contracts would be in place for suppliers following a call-off action would be January '25. He concludes that on the basis of that timing the Framework will not meet our requirements as we are expecting to have concluded RIBA 3 by that stage.

In addition to this it has also been confirmed that there is no lot within the framework specifically for modular contractors. It is highly likely that this is going to be the preferred route due to the ability to develop and deliver a standardised solution in a shorter timeframe therefore, as has been seen before in these cases, the use of this framework becomes an expensive proposition with the majority of the cost being a supply chain sub contract with all associated premiums. This would not offer a value for money solution against the Health Board being able to contract directly with a modular supplier. In addition it could also delay and protract decision making with all communication having to go via another channel i.e. from modular supplier to SCP to client.

As a result on the basis that a contractor needs to be part of the RIBA 3 development process to maintain programme delivery in the shortest timeframe in line with the Former Health Minister, now First Minister requirements, the Designed for Life Framework can not respond quickly enough or offer a value for money solution for a modular solution.

As a result alternative construction frameworks have been considered.

In terms of the proposed construction route, under MMC there are a number of different ways that the buildings can be provided:

Building constructed as MMC or modular can refer to either of the below:

- 3D volumetric modular – referring to entire units or rooms being built to a 'finish' in offsite factories and craned into place on site (referred to in this document as modular); or
- 2D panelised – referring to individual walls and floors being built at offsite facilities and then erected on site (referred to as traditional incorporating MMC methods).

Currently work is ongoing throughout RIBA 2 to investigate the most suitable construction methodology for the development, as discussed in the section above, however a modular construction with some limited bespoke elements is the preferred way forward and at this time appears to be the most effective and quicker solution.

At this stage 2 main frameworks exist which would support a quicker procurement and these are:

- SBS - Lot 2.2: Healthcare Modular (£0m > 2D Turnkey Solutions Purchase Only)
- SCAPE -Construction frameworks are designed to deliver value for money on construction projects that are delivered on time and on budget. SCAPE frameworks for construction are available for England, Wales, Northern Ireland and Scotland

The final selection of a framework will be driven by the outcome of the ongoing work on identifying the optimum construction model for the programme. However both Frameworks offer an opportunity to work quick to identify and select a partner to work with CTM and its regional partners in taking the design through its final stages and delivering the infrastructure solution.

4.2 Contractor Feasibility Studies

Whilst the RIBA 2 work has been ongoing over the summer 2 exercises have been carried out using the existing framework.

The SCAPE construction framework supports a direct award to a contractor to undertake a viability study on a programme. This has supported the programme on the development of a clear and deliverable programme for a more traditional incorporating MMC construction programme, looking at offsite manufacture of key components. Currently this option is likely to offer a lower cost and better flexibility on the site during the construction phases however it is expected to have a much longer programme. This study has considered and will advise on buildability, MMC options and programmes. This will support a more informed decision on construction method moving forward.

A similar expressions of interest exercise via SBS will identify which modular contractors have potential capacity and capability to support a programme such as LHP. This will enable an overview on programme and deliverability of a modular solution to our needs. It is expected that there are only limited modular suppliers with the capability to deliver the scale of development at LHP therefore it is imperative in times of high demand in the modular market to validate options and likely programmes with the market.

4.3 Interim Demolition Contract

With the preferred option identifying as a demolition and rebuild programme, focus has moved to the potential to bring forward the demolition as a separate development phase. This will support the early delivery of a piece of work that can shorten the main contractor programme but also reduce the risk of attempted break ins and thefts from the site. To undertake demolition early will give a clear commitment to the programme and its proposed pace. Therefore, work has commenced on the identification of the best route to appoint directly a demolitions contractor.

Following discussion with NHS Shared Services Procurement the procurement of the interim demolition contract will require the following steps:

- Briefing paper issued
 - » Procurement team will issue with high level summary of project and scope
- Expressions of Interest (EOI)
 - » Received from interested parties
- Specification issued
 - » Likely via the Procure Public Demolition Framework
 - » Approved framework through National Federation of Demolition Contractors
- Tenders received and analysed with a preferred contractor identified
- Single stage BJC submitted to WG for funding approval to commence works

The scoping and development of a specification for the demolitions works is already underway with the tender documents proposed to be issued by the end of September. A preferred contractor is planned to be identified by the beginning of November with a business case submitted to WG for the fees and costs associated with the same.

4.4 Current Design Team and Advisors

For RIBA 2 the incumbent design team will continue to develop the infrastructure proposal and it is anticipated that this will continue on into the RIBA stage 3. Once a construction delivery route is confirmed and a preferred contractor identified it is expected that the current team will novate across. However this remains to be clarified throughout the process. For information, the current advisors on the programme are as shown below:

Archus – Programme Management Support and External Project Management Services

Stride Treglowan – Architect and Principal Designer role for RIBA 2

Hydrock – Mechanical, Structural and Civil Engineering including BREEAM

Mott McDonald – Cost Advisors

The Urbanists – Planning Advisors.

Other surveyors and advisory consultants are tendered and appointed as required throughout the process in line with NWSSP-Procurement requirements.

5. Finance and Funding

The following section will cover the capital cost implications of the preferred option and capital profiles with a statement on the forecast revenue position for the programme

5.1 Capital Cost

A detailed capital cost plan has been developed for the preferred option based on the latest updated schedules of accommodation and a revised programme which will be discussed below. Currently the cost plan models 2 procurement options, a purely modular build and a build programme that incorporates modern methods of construction alongside a more traditional build format. Work during RIBA 2 and further discussions and studies with both modular and more traditional MMC contractors will identify a preferred option to be identified at the end of RIBA 2 alongside the commencement of an appointment process to identify a preferred contractor.

The table below indicates the comparative capital costs and a potential cost envelope associated with the development.

Table 20 – Latest Capital Cost Estimate Incl Sunk Costs

Cost Type	Modular £000	Traditional Incl MMC £000
Works Cost	51,331	46,672
Oncosts	20,979	20,979
Preliminaries	7,280	7,384
Fees	9,554	9,716
Risk / Optimism Bias	26,208	20,340
Sub -Total Excluding VAT	115,352	105,092
Inflation Allowance	8,828	10,724
Total Including Infl	124,180	115,815
VAT	21,750	20,292
Total Forecast Cost	145,930	136,107
<i>Sunk Costs</i>	9,001	9,001
Total Incl Sunk Cost	154,931	145,108

Within these capital costs it is assumed that the diagnostic hub is designed, built and equipped fully by the appointed private partner, if the build of the hub becomes a capital solution this is likely to add a further £11-12M to the cost forecast above. If the equipping is also to be included this could add a further £8-8.5M depending on how many MRI and CT scanners are required.

If capital funding to date is taken account of the total additional funding request is as per the range as set out below. Again this is based on the assumption of a revenue infrastructure solution for the CDH and this could increase by £20M or more depending on the CDH preferred option whether it is shell build, shell and fit out or revenue solution.

Table 21 – Additional Capital Funding Required

	Modular £000	Traditional Incl MMC £000
Total Forecast Cost	154,931	145,108
Funding to Date	-11,091	-11,091
Additional Funding Request	143,840	134,017

5.2 Capital Profile

The capital cost profiles for each option can be seen below and shows a difference in funding in 25/26 with greater levels of funding required for a modular build as a large deposit will be payable on order placement. With a traditional built the investment is smoothed over the build period.

The detailed cost plan behind these figures is attached as Appendix 4

Table 22 – Indicative preferred option cost profile

	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	2028/29 £000	Total £000
Modular	8,000	1,135	6,271	38,770	56,556	44,200		154,931
Funding Received	-8,000	-1,135	-1,956					-11,091
Balance of Funding Required	0	0	4,315	38,770	56,556	44,200	0	143,840
Traditional inc MMC	8,000	1,135	6,271	15,902	47,383	48,546	17,870	145,108
Funding Received	-8,000	-1,135	-1,956					-11,091
Balance of Funding Required	0	0	4,315	15,902	47,383	48,546	17,870	134,017

5.3 Capital Funding Requirements to Proceed Through RIBA 3 and RIBA 4 Design Stages to Construction

The following tables set out the indicative cost profile to get through to the end of the design process and include demolition costs as well as the costs to complete RIBA 3 and 4. As detailed in the business case process section, an application will be made imminently for fees to complete RIBA 3 so that progress can move seamlessly between RIBA stages without causing delay to the programme.

Table 23 – Costs for RIBA 3, 4 and Demolitions

	2024/25 £000	2025/26 £000	Total £000
Works Cost (demolitions)	969	323	1,292
Fees	2,404	1,816	4,219
Non Works	168	114	281
Contingency	399	470	869
VAT	307	181	488
Total	4,246	2,903	7,149

These costs will be in addition to the funded work to date and represent the next stage. To proceed through the RIBA 3 stage and demolitions a further £4.24M will be required in 2024/25. Should the preferred funding model for the CDH change then design fees will increase to incorporate the CDH alongside the surgical hub. This will be confirmed with the business case submission in September.

5.4 Revenue Funding Position

As mentioned previously, the preferred delivery option for the CDH currently assumes that the service provider will undertake the design, build, fit out and staffing off the hub. The commercial appraisal of the comparative funding options remains in progress therefore the revenue / capital implications will be included in the detailed business case for the CDH to be submitted in September. The modelled cost implications will include any AWCP capital or IFRS implications alongside revenue costs.

CDH managed service costs will form only part of the total revenue cost associated with the LHP Programme. Much of this detail will be developed over the early autumn period. With confirmation of the clinical model and initial layouts, work can commence on the development of a detailed workforce plan to incorporate proposed role changes and new ways of working. It is recognised that there are efficiencies to be gained over current workforce models and ways of working and it is anticipated that LHP will ensure that these are fully realised. This will be a key role of the workforce workstream working alongside the finance and clinical and non clinical workstreams.

Alongside the workforce strategy the finance workstream will need to develop a revenue cost plan and strategy to demonstrate how LHP can be funded. Inevitably there will need to be some additional staffing alongside the estate costs associated with an additional site however there are ways that these can be mitigated and managed. CTM is committed to the use of planned care resources differently to continue to drive down waiting times and even out the allocation of planned care recovery funding to ensure that it is targeted to deliver service improvement and waiting time reductions especially around LHP capacity. It will be critically important for LHP to run as a streamlined and efficient clinical service to prove that the additional capacity can be provided at a lower cost per case than that being procured via private sector 3rd parties or via other initiatives being run at a premium.

The financial backdrop will continue to be a challenge and CTM is committed to working alongside both its regional partners and specialist agencies such as bowel screening Wales and HEIW to

look at the best way to use existing and planned resources to meet the continuous growth in demand and support the activity planned for LHP.

6. Governance and reporting structures

The project is being managed in accordance with PRINCE 2 methodology. The project board has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

A regional planning structure is in place across CTM, C&V, and AB, focusing on orthopaedics, ophthalmology, and diagnostics. Chief Executive-led groups oversee the development of regional plans in these areas. The LHP infrastructure programme is reported up through the regional infrastructure.

6.1 Project Reporting Structure

The reporting organisation and the reporting structure for the project are as follows.

LHP Infrastructure Programme Board

The Programme Board is the main decision-making body for the project and the project SRO chairs this board. The group has comprehensive and diverse membership to assure helpful guidance and a balanced view. Attendees include representatives from CTM, Welsh Government, Regional Portfolio Oversight Group along with workstream leads providing their updates with support from the Business Case and PMO team. Key risks, issues and the high-level programme dates are reported, with focus on key updates. Recommendations and decisions are requested at this meeting, by the workstream leads.

Steering Group

The Steering Group reports directly into the Programme Board. This group is chaired by the Programme Director and is used to review final updates, run through key risks, issues and programme dates. It takes place a week prior to the Programme Board and attendees include representatives from all three Health Boards, all workstream leads and PMO. Recommendations and decisions required are prepared for the Programme Board.

Project Management Office (PMO)

The PMO function for this project is performed by Archus UK Ltd. and ensures project governance completeness and compliance. This includes completing/updating the risks and issues log, actions tracker, all meeting preparation including minutes and agendas. The PMO also provides additional support to workstream leads for reports and ad hoc activities which require assistance.

Workstreams

The individual roles within each work stream are designed for collaborative working and communication across the different project scopes.

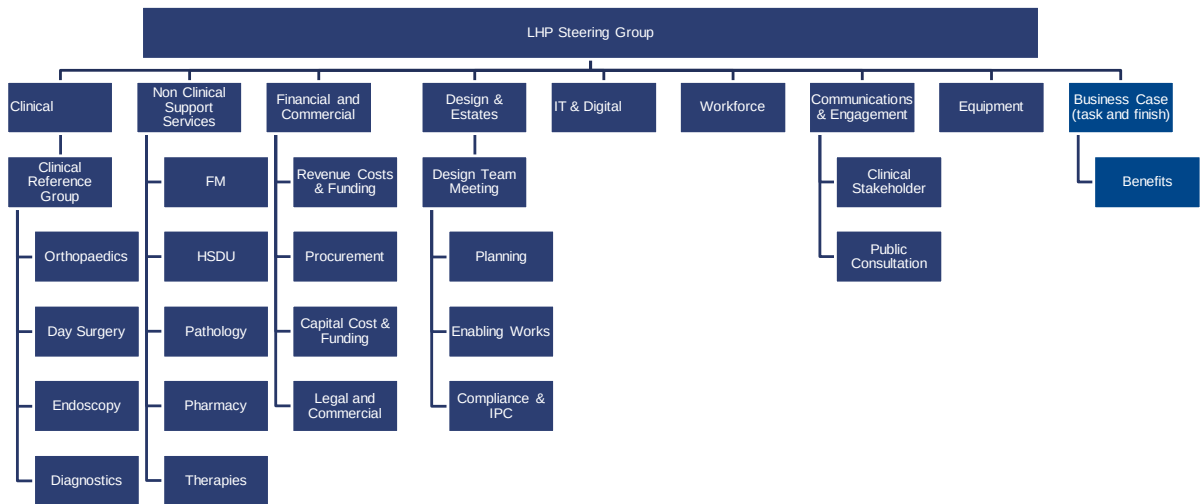
The project has 9 workstreams, each with nominated workstream leads within each specialty area:

➤ Clinical	➤ Equipment	➤ Business Case
➤ Finance and Commercial	➤ IT and Digital	➤ Communications & Engagement
➤ Design and Estates	➤ Workforce	➤ Non Clinical Support Services

The proposed workstream structure is set out in the diagram below, currently the clinical and design and estates workstream leads are confirmed and meetings are ongoing. Other workstreams are in the process of being established and will be operational by September.

Included in the structure are specialist reference groups, known as user groups, for clinical and non-clinical aspects of the redevelopment. These groups serve as the key interface between the delivery functions and the front-line workforce. Service delivery staff in these groups balance the needs of their specific business units with those of service users, providing feedback and knowledge on departmental requirements to the program's technical delivery experts.

Figure 5 -Programme Workstream Structure



6.2 Programme

Since the initial high level comparative programme overview for the infrastructure options appraisal there has been further detailed work on developing the detailed delivery programme for the preferred option. The original programme contained a large number of assumptions that have led changes in the latest version of the preferred option programme especially around timing of order placement, commencement of RIBA 2 dates and availability of clinical models as well as increased timing to accommodate Welsh planning law (including pre application consultation) and SAB drainage requirements.

A summary of the key milestones for the surgical hub and inpatient unit are contained in the table below, currently the completion date for the CDH remains as forecast previously however there is a risk that this will have also slipped due to a delay in the procurement process to appoint the preferred partner. Once the partner is identified then this programme can be confirmed also however it is still anticipated that this will provide a phased completion in advance of the surgical hub at this stage.

Table 23 Programme Milestones

Task/Stage	Start	Finish
RIBA 2	18/06/2024	15/10/2024
RIBA 3 Design	09/10/2024	11/03/2025
Demolitions Tender and Business Case	31/07/2024	23/10/2024
Building Demolitions	04/01/2025	31/05/2025
RIBA 3 Stage Approval	12/03/2025	12/03/2025
PAC (Pre-Application Consultation)	09/04/2025	09/05/2025
Planning Application and Approval	09/05/2025	04/08/2025
RIBA 4 Design	12/03/2025	23/06/2025
RIBA 4 Stage Approval	23/06/2025	23/06/2025
BJC	23/06/2025	18/08/2025
Mobilisation	19/08/2025	11/11/2025
Module Manufacture	19/08/2025	17/02/2026
Construction Surgical Hub and Inpatient Unit	12/11/2025	31/08/2027

The movements in the programme from the timelines in the option appraisal relate largely to a couple of key factors. It should be noted that the impact of these changes will also have impacted on all options within the infrastructure option appraisal and would therefore not impact on the preferred option selection discussed previously. The key changes are:

- Design delay associated with confirmation of the clinical models, the Akerlof programme assumed delivery within 5 days whereas this has added ca 6 weeks to the programme to achieve the required level of detail.
- Change in assumption of contractual appointment of the main contractor, this had been included in the Akerlof programme at a time prior to the FBC and planning approval and this has added 8 weeks to the programme
- Inclusion of time allowances for the SAB – statutory drainage process and Welsh planning pre application process which has added ca 7 weeks.

These issues only came to light with the detail line by line dependency analysis of the programme but have moved the surgical hub completion date to August 2027 from March 2027. It should be noted that time increases have been mitigated by the inclusion of a number of assumptions that are unprecedented in Wales. This programme remains extremely ambitious and some of the critical assumptions contained within it are that:

- Approvals - it is assumed that each stage will flow into the next without any 'pause' for approvals. **This will include the need for the HB to underwrite any fees associated with not waiting for approval and carry the risk of abortive works.** Therefore all stages approvals will need to be turned around quickly without elongated review periods.
- Float/time risk allowance - to support the most efficient programme all float has been removed. This is a high-risk strategy in terms of programme achievement but demonstrates the commitment to enable a 'quick' approach to this project.
- Information required, this programme version assumes that all information requested from all Health Boards is received at the time it is required by the programme (note above re no float).
- Statutory approvals – within the programme it is assumed that all statutory approvals are made within the minimum timescales and there are not delay especially in planning and SAB approvals
- Demolition, it is assumed that demolition will occur and be funded before FBC approval
- Design team and design stages
 - Accelerated Design Stages
 - Assumes design team novated to modular contractor

- Assume clinical and technical review done concurrently to design period
- Contractor market testing and tender during RIBA stage 3 with the risk of design changes to the tender package
- Modular manufacturing and fit out
 - Modular manufacture runs concurrently with mobilisation meaning that funds will need to be available to support the placing of orders with the modular supplier immediately upon final business case approval
 - Assumes accelerated fit out programme which is not yet agreed with a modular contractor

To reiterate one of the key assumptions in this programme is that there are no formal review stages built in. Fee application and design stage updates will be provided initially as cost envelopes to enable approvals to be made with the detail following with confirmed design outputs and costs. To mitigate against the risk of proceeding on indicative costs and design elements, regular monthly workshops will be held with NWSSP-SES on the technical design with regular quarterly IIB updates to provide assurance on the overall programme. Without these steps the programme will fall into further delay.

CTM have looked at how the programme could be further shortened from the August 2027 completion date provided above. With all float and review stages removed the only options would require a number of more extreme measures around capital funding and statutory approvals. These measures would more closely align to the relaxation of certain controls during COVID and would require further discussion with partners before they could be reflected into the programme. The only measures that could improve the programme would be:

- The provision of capital funding based on costs incurred with no need for structured staged approvals or phases. This alongside a relaxation of the rules around awarding contracts could enable us to enter into a modular contract before business case approval and reduce the programme by over 3 months
- A relaxation of statutory targets, carbon reducing and BREEAM accreditation could further reduce the programme
- Finally, if a change in planning law could remove the need for a pre application consultation exercise and the requirement for SAB drainage approval this could further reduce the programme. In essence to reduce the programme further would require a number of more extreme statutory or policy changes.
- A further consideration may be the introduction or consideration of performance incentives to support any possible further programme acceleration and at minimum prevent any further delay. This would also potentially support collaboration within the team. Consideration could be given to acceleration of early completion bonuses to key members of the design or contractor team. However, this would require clear definition and an upfront discussion with NWSSP-SES prior to any tender process.
- A further option would be on the appointment of the of the modular construction partner at the early part of RIBA 3 that a single stage business case is produced based on as estimated capital cost envelope which can be approved. This would mean that subject to planning permission being granted and capital costs at the final cost tender stage being within this allowance that CTM could proceed directly to contract award. This would mitigate the period of modular construction which is assumed to be post business case approval before construction could start and could enable the modular contractor to begin early fabrication. Clearly this would require ongoing close integration with NWSSP-SES and clarity in the technical and design solution as well as a clear and signed off list of derogations. However, this approach would accelerate the programme especially if this exercise is undertaken during RIBA 3 and pre RIBA 4 commencement.
- Finally an agreement to fund the capital or revenue under a model similar to the CDC process in England which sees a short form business case for developments of less than

£25M. If a single business case is completed for the site demolitions it may be possible to do a single short business case with a tendered cost in a shorter time with a commercial partner on board for the CDH element. This could enable a phased earlier opening however would be dependent on the early identification of a CDH partner and clarity on the funding mechanism, and build and design responsibility. This would require further scoping to confirm how much of an opportunity it could offer.

A discussion on any further programme opportunities would be welcomed to attempt to identify how services could be delivered on the LHP site in the shortest possible programme.

The latest detailed programme is attached as appendix 5, currently this assumes a modular build or a modular hybrid led by a modular contractor. A traditional build could be up to 10 months longer in programme. Whilst it may start on site earlier the construction programme is assumed to be longer therefore will open in spring 2028 at the earliest. This is why it is imperative that both programmes are tested with contractors in each field as soon as possible to help inform the best way forward.

6.3 Proposed Business Case Structure

In order to continue to deliver clinical services in the shortest possible timeframe the LHP team have been considering how an expedited business case process can be implemented to enable a seamless transition between business case stages alongside the provision of suitable levels of governance and assurance around the programme affordability and deliverability.

It would be proposed to continue with regular detailed updates to IIB providing an overview on developments made across the programme and to include not just infrastructure but also capital and revenue cost as well as workforce planning developments at future meetings. Alongside this, regular workshops will be continued on technical infrastructure matters with NWSSP-SES as well as each of the design team continuing to work closely and in communication with specialist advisors at NWSSP-SES on all aspects of technical design.

It is anticipated that this ongoing engagement will ensure that at all programme stages design detail and cost submissions will not be a surprise and will have been fully understood by all parties in advance of funding requests. As a result, throughout the process the programme assumes that stages are run through simultaneously with no break in the programme through the design process. Approvals will occur during the next stage. There is a much-shortened business case review period also at the end of RIBA stage 4.

In recognition of the ongoing reporting and updates proposed it is therefore suggested that the following submissions are made and become the agreed business case structure.

- 11th September 2024 - Strategic Overarching Document –this document will set out the scope, overarching case of change and the proposed way forward
 - 22nd September 2024 – SBAR for fees to progress directly to RIBA 3 with an update on the overarching programme by exception where required
 - November 2024 - BJC for the demolition works
 - End November business cases for the CDH comprising diagnostic and endoscopy OBCs will be submitted to obtain approval to proceed to the final procurement stage
 - At this stage there could be 2 options:
 - A. November 2024 a business case for appointment of the modular partner including a capital not to exceed cost is submitted to WG OR
 - B. February 2025 - SBAR with for RIBA 4 fees followed by a single case containing tendered cost for the programme construction phase in July 2025
- Currently these timescales remain under review and all attempts are being made to expedite the same. However, much will become clearer over the next few weeks when work to investigate modular contractor ability and availability will shape delivery and decision timescales. It is hoped that their involvement will further drive down the timescales for the RIBA 4 and business case stages.

Currently these programmes are for the main aspects of the capital build. Within this process there will also be a need for a further CDH case to be developed to secure either IFRS 16 or capital funding for this aspect of the development.

6.4 Programme Assurance Review (PAR)

A Programme Assurance Review took place from the 29th-31st of January with a final report agreed and attached to these meeting papers. The outcome of the review was an amber rating with two critical recommendations:

- The LHP Programme Board must agree a business case strategy with WG.
- The infrastructure programme Board should agree a detailed programme for the development and implementation of LHP.

These two aspects form part of this overview document and it is expected that an endorsement of this overview paper will service to prove that both business case strategy and programme are agreed.

The review also made two essential recommendations:

- To establish the planned workforce, finance and IT & digital workstreams as soon as possible.
- The LHP team to escalate the risk around diagnostic programme costs due to partners being unable to visit the site during the procurement process.

The workstreams are all in process and all are expected to have been established by September. The second risk has been abated with partners having visited and obtained additional site information for LHP during the procurement process therefore both of these are almost complete. The final two recommendations made suggested:

- LHP Programme Team should review clinical management resource requirements.
- LHP are to review Programme Board membership

The clinical management resource requirements recommendation had already been addressed and included as part of the 24/25 resource profile. Regional partners have also been asked for nominations for Programme Board membership which have closed these last 2 recommendations.

Further assurance reviews will be incorporated into the programme in discussion with WG and the assurance hub as required.

7. Next steps / actions requested

CTM are formally requesting that WG endorse the strategic overview paper, most specifically:

- Approval of the proposed way forward for the development on the LHP as being Option 6, demolition and rebuild
- NOTE the expected CDH business case which will confirm the outcome of the funding option appraisal for the LHP CDH and confirm the revenue and capital cost impact. NOTE also that if this is not a full managed service contract revised LHP Programme costs and overall programme will also be required
- WG APPROVE the appointment of a contractor at the conclusion of RIBA 2 stage to work with CTM on the delivery of an expedited design and construction process via either SBS or Scape frameworks
- WG to continue to support work to further shorten the programme by the delivery of expedited funding approvals in line with the suggested business case structure proposed in this document
- WG to confirm funding to proceed to RIBA 3 stage in October and commence planning approval work on receipt of the detailed fee submission.

- WG to agree an urgent meeting to discuss programme with key stakeholders to enable the business case route to be confirmed



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Cwm Taf Morgannwg
University Health Board

Appendices

CTM 2030
**Ein Hiechyd
Ein Dyfodol**
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
**Our Health
Our Future**
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Appx 1 – Case for purchase of the LHP Site

Appx 2 – Infrastructure Options appraisal long and short list

Appx 3 – Site Mapping and Indicative 1:200 layout Sketches

Appx 4 – Cost Plan for Preferred Option

Appx 5 – Programme for Preferred Option



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Cwm Taf Morgannwg
University Health Board

CTM 2030
**Ein Hiechyd
Ein Dyfodol**
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
**Our Health
Our Future**
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Site	HB	Site Grp	Room Description	Recurring/ Additional	Start Time	End Time	Breaks	Room Time (minutes)	Mean Visit Time (Inc Turnaround)	Visits Per Day	Days in Week	Rooms (NOUS Only)	Cases Per Week	From Week	To Week	No Weeks in Year	Total Capacity	Bank Holidays	Servicing	Break Downs	Other Days	Total Days	Lost Capacity in Visits	Net Capacity Year	Sub Total	
Prince Charles	CTM	PCH	MRI	Recurring	07:00	19:30	00:00	720	33	21	7		147	1	52	52	7644	2	2	3	1	8	168	7476		
Royal Glamorgan	CTM	RGH	MRI	Recurring	07:30	20:00	00:00	720	33	21	7		147	1	52	52	7644	2	2	3	taffing sick	7	147	7497		
Royal Glamorgan	CTM	RGH	MRI	Recurring	07:30	20:00	00:00	720	33	21	5		105	1	52	52	5460	8	2	3	Staffing Le	13	273	5187		
Princess of Wales	CTM	PoW	MRI	Recurring	07:30	20:30	00:00	750	33	22,0	5		110	1	52	52	5720	8	2	3	0	13	286	5434	25594	25594
Prince Charles	CTM	PCH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752		hot
Prince Charles	CTM	PCH	CT	Recurring	09:00	17:00	00:00	450	15	30	5		150	1	52	52	7800	8	4	3	0	15	450	7350		
Royal Glamorgan	CTM	RGH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752		hot - ad hoc emergency running out of hours
Royal Glamorgan	CTM	RGH	CT	Recurring	09:00	17:00	00:00	450	15	30	5		150	1	52	52	7800	8	4	3	0	15	450	7350		
Princess of Wales	CTM	PoW	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752		hot
Princess of Wales	CTM	PoW	CT	Recurring	09:00	17:00	00:00	450	15	30	5		150	1	52	52	7800	8	4	3	0	15	450	7350	72306	72306
Prince Charles	CTM	PCH	NOUS	Recurring	09:00	17:00	00:50	430	30	14	5	4	280	1	48	48	13440	8	1	0	0	9	126	13314		
Royal Glamorgan	CTM	RGH	NOUS	Recurring	09:00	17:00	00:50	430	30	14	5	4,5	315	1	48	48	15120	8	1	0	0	9	126	14994		
Princess of Wales	CTM	PoW	NOUS	Recurring	09:00	17:00	00:50	430	30	14	5	4	280	1	48	48	13440	8	1	0	0	9	126	13314	41622	41622

Site	HB	Site Grp	Room Description	Recurring/ Additional	Start Time	End Time	Breaks	Room Time (minutes)	Mean Visit Time (Inc Turnaround)	Visits Per Day	Days in Week	Rooms (NOUS only)	Cases Per Week	From Week	To Week	No Weeks in Year	Total Capacity	Bank Holidays	Servicing	Break Downs	Other Days	Total Days	Lost Capacity in Visits	Net Capacity Year
Prince Charles	CTM	PCH	MRI	Recurring	07:00	19:00	00:00	720	33	21	7		147	1	52	52	7644	2	2	3	0	7	147	7497
Royal Glamorgan	CTM	RGH	MRI	Recurring	07:30	19:30	00:00	720	33	21	7		147	1	52	52	7644	2	2	3		7	147	7497
Royal Glamorgan	CTM	RGH	MRI	Recurring	07:30	19:30	00:00	720	33	21	7		147	1	52	52	7644	8	2	3		13	273	7371
Princess of Wales	CTM	PoW	MRI	Recurring	07:30	20:00	00:00	750	33	22	7		154	1	52	52	8008	8	2	3	0	13	286	7722
Prince Charles	CTM	PCH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Prince Charles	CTM	PCH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Royal Glamorgan	CTM	RGH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Royal Glamorgan	CTM	RGH	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Princess of Wales	CTM	PoW	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Princess of Wales	CTM	PoW	CT	Recurring	08:00	20:00	00:00	720	15	48	7		336	1	52	52	17472	8	4	3	0	15	720	16752
Prince Charles	CTM	PCH	NOUS	Recurring	09:00	17:00	00:30	450	22	20	6	4	480	1	48	48	23040	8	1	0	0	9	180	22860
Royal Glamorgan	CTM	RGH	NOUS	Recurring	09:00	17:00	00:30	450	22	20	5,6	6,5	728	1	48	48	34944	8	1	0	0	9	180	34764
Princess of Wales	CTM	PoW	NOUS	Recurring	09:00	17:00	00:30	450	22	20	6	4	480	1	48	48	23040	8	1	0	0	9	180	22860

assuming an annual increase of 5%								Gap - Current Demand and					
CTMUHB	Demand	Growth rate	25/26	26/27	27/28	28/29	29/30	30/31	Potential Capacity		Actual Capacity	Variance	
	MRI	8 %	25675	27729	29947	32343	34931	37725		29876	27424	2452	1749
	CT	8,90 %	82657	90013	98025	106749	116250	126596		92460	47385	45075	-35272
	NOUS	5 %	43351	45519	47794	50184	52693	55328		64500	19020	45480	-24331
	Potential Capacity	Demand 25/26	Gap 25/26			Actual Capacity	Demand 25/26	Gap 25/26					
MRI	30087	25675	4412			MRI	25594	25675	-81				
CT	100512	82657	17855			CT	72306	82657	-10351				
NOUS	80484	43351	37133			NOUS	41622	43351	-1729				

	Potential Capacity	Demand 26/27	Gap 26/27
MRI	30087	27729	2358
CT	100512	90013	10499
NOUS	80484	45519	34965
	Potential Capacity	Demand 27/28	Gap 27/28
MRI	30087	29947	140
CT	100512	98025	2487
NOUS	80484	47794	32690
	Potential Capacity	Demand 28/29	Gap 28/29
MRI	30087	32343	-2256
CT	100512	106749	-6237
NOUS	80484	50184	30300
	Potential Capacity	Demand 29/30	Gap 29/30
MRI	30087	34931	-4844
CT	100512	116250	-15738
NOUS	80484	52693	27791
	Potential Capacity	Demand 2030/31	Gap 30/31
MRI	30087	37725	-7638
CT	100512	126596	-26084
NOUS	80484	55328	25156

	Actual Capacity	Demand 26/27	Gap 26/27
MRI	27424	27729	-305
CT	72306	90013	-17707
NOUS	41622	45519	-3897
	Actual Capacity	Demand 27/28	Gap 27/28
MRI	27424	29947	-2523
CT	72306	98025	-25719
NOUS	41622	47794	-6172
	Actual Capacity	Demand 28/29	Gap 28/29
MRI	27424	32343	-4919
CT	72306	106749	-34443
NOUS	41622	50184	-8562
	Actual Capacity	Demand 29/30	Gap 29/30
MRI	27424	34931	-7507
CT	72306	116250	-43944
NOUS	41622	52693	-11071
	Actual Capacity	Demand 2030/31	Gap 30/31
MRI	27424	37725	-10301
CT	72306	126596	-54290
NOUS	41622	55328	-13706



Cwm Taf Morgannwg UHB

Llantrisant Health Park Infrastructure Programme

Phase 1 OBC

MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU

OUR VALUES
HELP US BE AT
OUR BEST

RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA

WE LISTEN,
LEARN AND
IMPROVE

RYDYN NI'N
TRIN PAWB
A PHARCH

WE TREAT
EVERYONE
WITH RESPECT

RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TIM

WE ALL WORK
TOGETHER
AS ONE TEAM

25th September 2025

Update on the Llantrisant Health Park Programme:

- LHP Programme Overview
- Phase 1 OBC Scope and details
- Summary of key factors in support
- OBC Capital and Revenue Costs
- Latest Programme
- Next Steps
- Questions



Parc Iechyd Llantrisant
Llantrisant Health Park

Programme Overview



- Since the last Board update, Welsh Government have approved an early demolitions package on the site which has been run by a separate specialist demolitions contractor. Work commenced on 14th April and will complete on 3rd October.
- Significant ecology mitigation works have taken place to both enable the demolitions programme but also prepare the site for the future development
- Regional planning programmes have delivered a regional endoscopy plan and regional orthopaedic plan which are being used to support relevant programme phases
- Welsh Government have also requested that the programme be developed in phases, latest proposed phases are as set out below with indicative key dates

Phase	Scope	OBC Stage	FBC Stage	Construction stage	Commissioning Stage
	Community Diagnostic Hub (CDH) plus sitewide infrastructure	14 Jul 25-16 Oct 25	16 Sept 25 - 23 Jan 26	24 Jan 26 - 30 Jun 27	1 Jul 27 - 31 Oct 27
	Orthopaedic Hub - 6 theatres and 2 wards (54 beds)	31 Aug 25 - 23 Jan 26	24 Jan 26 - 16 Jun 26	17 Jun 26 - 30 Jun 28	1 Jul 28 - 30 Sept 28
	3 Day Surgery - 6 theatres + other regional service	16 Jan 26 - 16 Jun 26	17 Jun 26 -28 Feb 27	1 Mar 27 - 31 Mar 29	1 Apr 29 - 30 Jun 29

- Phase 2 design works will recommence to support an OBC based on the outcomes of the orthopaedic regional planning works to be presented to Board in November alongside the Phase 1 FBC

Phase 1 OBC Scope and Overview



- Focus of this presentation will be the Phase 1 OBC - the scope of which includes the community diagnostic hub (CDH) and site wide infrastructure works
- There are a range of up front ground and service works being included in phase 1 which will; minimise disruption to the CDH when it becomes operational, expedite later phases and provide a more efficient solution to the provision of some of the supporting services (only do and pay once)
- Phase 1 OBC assumes a capital funded build and a revenue funded managed service contract for the equipping and staffing of the unit. The procurement for the partner is in its final stages and a partner is expected to be identified by early October
- The scope of clinical services being provided in the CDH include
CT MRI Non Obstetric Ultrasound Endoscopy
- There are also additional procedure and clinic rooms to support the development of one stop centres and provision is being made for plain film X ray
- The 2nd floor of the building will be an endoscopy training academy which is being developed in partnership with HEIW
- This building will house the main facilities and support hubs for the site and future phases.

Phase 1 OBC – Strategic Overview

- **Endoscopy** mirrors the regional work undertaken and approved by C&V and CTM Boards in March - case focuses on details and costs of the LHP element only for addressing capacity shortfalls.
- The case uses the outcomes from the NEP demand and capacity modelling which identified a 6 room shortfall in the region by 2027/28. The case includes the outcomes of the regional work which results in the following LHP requirement: 0.5 rooms for ABUHB, 1.7 rooms for C&V and 2.2 rooms for CTM.
- As confirmed by the Regional Endoscopy plan work, the regional plans identify a need for 4 rooms from 2027/28 onwards. The building infrastructure includes 6 rooms to accommodate future growth and training requirements.
- **Imaging** focuses only on the CTM demand and capacity requirements as only CTM activity initially being commissioned in LHP.
- Imaging models both the actual demand and capacity and potential capacity should all existing assets be utilised to maximum hours. Therefore extending operating hours of all 3 modalities and operating up to 7 days.
- Confirmation that there are limitations on the deliverability of potential capacity especially in NOUS (staff sickness and obstetric pressures) which supports the need for standalone ringfenced services in LHP.
- Recognition that the increase in hours for existing services will incur costs outside of this LHP business case.
- Infrastructure designed to accommodate future growth in all modalities. Initial activity requires 1 CT, 1 MRI and 2 NOUS rooms. Building will create shell areas for additional CT, MRI and NOUS. Also has infrastructure in place for plain film X Ray

Benefits and Economic Appraisal



- Phase 1 Benefits register identifies a range of investments benefits, whilst mainly focused on increased capacity, faster diagnosis, less waits, indirect benefits on emergency care also. In additions benefits to staff, sustainability and environmental measures as well as patient experience
- An OBC requires an option appraisal to be carried out however as the site has already been purchased and buildings demolished this has been limited in scope to consideration of the extent of services being provided by the ISP
- 4 options were considered, costed and evaluated, the preferred option is a managed service provider to equip and run the CDH. This delivered the highest level of benefits per £ invested throughout the life of the contract
- This supports the approach being developed and the appointment of the ISP on an intital 7 year contract with up to 3 1 year extensions

Financial Case – Capital Cost & Profile

- The total capital cost is £109.9M, for full scope of phase 1 of CDH and site wide infrastructure works
- After accounting for funded sunk costs the total capital ask is for an additional £91.9M
- £2.177M additional funding required to proceed to FBC and fund works up to start on site in February 2026.

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	Total £'000
Costs							
Construction costs	0	0	0	1,803	42,054	14,200	58,058
Project fees	0	791	3,498	5,544	3,759	871	14,463
Non-works costs	7,990	268	962	825	310	8	10,362
Equipment costs	0	0	0	0	0	2,628	2,628
Planning contingency	0	0	0	1,746	5,891	2,945	10,583
Subtotal	7,990	1,059	4,460	9,918	52,013	20,652	96,094
VAT	0	0	192	874	9,651	3,178	13,895
Total capital costs	7,990	1,059	4,652	10,794	61,664	23,830	109,989
Funding							
Site purchase	7,990	10	0	0	0	0	8,000
RIBA 2	0	1,049	2,042	0	0	0	3,091
RIBA 3	0	0	2,013	1,486	0	0	3,499
Demolition	0	0	109	591	0	0	700
RIBA 4	0	0	0	2,828	0	0	2,828
Funding received to date	7,990	1,059	4,164	4,905	0	0	18,118
Construction	0	0	0	5,889	61,664	23,830	91,871
Funding still required	0	0	0	5,889	61,664	23,830	91,871
Total funding	7,990	1,059	4,164	10,794	61,664	23,830	109,989

Financial Case – Revenue Cost and profile

- Anticipated that the CDH will incur recurrent revenue costs of £9.3M related to the managed service contract
- The cost estimate is currently based on the 2025/26 NHSE CDC Tariff
- Costs exclude depreciation and IFRS 16 implications (assumed central WG funding provided to offset these)
- The contract value is expected to be reduced through the agreement of a tariff discount in return for the ISP's use of land and buildings. This has been estimated for the purposes of the OBC at £1.9m p.a
- Forecast annual revenue implications are based on latest commissioning intentions and will most likely change following completion of the tender process, this will be updated for the FBC.
- CTM liability will be a recurrent £6M which is expected to be reduced by the discount to £4.772M

	CTMUHB		C&VUHB		ABUHB		
	2027/28	recurrent	2027/28	recurrent	2027/28	2028/29	recurrent
MRI Activity	3,333	8,000					
CT Activity	5,000	12,000					
NOUS Activity	2,500	6,000					
Gastroscopy	850	2,040	563	1,350			
Colonoscopy	1,360	3,264	1,208	2,900		327	784
Sigmoidoscopy			250	600	0	163	392
Costs	£000	£000	£000	£000	£000	£000	£000
Total Cost Liability	2,486	5,965	1,135	2,726	0	271	651
Less Tariff Discount	-497	-1,193	-227	-545	0	-54	-130
Total	1,989	4,772	908	2,181	0	217	521



Phase 1 Key Milestones



Milestone	Start	Completion
Confirm Scope and Develop OBC	14/07/2025	31/08/2025
Draft OBC Submitted to WG	05/09/2025	05/09/2025
HB OBC Approval	08/09/2025	25/09/2025
Planning Application and Approval	11/07/2025	18/09/2025
ISP Tender Period	18/08/2025	26/09/2025
ISP Tender Evaluation	29/09/2025	08/10/2025
HB ISP Approval	09/10/2025	15/10/2025
WG OBC Review and Approval of OBC and ISP Tender	04/09/2025	16/10/2025
Intent to Award and Standstill Period	17/10/2025	31/10/2025
ISP Provider Appointment	31/10/2025	31/10/2025
RIBA 4 and FBC Prep	28/07/2025	20/11/2025
HB FBC Approval and WG Submission	27/11/2025	27/11/2025
Scrutiny and WG FBC Approval	28/11/2025	23/01/2026
Contractor Mobilisation	23/01/2026	26/02/2026
Construction	01/03/2026	30/06/2027
Supplier Fit out of CDH	01/07/2027	31/08/2027
Commissioning	01/09/2027	31/10/2027

- OBC scheduled for WG review IIB on 16th October, if approved an FBC will be prepared for November Boards.
- Between OBC and FBC RIBA design stage 4 will be completed and the costs tendered, this will give a confirmed cost for FBC
- Assuming FBC submission and approval dates are met works could commence on site by end February 2026 with ISP fit out and commissioning taking place in late summer 2027





Next Steps



- Draft OBC been submitted WG 8th September 2025 to commence early scrutiny works
- Draft OBC being considered at Regional HB Board Committees and will be taken to Boards on 24th and 25th September.
- CTM, lead commissioner will approve the OBC and C&VUHB and ABUHB will confirm support for the OBC.
- WG IIB review of the OBC is scheduled for the 16th October, a prompt response and approval will support completion of the FBC for November Boards
- Successful service provider to be identified by the time of the IIB (may be in procurement process still). Once appointed the proposed provider will be invited to all design development and site progress meetings
- Ongoing involvement during the construction period may enable more programme efficiencies around equipping and commissioning to be realised
- Phase 2 – Orthopaedic Hub fees and programme will be developed and confirm business case dates and approvals
- Currently aiming for Phase 1 FBC and Phase 2 OBC to be presented to November Boards

QUESTIONS?

Unapproved Minutes of the CTMUHB Public Board

Date and Time of Meeting	Thursday 31 July 2025 at 10:00am
Venue	The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive (In part)
	Kath Palmer	Vice Chair
	Hayley Proctor	Independent Member
	Helen Lentle	Independent Member
	Kathy Mason	Independent Member
	Neil Mesher	Independent Member (In part)
	Patsy Roseblade	Independent Member
	Claire Thompson	Executive Director of Strategy & Transformation
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Greg Dix	Executive Director of Nursing/Deputy CEO
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Therapies & Health Sciences
	Philip Daniels	Executive Director of Public Health
	Sally May	Executive Director of Finance
	Paul Deenik	Associate Member
In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Simon Blackburn	Director of Engagement, Communications & Fundraising (In part)
	Stuart Morris	Director of Digital
	Gareth Roberts	Consultant in Anaesthesia & Critical Care (In part)
	Sarah Bradley	Care Group Service Director (In part)
	Matt Jenkins	Integrated Services Director (In Part)
	Daniel Price	Regional Director, Llais (Virtually)

	Emma Walters	Head of Corporate Governance & Board Business
Meeting Observers	Farhan Tajwar	Aspiring Board Member

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items. The format of the proceedings was also noted by the Chair. The Chair acknowledged that Geraint Hopkins, the Independent Member, Local Authority was leaving the board after almost four years. The Chair expressed thanks for Geraint's contributions, highlighting his valuable insights into local authority and social care, and noted that Geraint's support and flair will be missed. The Chair also mentioned that this would have been Sally Bolt's final meeting as an associate member, thanked her for her clinical and staff background and corporate knowledge, and noted that while her term as associate member is ending, she remained part of the Health Board and her contributions to the board would be missed.
1.2	Apologies for Absence
	Apologies for absence were received from: • Dilys Jouvenat, Independent Member; • Carolyn Donoghue, Independent Member; • Geraint Hopkins, Independent Member; • Rachel Rowlands, Independent Member; • Lisa Curtis-Jones, Associate Member; • Sally Bolt, Associate Member
1.3	Declarations of Interest
	There were no interests declared.
2.	CONSENT AGENDA BUSINESS
2.1	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 & LEARNING
3.1	LISTENING & LEARNING STORY – Transition of Care from Paediatrics to Adult Services
	D Hurford introduced the Listening & Learning story as a new area of focus for CTM, specifically the transition of care from paediatric to adult services and emphasised the complexity of such cases, especially when multiple

comorbidities were involved, and encouraged board members to listen to the story without bias before discussing it further. D Hurford advised that the story would be presented through a video featuring a relative of the patient, and that G Roberts would provide a consultant's view following the video.

Following the story, D Hurford shared the following reflections:

- There was a need to move from relying on individual cases being flagged to having a systematic, designed approach for transition care.
- There was a national drive in Wales to make transition care central, with CTM making progress by commencing processes such as shared documentation for patients and working towards a youth council for advice and direction.
- Acknowledged that whilst CTM was ahead of most Health Board's, the current system was still insufficient for all patients, particularly those with complex needs, and stressed the importance of developing comorbidity clinics and more integrated care models.
- Families experienced challenges in relation to moving from Paediatric to adult services and there were ongoing efforts being made to address transition issues.

P Mears extended his thanks to D Hurford and G Roberts for sharing the presentation and advised he found the story to be encouraging. P Mears also offered the following reflections:

- He agreed with using positive experiences to drive improvement.
- Noted that even patients with single conditions, like diabetes, face challenges during transition, not just those with complex needs, and suggested starting improvements with simpler cases.
- Highlighted the need for electronic patient records to address fragmented documentation and improve care coordination.
- Stressed the importance of involving young people and families in service design and suggested having a named coordinator to help relatives navigate multiple services.
- Recommended focusing first on improving health services' internal coordination before integrating with social care, to strengthen the model for complex patients.

L Edwards advised that in relation to Mental Health Services in particular, the evidence showed that there were risks in relation to transition from children's services to adult services and was pleased to hear that consideration was being given to CAMHS in relation to this work. L Edwards also referred to the story received at the Quality, Safety & Experience Committee which related to Carers and stressed the importance of hearing about people's experiences and understanding their frustrations regarding the service they had received. D Hurford advised that the CAMHS team were well ahead in relation to the work being undertaken on transition.

G Hughes welcomed the story which he felt was sad but heartwarming and added that taking into consideration the complexity of the case and the children

	who were currently on the caseload and would follow the same complex pathway, some thought needed to be given as to what the Health Board could do to make this transition as simple and as normal as possible within Cwm Taf Morgannwg and added he would welcome G Roberts view as to how this could be managed. G Roberts advised that he supported the need for a named link person to coordinate care, regardless of where the patient transitions and supported the idea that transition planning should not be a tick-box exercise but should involve a prompt or trigger at an appropriate age, with a paediatrician or team leading the process and tailoring it to the individual patient's needs. G Roberts also emphasized that the approach should be patient-specific, with oversight and planning that includes the family and considers what adult medicine would look like for them. The Chair noted the suggestion made that an update is presented back to Board on the progress made in this area in 12 months' time and advised that the update would need to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation, given that there would be adults and children in the system who would be accessing a number of different services on a weekly basis.
Resolution:	The Listening & Learning story was NOTED .
Action:	Update to be presented to the Board in 12 months' time outlining the progress made in this area. Update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation
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.
Resolution:	The Board resolved to: • NOTE the report. • RATIFY the Affixing of the Common Seal as captured in section 3.1 • RATIFY the Chairs Urgent Action • ENDORSE the nomination received for a new Clinical Advisory Group Chair for Cabinet Secretary approval.
4.2	Chief Executive's Report
	P Mears presented the report and highlighted the key matters for Members attention. Members noted that in relation to the development of the People Plan, a number of briefing sessions for managers would be held during the summer. H Daniel advised the first briefing session held this week was well attended with good engagement and enthusiasm shown by staff on the work being undertaken as part of the People Plan.

	In relation to Shift Pattern alignment, Members noted that the decision taken by the Board at its May meeting was now out for consultation, which would run until the 18th August. Members noted there were many views from staff and trade unions and acknowledged the complexity and sensitivity of changing working patterns for thousands of staff. P Mears emphasised the importance of providing accurate information to staff about the implications of different shift arrangements, including impacts on pensions and other factors, to ensure informed decision-making and advised that the feedback from the consultation would be presented to the board for a final decision later in the autumn. K Palmer commented positively on the progress made around escalation processes, specifically noting improvements in ambulance handover times and added that the leadership and culture at CTM were making a significant difference to the population and health services, while acknowledging ongoing challenges. K Palmer expressed appreciation for the leadership and teams involved for the work undertaken to improve the position. P Mears agreed with the comments made by K Palmer and emphasised that the improvements were significant and easy to overlook when in the midst of ongoing work and noted that behind every improved metric, such as planned care or urgent care, were people working hard at all levels of the organisation. P Mears stated that the organisation was galvanised around the idea that these improvements impact real people, not just numbers, and that success builds further success. P Mears shared that the Cabinet Secretary recently visited the Health Board to highlight CTM's improvements, particularly in ambulance handovers, and remarked that organisational culture was key to driving these positive changes.
Resolution:	The Board NOTED the report.
4.3	Ministerial Advisory Group (MAG) Report update
	G Watts presented the report and highlighted the key matters for Members' attention. G Watts extended his thanks to the Chief Operating Officer's Business Team for their assistance in the development of this report and added that he would ensure Board were provided with regular updates in relation to progress being made against the recommendations. P Mears advised of the importance of having this information contained in one central place and added he welcomed further Board updates on this matter, which would need to be considered alongside the Performance Dashboard and Board Assurance Framework moving forward. The Chair stressed the importance of consolidating various policy documents and priorities into a single paper for clarity and ease of tracking, added that he supported regular board updates and recommended integrating Ministerial Advisory Group priorities into the main performance report and assurance framework, rather than creating separate assurance processes. The Chair highlighted the challenge of managing multiple frameworks and priorities (NHS Wales planning, Cabinet Secretary priorities, CTM 20-30 strategic plan) and the need for a simplified, clear approach to help the board assure progress and understand if objectives were being met. The Chair noted the complexity of

	reporting and the risk of tripping over multiple assurance processes, advocating for a unified performance framework. P Mears advised that the Cabinet Secretary was planning to hold annual public accountability meetings for each NHS organisation, where the Cabinet Secretary would hold health boards to account in a public forum. The Chair advised that Government officials met with NHS Chairs last week where Health Board's provided feedback on the proposed approach. Members noted that there was ongoing discussion about the practicalities of these meetings, including concerns about managing public participation and ensuring the meetings focus on strategic topics rather than individual cases. The Chair advised that this process was already in place in Scotland and advised of the Cabinet Secretary's intention for some organisations to hold these meetings in the autumn and others in March 2026, with more challenged organisations likely to have their meetings first. Members noted that whilst CTM may not be required to hold a meeting this year, the Health Board would be required to help shape the process. Members noted that the meetings were expected to include key stakeholders such as Llais and staff side representatives and noted that there would be a need to ensure these meetings made good use of people's time. In response to a question asked by H Proctor as to whether there were examples in the UK of public accountability meetings that have worked well and could be replicated, G Watts confirmed that there were examples, specifically in Scotland. Public accountability meetings for Scottish NHS bodies have held for the last 19 years and had evolved over time. G Watts added that there would be teething issues when introducing this model in Wales and advised that a task and finish group was being set up to guide the process, on which the Health Board should have representation. G Watts advised that he would ensure the Board were kept updated on this matter. The Chair advised of the view he had expressed of the approach being that formal accountability should be through the Cabinet Secretary to the Senedd, and suggested scrutiny by the Senedd Health and Social Care Committee and advised that to date this model has not been adopted.
Resolution:	The Board NOTED the report.
5.	BOARD GOVERNANCE ARRANGEMENTS
5.1	Action Log
	The Chair presented the Action Log.
Resolution:	The Action Log was NOTED
5.2	Matters Arising not contained within the Action Log
	There were no matters arising to report.
5.3	Board Assurance Framework
	GW presented the report and advised that quite a substantial update had been included within the Board Assurance Framework following on from the outputs

	captured at the Board Development session held in May 2025. G Watts extended his particular thanks to C Hamblyn for compiling the report. P Roseblade made reference to the 45-minute target that had been set for ambulance handovers and advised that while the Ministerial Advisory Group set a 45-minute target for handovers, the actual national target was 15 minutes, and presumed the 45-minute target was an interim measure. G Hughes clarified that the 45-minute target was based on work undertaken in London and was being used as an interim benchmark and confirmed that there had been no formal change to the national 15-minute target. Members noted the aim to get everyone down to 45 minutes as a minimum, with the expectation to move further towards 15 minutes over time. Members also noted that the 15-minute handover was still reflected in Welsh healthcare policy, and the 45-minute target was recommended for this year by the Urgent Care Group within the Ministerial Advisory Group. P Roseblade suggested that the report was amended to reflect that the 45-minute target was an interim target. K Palmer made reference to Strategic Risk 10 - Ability to develop a fit for the future estate to reflect our future clinical service model and sought clarity as to whether the risk was being treated or tolerated by Health Board and sought clarity as to whether there was a plan in place to address. P Mears advised that the treatment of the risk was dependent on having to prioritise individual circumstances, facility needs, and available capital funding. P Mears added that further consideration was required in order to assess as to whether all current estate was needed. It is an important consideration given that maintaining and updating unfit estate consumes significant resources and P Mears advised that strategies for disposing of surplus estate were also being discussed and considered alongside the future clinical services model. S May advised that the broad nature of the risk meant there were different approaches, with some areas being treated with large improvement programmes, for example Prince Charles and Princess of Wales Hospitals, while other elements were being tolerated due to resource constraints and overlap with capital funding. S May highlighted the difficulty of managing the risk by building and the complexity of having a long list of estates issues which was acknowledged by the Board.
<i>Resolution:</i>	The Board RESOLVED to: • Approve Closure of Strategic Risk 7 - 'Culture, Values and Behaviours' noting that where appropriate it will be captured within Strategic Risk 3 'Sufficient Workforce to deliver the activity and quality ambitions of the organisation'. • Approve Escalation of the following new strategic risks: ○ Strategic Risk 6 - Ability to maintain a safe and fit for purpose estate infrastructure. ○ Strategic Risk 10 - Ability to develop a fit for the future estate to reflect our future clinical service model. ○ Strategic Risk 11 - Delivery of an Integrated Care Model

	• Approve amendments made to the existing risks and confirm that the updates provide adequate assurance that the changes reflect the discussions at the Board Development Session on the 15 May. • NOTE that the development of new Strategic Risk 9 – Failure to plan and manage revenue within the resource limits set by Welsh Government, will follow in the September iteration of the BAF.
Action:	Board Assurance Framework report to be amended to reflect that the 45-minute target was an interim target.
5.4	Board Committee and Advisory Group Highlight Reports
5.4.1	Quality, Safety & Experience Committee 20 May 2025
	G Dix presented the report and highlighted the key matters for Members' attention. G Dix also provided a verbal update on the key matters discussed at the meeting held on 22 July 2025, which included concerns raised regarding the backlog of paediatric general anaesthetic (GA) dental cases, a focussed discussion held on stroke services where it was noted significant improvements were still needed, endorsement of the Research & Development (R&D) strategy, and the presentation of a moving patient story presented by the Carers Lead and a Carer which illustrated the challenges of navigating health and social care. P Mears made reference to the issues being experienced in relation to the Paediatrics Dental lists and the large number of children who were on the waiting list whilst experiencing significant pain and invited G Hughes to provide an update on the position. G Hughes advised that the main challenge with the paediatric dental GA list was linked to theatre availability, especially following the Princess of Wales (POW) critical incident. Members noted that whilst the vanguard theatres intended for use were not suitable for paediatric cases, there would be more capacity to move lists around once the POW theatres reopened in September. G Hughes advised of another challenge regarding the availability of dentists, given that those delivering the service were independent contractors and not health board employees, which had made it difficult to align their availability with theatre capacity. G Hughes advised he was committed to bringing a clear updated plan to the Board once these issues are addressed. The Chair supported the concerns raised by P Mears about the impact of the paediatric dental GA waiting list on children and young people and noted that, prior to the POW critical incident, there was already a significant number of children and young people waiting for extractions, raising questions as to why so many reach this state, which needed to be further discussed with the Chief Medical Officer. The Chair welcomed the commitment to provide an updated plan to the Board.
Resolution:	The report was NOTED



Action:	Clear updated plan to be presented to the Board in relation to Paediatric Dental General Anaesthetic Waiting Lists once these issues highlighted had been addressed.
5.4.2	Charitable Funds Committee 9 July 2025
	S May presented members with the report and highlighted key matters for members attention. S May particularly highlighted the update provided in relation to the staff lottery, which was originally planned as an internal initiative since 2021, and was now being contracted out, which would expand participation to include members of the public, not just staff. P Daniels raised the issue of problematic gambling and confirmed that safeguards were being put in place to prevent any negative impact, ensuring responsible promotion and management of the lottery.
Resolution:	The report was NOTED.
5.4.3	Stakeholder Reference Group 16 July 2025
	P Deenik presented the report and highlighted that three new member nominations were received and endorsed by the Stakeholder Reference Group and now required Board approval. Members noted the new member nominations were received from Merthyr MIND, Interlink Rhondda Cynon Taf and Care & Repair Bridgend.
Resolution:	The Board resolved to NOTE the update provided and APPROVED the member nominations outlined within the report.
6.	DELIVERING OUR PLAN
6.1	Integrated Performance Dashboard
	C Thompson introduced the report and handed over to Executive Director Leads to provide updates on Operational Performance, Quality Performance and Workforce performance. The Chair extended his thanks to the Executive Team for the comprehensive update provided. The Chair referred to ambulance handover performance data and the noted significant improvements in ambulance handover times across sites from April to June, resulting in reduced lost ambulance hours. The Chair added that despite better handover times, ambulance response to red calls remained just below 50%, with no corresponding improvement in response speed. The Chair advised that if handover performance is maintained, questions may arise about why ambulance response times to 999 calls were not improving and suggested that a Board Development/Board Briefing may need to be held jointly with colleagues at Welsh Ambulance Services NHS Trust (WAST) and the Joint Commissioning Committee (JCC) to discuss this in more detail. G Hughes confirmed that response times in Rhondda Cynon Taf and Merthyr remained static, with some improvement in Bridgend, and highlighted issues such as small numbers of advanced paramedic practitioners and the impact of the Navigation Hub's mission avoidance work. G Hughes advised that he would welcome a discussion with the JCC on this matter as suggested by the Chair.

P Roseblade congratulated everyone involved for the achievement of 100% red release, which should contribute to ambulance performance, and added that as Chair of the Audit, Risk & Assurance Committee, she was continually asking the Joint Commissioning Committee to focus on their highest risk on their risk register and advised that it had been very difficult to get them to focus on this at the Hosted Bodies Audit, Risk and Assurance Committee meetings.

P Roseblade referred to clinical coding and noted that after a year of exceeding targets, clinical coding performance was now declining. P Roseblade referred to the statement made within the report regarding the impact of disruption at Princess of Wales Hospital, and expressed confusion about why demand would change because of this. P Roseblade sought clarification on what would help improve performance and get back to target. S Morris explained that the decline was due to significant data quality issues identified during the WPAS disaggregation and realignment process, with more issues experienced than anticipated. S Morris stated that increased coding activity was a result of patients coming across, causing delays in providing Referral to Treatment Target (RTT) data and added that he expected the situation to resolve over time as teams work through records. S Morris clarified that the data in question covered the period before WPAS integration.

P Roseblade referred to Nationally Reportable Incidents and commented that whilst the report focuses on the timing to respond to Nationally Reportable Incidents (NRIs), she emphasised that the priority should be on preventing these incidents, which needs to be identified within the report moving forwards.

K Palmer referred to Mental Health Assessments and raised concerns that, despite some improvement, performance was still not meeting any of the targets. K Palmer also questioned the quality of these assessments and highlighted the importance of timely intervention, referencing national aspirations and the ongoing mental health transformation programme. K Palmer also mentioned frustrations from partners regarding ADHD assessments, noting that some trained partners felt they could help with assessments but were reportedly not being allowed to do so and queried whether, given financial constraints, there were alternative ways to reduce waiting lists, especially for ADHD assessments.

In response, D Hurford advised that the ADHD assessment issue was complex and split between paediatrics and adults, with high demand in adults and no additional funding available at present. D Hurford advised that in relation to children, the paediatric team is expanding, and while there are alternatives (including third sector involvement), challenges remained. G Hughes advised that he was committed to following up on the involvement of third sector organisations and CAMHS.

G Hughes commented on mental health assessment performance, stating that aside from the last couple of months, adult assessment timeliness had been consistent, with recent dips due to medical team sickness and administrative

	challenges. G Hughes provided assurance that a plan was in place to recover performance and expressed concern about the comment made of non-delivery, noting CTM had been one of the best performing health boards in this area (excluding CAMHS) which he would be happy to discuss further with K Palmer outside the meeting. G Hughes also responded to the point about not supporting others to do ADHD assessments, inviting K Palmer to share details so he could follow up. G Hughes mentioned ongoing innovative work with primary care clusters and noted that CTM's allocation for neurodiversity had been cut due to better performance compared to other health boards. H Proctor highlighted the importance of increasing staff vaccination rates and questioned whether a more strategic or operational approach was needed to improve uptake, noting the ongoing struggle to get staff vaccinated. H Daniel advised that new approaches were being considered for the upcoming vaccination season, acknowledging the difficulties faced last year and added that work was being undertaken to develop improved strategies, recognising that asking staff to travel for vaccination was a barrier and that roving teams may be more effective, allowing staff to get vaccinated during short breaks. P Daniels advised that it was also noted that, beyond winter vaccinations, MMR vaccination status was important for outbreak management, and added that there were challenges in ensuring both that staff were vaccinated and that line managers were aware of their staff's vaccination status. H Proctor commented on the challenges some care groups face in achieving Personal Development Review (PDR) targets, suggesting that staffing, job planning, and protected time for such activities may be factors, especially as clinical work often takes priority over CPD. H Proctor proposed considering innovative ways to support PDR completion and emphasized the need to protect time for these activities. H Daniel acknowledged the points made by H Proctor, agreeing that finding ways to support and protect time for PDR was important, and suggested it would be a good topic for further discussion.
Resolution:	The report was NOTED
6.2	Month 3 Finance Update
	S May presented the report and highlighted key matters for members attention. The Chair explained that the Health Board was in ongoing dialogue with Welsh Government regarding the financial position, particularly considering robust initial planning assumptions and subsequent financial risks that had emerged, such as increased Welsh risk pool contributions and unfunded National Insurance costs. S May confirmed that Welsh Government were clearly sighted on these matters and agreed with the Chair that delivering the savings plan was essential before addressing additional financial risks, given that not meeting savings targets weakened the Board's position in further discussions. In response to a query raised by K Palmer as to whether the Health Board had a minimum cash flow that it needed to achieve, S May advised that the Health

	Board aims to keep its cash balance no higher than £6 million, with fluctuations during the year depending on payment timings. S May advised that if the Board was in deficit, it may need to request strategic cash support, as was done in 2023/2024, and added not all such requests were fully met by Welsh Government last year. S May emphasised that cash flow would be carefully monitored throughout the year, and delivering the financial plan puts the Board in a better position regarding cash management. The Chair sought clarity as to whether the current conversations with Welsh Government about delivering the financial plan and efficiencies felt different compared to previous years, noting that each month the Board reviews efficiency savings and reports against them, and that this was part of ongoing discussions with Welsh Government and the Cabinet Secretary. S May advised that the nature of the conversations was not significantly different from previous years, as there is always a set of reports across Wales showing potential deficits and a way through has been found in the past. Members noted that the Cabinet Secretary has made it clear that, unlike last year, they would not seek additional resources from other cabinet secretaries to support health. The Chair noted that the projected deficit across Wales was significantly more than the Welsh Government had planned for, which presented as a real issue. S May emphasised the importance of managing finances to avoid shocks and difficulties, referencing the focus in England on headcount management, which included clinical services, and the need for the Board to proactively manage its financial position. The Chair advised that it may be necessary to schedule in more time for a focussed discussion to be held at a future Board Briefing/Board Development Session on this matter.
Resolution:	The report was NOTED.
6.3	Primary Care & Community Transformation Board Work Sarah Bradley shared a presentation with Members and highlighted the key areas of focus. Following the presentation, G Hughes provided an update on the strategic context emphasising that primary and community services are the bedrock of the health system, and that the transformation work aims to create integrated teams based on natural communities, not a one-size-fits-all model. G Hughes explained the importance of aligning services to work with general practice, both at the individual and cluster level, highlighted the need for consistent models to enable integration with local authorities, described the ambition to move long-term condition management (e.g., diabetes care) into community teams, reducing the need for patients to travel to acute hospital sites and acknowledged varying levels of enthusiasm and cynicism among clinical teams but noted positive engagement and progress. Members noted that the next steps involved developing a clear delivery plan for the next 12–18 months to realise the transformation ambition and ensure effective implementation. P Roseblade advised that she was impressed with the way the Team had managed to get GP's and clusters working together in a cohesive way and raised

a query as to why this group was formed and what it was expected to achieve which wasn't evident within the presentation. P Roseblade also made reference to the baseline for investment given the difficulties of moving money from Primary Care into Secondary Care and questioned whether the GPs were aware and prepared for how difficult this was going to be. G Hughes provided clarity that the transformation work was not about distributing new money but about using existing resources more effectively, focusing on outcomes and impact. G Hughes explained that the work aims to move resources and services from secondary to primary care, with changes driven by resource transference and job planning, rather than additional funding. S May added that defining what is meant by "community" was important, and that the ambition is to capture and describe out-of-hospital services in a high-level document, aligning with the overall strategy. Members noted the need for cultural shift, clarity of ambition, and a focus on delivering integrated, community-based care rather than raising expectations of new investment.

The Chair expressed a desire to capture the ambition for out-of-hospital services at a high level in a single document which described the vision for delivering services away from principal hospital sites and incorporating the work around community teams. The Chair noted the importance of connecting various teams and resources throughout CTM, aiming for a more integrated and supported community-based resource. The Chair advised this document would help describe the bigger picture and facilitate conversations about how community-based services were arranged and supported. G Hughes confirmed that a document describing this was already in the process of being developed which could be presented to the September 2025 Board meeting and added that this piece of work was one strand of the wider work being undertaken in relation to CTM 2030.

C Thompson extended her thanks to S Bradley for sharing the fantastic work being undertaken in this area and emphasised that the vision for building healthier communities was already established and should serve as the guiding strategy for all related work in CTM. C Thompson highlighted the importance of maintaining simplicity and clarity in thinking, ensuring that all transformation efforts are aligned with this overarching vision and that "golden threads" connect the various programmes and advised that, given the complexity of ongoing initiatives, the organisation should "go slow to go faster" to ensure effective and coherent progress.

K Palmer advised that she was pleased to see this work being presented to the Board and queried how population health data was being integrated into the programme, especially to address equity and health inclusion issues. She expressed interest in seeing how data is used to redesign services for vulnerable groups and emphasised the importance of mental health being an integrated part of the programme, not overshadowed by physical health. C Thompson stated that a single version of the truth is needed for population health data, including a clear case for change and stratified data to inform decisions. She emphasized that this unified view should be used across multiple projects and

	noted that GPs are already aware of these issues from their daily experience, particularly regarding mental health. S Bradley advised that the Public Health team had been assigned to work closely with the programme and were meeting regularly to ensure population needs assessment was integrated into planning. S Bradley emphasised that needs assessment would be fundamental for shaping services and guiding resource allocation, noting a move away from previous practices of distributing resources equally across areas. S Bradley highlighted the importance of applying health needs assessment to inform where resources go and acknowledged that this approach would require further development and maturity. K Palmer advised that it would be good if this was explicitly explained in future presentations. P Daniels clarified that a population health management approach was in place within CTM and stressed the importance of differentiating between population health, population health management, and inclusion health groups, noting the need to understand where overlaps and distinctions exist. P Daniels mentioned that a paper would be presented to the Strategic Development Committee to discuss equity and inclusion health work and added that the mental health needs assessment would help inform this work. H Proctor emphasised the importance of co-production and meaningful engagement with all stakeholders, including workforce, community, patients, and GP's, when delivering the vision for the programme. H Proctor noted that without bringing the workforce along, barriers may arise later, referencing current challenges with the hospital at home consultation as an example. H Proctor advocated for engagement at the local level, ensuring that those with direct experience were involved in shaping the work, rather than relying solely on top-down perspectives. The Chair advised that this matter would be discussed further at the Board meeting taking place on 25 September 2025 and advised that the Board would need to agree where focus needed to be placed regarding the metrics that needed to be measured.
Resolution:	The report was NOTED
Action:	The ambition for out-of-hospital services at a high level to be captured in a single document which describes the vision for delivering services away from principal hospital sites and incorporating the work around community teams. Report to be presented to September Board
6.3.1	Progress Report on Dental Services (to include proposed changes to the National Contract and associated consultation)
	S Bradley shared a presentation with Members and highlighted the matters for attention. In response to a query raised by K Mason as to whether the Dental Access Portal already existed, S Bradley confirmed that it did already exist and had been

	promoted via the SharePoint page and had also been advertised nationally. Members noted that the portal was a national system that went live in June.
Resolution:	The report was NOTED
6.4	IMTP 2025-2028 - Quarter 1 Review
	C Thompson presented the report and highlighted key matters for members attention. The Chair extended his thanks for C Thompson for presenting the report and advised that one of the critical factors would be, as we go through the year, attempting to realise some of the ambition that we set out in relation to Digital & Data, allocation of resources and the expansion of Healthy Weight Services.
Resolution:	The report was NOTED
7.	OUR POPULATION/WORKING WITH OTHERS
7.1	Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers
	The Chair invited M Jenkins to present the report and thanked him for the significant work he had undertaken in relation to the development of this agreement. M Jenkins presented the Regional Partnership Agreement (RPA), highlighting its aim to create a unified model for integrated teams across health and social care, focusing on older people and those living with frailty. Members noted the agreement builds on previous work, including a regional Memorandum of Understanding, and seeks to overcome system-driven barriers to joint working. Members noted that the RPA had undergone significant scrutiny and had been approved by the cabinets of all three local authorities, with minor recommendations made for improvement. The Chair suggested that the Regional Partnership Agreement should be promoted nationally, encouraging Welsh Government and other regions in Wales to consider replicating it due to its strong binding legal framework and potential benefits for integrated community services. P Roseblade commented that the Regional Partnership Agreement was the only viable way forward for health and social care, highlighting the importance of moving towards a genuinely pooled budget for the benefit of patients, rather than maintaining separate accounting for health and local authority expenditures. M Jenkins agreed and stated that the current structures were dated and emphasised that the Regional Partnership Agreement provided a uniquely strong binding legal framework for integrated community access in Wales, distinguishing it from other approaches. H Proctor sought clarity regarding the agreement, noting that the document currently covers only Bridgend services and questioned why it does not extend to the north, seeking understanding of the mapping and future plan for broader coverage. M Jenkins explained that the current agreement covers Bridgend due to inherited service models and outlined that the programme aimed to extend consistent integrated models across all areas by 2027 and emphasised the need

	for co-production with staff and locality-based approaches for future equivalence. H Lentle echoed the comments made and queried how often the Board would be kept updated on progress in this matter. M Jenkins indicated that reporting on the Regional Partnership Agreement is primarily done through regional structures, and while the agreement is one output of a broader programme, he suggested that updates to the Board should be integrated with other transformation programmes rather than reported in isolation. M Jenkins emphasised a preference for coherent, combined reporting rather than frequent or standalone updates, and Members noted that the agreement was also monitored through the Strategic Development Committee.
Resolution:	The Board resolved to APPROVE the Regional Partnerships Agreement and NOTED the intention to seek similar approval from the three local authorities within the same timescale, and in advance of commencement of the Agreement in the Autumn of 2025.
8.	CONSENT AGENDA
8.1	FOR APPROVAL
8.1.1	Unconfirmed Minutes of the meeting held on 29 May 2025
Resolution:	The Minutes were APPROVED
8.1.2	Unconfirmed Minutes of the In Committee meeting held on 29 May 2025
Resolution:	The Minutes were APPROVED
8.1.3	Unconfirmed Minutes of the Extra Ordinary Public Board held on 26 June 2025
Resolution	The Minutes were APPROVED
8.1.4	Board Committee Annual Reports
Resolution:	The Committee Annual Reports were APPROVED
8.1.5	Overview of the Development and Delivery of the Research & Development (R&D) Strategy
Resolution:	The Strategy was APPROVED
8.1.6	Joint Commissioning Committee Scheme of Delegation and Reservation of Powers
Resolution:	The JCC Scheme of Delegation was APPROVED
8.1.7	Civil Contingencies and Business Continuity Report 2024-25
Resolution:	The Civil Contingencies and Business Continuity report was APPROVED
8.2	FOR NOTING
8.2.1	Board Forward Work Programme

Resolution:	The Forward Work Programme was NOTED
8.2.2	Board Annual Cycle of Business
Resolution:	The Annual Cycle of Business was NOTED
8.2.3	Board Committee and Advisory Group Highlight Reports
Resolution:	The reports were NOTED
8.2.4	Health Protection System Update
Resolution:	The report was NOTED
8.2.5	Highlight Report from the Joint Commissioning Committee 20 May 2025
Resolution:	The report was NOTED
9.	CLOSE OUT BUSINESS
9.1	Any Other Business
	There was no other business to report.
9.2	Meeting Feedback
	The Chair asked Members to share any feedback with him within the next two weeks.
10.	Private/In Committee Session
	Members noted that the following items would be received in the In Committee session: - Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case - Radiology Centralisation of Nuclear Medicine Service Provision - Ysbyty George Thomas Community Hospital Consultation - National Outpatient Plan (Waiting List Initiative/Outsourcing)
11.	DATE AND TIME OF NEXT MEETING
	The next meeting will be held on Thursday 25 September 2025 at 9:00am
12.	Close of Meeting



Agenda Item

9.1.2

CTM Health Board

Board Committee Annual Reports

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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
Audit, Risk & Assurance Committee	14/08/2025	Endorsed for Board Approval
Remuneration & Terms of Services Committee	26/06/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 In line with Standing Order requirements each Board Committee is required to submit to the Board on an annual basis a report setting out its activities together with a review of its performance and any associated improvements being put into place as a result.

2. Specific Matters for Consideration

- 2.1 The Audit, Risk & Assurance Committee received its Committee Annual Report during this period. This Committee Annual Report relates to the period April 2024 – March 2025 and is attached at Appendix 1 for Board approval.
- 2.2 The Remuneration & Terms of Services Committee received its Committee Annual Report during this period. This Committee Annual Report relates to the period April 2024 – March 2025 and is attached at Appendix 2 for Board approval.

3. Key Risks / Matters for Escalation

- 3.1 There are no key risks for escalation to the Board.

4. Assessment

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

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

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

5. Recommendation

- 5.1 The Board is asked to **APPROVE** the following Board Committee Annual Reports for the period 2024/2025:

- Audit, Risk & Assurance Committee.
- Remuneration & Terms of Services Committee.

Appendix 1

Audit, Risk & Assurance Committee

Committee Annual Report 2024-2025

AUDIT, RISK & ASSURANCE COMMITTEE ANNUAL REPORT 2024-2025

1. FOREWORD

I am pleased to be able to commend to you this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year 2024-2025.

I would like to recognise the significant commitment of all the officers of the Committee who have supported and contributed to the work carried out and for their continued dedication in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Internal Audit team at the NHS Wales Shared Services Partnership (NWSSP), by Audit Wales and Local Counter Fraud Services.

In January 2025 due to a Re-structure of the Committees of the Board, the Committee changed its name from Audit & Risk Committee to Audit, Risk & Assurance Committee and there was also a re-fresh of the membership.

Going forward, the Committee intends to continue to pursue a full programme of work covering a wide range of topics and subject areas as part of its long-term aim to help further strengthen the governance arrangements of the Health Board.

Patsy Roseblade
Chair of the Audit, Risk & Assurance Committee
Cwm Taf Morgannwg University Health Board (CTMUHB)

2. INTRODUCTION

The Committee's business cycle runs from the closure of the Annual Accounts in one financial year to the next. This reflects its key role in the development and monitoring of the Governance and Assurance framework for Cwm Taf Morgannwg University Health Board (CTMUHB), which culminates in the production of the Accountability Report including the Governance Statement.

The Terms of Reference for the Committee were reviewed and were formally approved by the Board in March 2025. As part of the wider review being undertaken in relation to the Effective Management of Board Business the terms of reference will be reviewed by the Committee in November 2025.

Members will be aware that all papers relating to the Committee (unless closed or 'in-committee') are available on the Health Board [website](#).

This report sets out the role and functions of the Audit, Risk & Assurance Committee and summarises the key areas of business undertaken during the year. In addition, the report sets out some of the key issues, which the Committee will be focussing on over the next few years.

3. ROLE, MEMBERSHIP, ATTENDEES AND COMMITTEE ATTENDANCES

3.1 ROLE

The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of 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.

The Organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg UHB achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and seeks to manage them efficiently, effectively and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, the assurance framework may be strengthened and developed further.

The Committee's Terms of Reference are reviewed annually and are included within the Standing Orders for the Cwm Taf Morgannwg UHB.

3.2 MEMBERSHIP

The membership of the Audit, Risk & Assurance Committee comprises of four Independent members, enabling the Committee to provide appropriate

scrutiny and assurance to
of the management decision-making processes.

the Board independently

A summary of the Independent membership during 2024-2025 is outlined in table 1 below:

Table 1 – Composition & Membership of the Audit & Risk Committee April 2024-March 2025

Name	Period
Members	
Patsy Roseblade Committee Chair/Independent Member	April 2024 – March 2025
Kath Palmer UHB Vice Chair/Independent Member	April 2024 – March 2025
Ian Wells Committee Vice Chair/Independent Member	April 2024 – March 2025
Geraint Hopkins - Independent Member	April 2024 – December 2024
Dilys Jouvenat – Independent Member	January 2025 – March 2025
Helen Lentle – Independent Member	January 2025 – March 2025

3.3 ATTENDEES

As Executive leads for the Committee the Executive Director of Finance and the Director of Corporate Governance/Board Secretary attend every meeting as do members and are often accompanied by members of the respective teams. The Committee's work is also informed by reports provided by Audit Wales, Internal Audit, Local Counter Fraud Services and CTMUHB personnel. Although they are not members of the Committee, auditors and other key personnel are expected to attend each meeting of the Audit & Risk Committee. Invitations to attend the Committee meeting are also extended, where appropriate and on an 'ad hoc' basis, to specific staff when reports which relate to their specific area of responsibility are being discussed by the Audit, Risk & Assurance Committee.

3.4 ATTENDANCE AT AUDIT, RISK & ASSURANCE COMMITTEE 2024-2025

During the year, the Committee met on seven occasions.

*One Extra Ordinary meeting was held during this period which was devoted to the Approval of the Annual Accounts and Annual Report (10 July 2025). All meetings were quorate and were well attended as shown in Table 2 below:

Table 2 - Meetings and 2024-2025

Member Attendance

In Attendance	18 April 2024	20 June 2024	10 Jul 2023*	15 Aug 2023	17 Oct 2025	17 Dec 2024	13 Feb 2025	Total
Patsy Roseblade Committee Chair/Independent Member	✓	✓	✓	✓	✓	✓	✓	7/7
Ian Wells – Independent Member/Committee Vice Chair	✓	✓	✓	✓	✓	✓	✓	6/7
Kath Palmer Health Board Vice Chair/Independent Member	X	✓	✓	✓	✓	✓	✓	6/7
Geraint Hopkins – Independent Member (Until December 2024)	✓	✓	✓	X	X	X		3/7
Dilys Jouvenat – Independent Member (From January 2025)							✓	1/1
Helen Lentle – Independent Member (From January 2025)							✓	1/1

4. AUDIT RISK & ASSURANCE COMMITTEE BUSINESS

The Audit, Risk & Assurance Committee provides an essential element of the Health Board's overall assurance framework. It has operated within its Terms of Reference in accordance with the guidance contained within the NHS Wales Audit Committee Handbook.

A Consent agenda approach was adopted across all Board and Committee meetings during 2020 and has continued to be used since. This enabled a number of reports to be received by Members for approval/noting, with an opportunity provided to Members to raise questions against these items in advance of the meeting.

The Audit, Risk & Assurance Committee agenda broadly followed a standard format, comprising of specific sections, which are outlined below:

4.1 Main Areas of Audit, Risk & Assurance Committee Activity – Part 1

The agenda for each meeting followed a standard format, broken down into the following 6 main parts:

1. Preliminary Matters

This included the apologies for absence, welcome and introductions and declarations of interest.

2. Consent Agenda for Approval/Noting

The following written reports were received by the Audit, Risk & Assurance Committee and considered accordingly:

- Unconfirmed Minutes;
- Action Log;
- Committee Annual Cycle of Business;
- Forward Work Programme;
- Amendment to the Standards of Behaviour Framework Policy – Declarations of Interest Form;
- Declarations of Interest & Gifts and Hospitality Report;
- Clinical Audit Annual Plan and Clinical Audit Annual Report 2024-2025;
- Audit Wales – Annual Audit Enquiries Letter Response;
- Audit, Risk & Assurance Committee Annual Report 2023-24;
- Audit, Risk & Assurance Committee Terms of Reference;
- Audit, Risk & Assurance Committee Effectiveness Self-Assessment;
- Annual Report Timetable 2024-2025
- Ratification of Chairs Urgent Action – Charitable Fund Financial Control Procedure (FPC) and Update of the Scheme of Delegation

It is important to note any member of the committee can request that an item planned for the consent agenda can be moved to the main agenda for discussion.

3. Main Agenda

4. Sustaining Our Future

The following reports were received for discussion:

- Local Counter Fraud Report;
- Counter Fraud Annual Report;
- National Fraud Initiative Progress and Outcomes;
- Counter Fraud Annual Self Review;
- Counter Fraud Draft Work Plan;
- Procurement and Scheme of Delegation Report;
- Post Payment Verification Mid-Year Update
- Post Payment Verification Annual Report and End of Year Update;
- Draft Annual Report and Draft Annual Accounts 2023-2024
- Losses and Special Payments Report;
- Outcome of the Committee Referral to People & Culture Committee – Recruitment Process Risk Assurance
- Financial Control Procedure – Medical Variable Pay – Summary of Authorised Breaches;
- Audit Wales Audit of the Financial Statements (ISA 260) (Including the Letter of Representation and Audit Opinion);
- Breaches to the Standing Orders;
- Progress update on Grant Thornton Recommendations;
- CTMUHB ISO14001 Certification Progress Report;

5. Improving Care

The following reports were received for discussion:

- Audit Tracker;
- Joint Advisory Group (JAG) Update;
- Welsh Risk Pool and Legal & Risk Services Annual Review 2023-24
- National Clinical Audit Plan;
- Organisational Risk Register;
- Annual Review Risk Management Framework;
- Consultant Job Planning – Six Monthly Progress Reports;
- Medical Rostering Progress Report;
- Organisational Risk Register.

Also received under this section were reports from:

- **Internal Audit**

NHS Wales Shared Services Partnership are the appointed Internal Auditors to the Health Board and provide an update on progress against the internal audit annual plan of business at each meeting together with finalised reports for each area that was subject to audit.

Each report contained an assessment on the level of assurance provided. Follow-up action was agreed for recommendations raised, which informed future audit plans.

- **External Audit**

The Auditor General for Wales (AGW) is the statutory external auditor for the Health Board. The AGW has a wide range of audit and related functions, including auditing the accounts of the Health Board, and reporting on the economy, efficiency and effectiveness with which the Health Board has used their resources. The AGW undertakes his work using staff and other resources provided by Audit Wales. The Engagement Lead and or the Financial Audit Manager from Audit Wales provide an Audit Position Statement at each meeting, summarising progress against its planned financial audit work. Additionally, the Performance Audit Manager will attend to update the Committee on performance audit work in relation to local audit work, national studies and the Structured Assessment

4.2. MAIN AREAS OF AUDIT, RISK & ASSURANCE COMMITTEE ACTIVITY – PART 2 HOSTED BODIES

During 2024/2025 the bodies hosted by the Health Board are the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy for Wales (NIAW).

On the 1st April 2024, the NHS Wales Joint Commissioning Committee (JCC) was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the

National Collaborative Commissioning Unit (NCCU). From April 01 2024, the JCC replaced EASC and WHSSC and NCCU and has assumed responsibility for the services previously commissioned by these Committees.

Regular, standing agenda reporting to the CTMUHB Audit, Risk & Assurance Committee for Hosted bodies include;

- Internal and External Audit Plans
- Internal and External Audit Reports with completed management action plans
- Progress reports against audit recommendations (Audit Tracker) NB - to be highlighted to Joint Committee and/or Lead Sponsor if progress is deemed unsatisfactory
- Assurance Framework Report and Risk Register
- Compliance and activity governed by CTMUHB Standards of Behaviour Policy (i.e. Declarations of Interest, Gifts & Hospitality)
- Single Tender Actions
- Breach or waivers to Standing Orders and/or Standing Financial Instructions

To support the requirements for the JCC and the NIAW, the Health Board's Audit, Risk & Assurance Committee is separated into two parts, specifically Part 1 for Health Board business and Part 2 for the Hosted bodies. The relevant officers attend for the relevant components of the meeting.

The Director of Corporate Governance/Board Secretary for CTMUHB and the CTMUHB Executive Director of Finance also attends both parts of the meetings.

The JCC and NIAW have shared the same External and Internal Audit teams and Local Counter Fraud Services (LCFS) with CTMUHB. All these factors enable CTMUHB to take necessary assurances from the hosted bodies, particularly in relation to the Accounts and the Annual Governance Statement and vice-versa for areas carried out by CTMUHB as part of its hosting responsibilities.

4.3. WORK/ACTION LOG

In order to monitor progress and any necessary follow up action, in line with recognised 'house style' templates a work log is maintained to capture all agreed actions from the Audit, Risk & Assurance Committee and Joint Committees. This provides an essential element of assurance both to the Committee and from the Committee to the Board.

5. INTERNAL AUDIT - OVERALL SUMMARY

In overall terms for the year 2024/2025, the Head of Internal Audit opinion provided **Reasonable Assurance** to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the relevant assurance domains. The full opinion report was presented to the Audit, Risk & Assurance Committee in June 2025 and is available on the link [here](#)

A breakdown of the Internal Audit reviews presented to the Audit & Risk Committee and the Board in 2024-2025 is linked in Appendix 1.

6. EXTERNAL AUDIT

6.1 Audit Wales Audit Wales provide a progress report at each meeting, covering both probity and performance audits. The audit strategy, audit letters and statements of responsibilities were received and the ISA 260¹ Report was recommended for approval by the Board as part of the Accounts approval process.

The following performance reports and management responses were also discussed during the year, with attendance from UHB Officers where considered appropriate:

- Audit Wales Audit & Risk Committee Update (at each meeting);
- Audit Wales Annual Report
- Audit Wales Forward Work Programme 2023-2026;
- Audit Wales Audit of Accounts Report Addendum;
- Audit Wales Detailed Audit Plan 2024;
- Audit Wales 2025 Outline Plan;
- Audit Wales – Structured Assessment;
- Audit Wales – MIU follow Up
- Audit Wales – Joint Review Follow Up – Quality Governance
- Audit Wales – Primary Care Follow Up Review;
- Audit Wales – Review of Cost Savings Arrangements – Final Management Response;
- Audit Wales – Workforce Planning Audit.

A breakdown of the Audit Wales reviews presented to the Audit & Risk Committee and the Board in 2024-2025 is linked in Appendix 1.

6.2 Approval of the Annual Accounts

¹ Auditors are required by International Standard on Auditing (ISA) 260 - Communication with those Charged with Governance - to communicate audit matters of governance interest to those charged with governance. It is important that those charged with governance have an understanding of all significant issues that have arisen from the audit process. In the UK and Ireland this must be done in a written format. The communication is done through the issuance of an Audit Completion Report known as the ISA 260 Report. This outlines the findings of the auditors and any other issues the auditor may wish to raise with management.

A meeting of the Audit, Risk & Assurance Committee was convened on 10 July 2024 to scrutinise the 2023-2024 Annual Accounts prior to approval by the Health Board including the letter of representation to Auditors and the Annual Governance Statement. The 2023-2024 Annual Accounts were scrutinised and approved by the Board on 11 July 2024. The meeting also scrutinised the Accounts and Statements for 2023-2024 from the Health Board's hosted bodies as appropriate. The 2024-2025 sign off accounts will be reported in the 2025-2026 Annual Committee Report.

7. PRIVATE MEETING WITH AUDITORS

In line with recognised good practice a private meeting between Audit, Risk & Assurance Committee members, Internal Audit, External Audit and the Local Counter Fraud Specialist can be held as and when required. This provides an opportunity for free and frank discussion. The Audit & Risk Committee Chair also meets privately with Internal Audit and External Audit on occasions. This process will continue for 2025-2026.

8. LINKS WITH OTHER COMMITTEES

8.1 Other Sub Committees

The Audit, Risk & Assurance Committee has close links with the Quality, Safety & Experience Committee and other Committees of the Board. Through either specific meetings or the regular Independent Member meetings there is an opportunity for Committee Chairs to support the work of each of the Committees they Chair, share learning and avoid duplication.

During 2024-2025, a Committee Referral process continued to be adopted for all Committees where the following three questions were posed by the Committee Chair for each referral request:

- What are you referring?
- Why are you referring it?
- What is the outcome that you are anticipating for this referral?

The Chair of the Audit, Risk & Assurance Committee provided a report to the Board after each meeting via the Committee Highlight Report.

9. LOCAL COUNTER FRAUD SERVICES

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of crime within CTMUHB to an absolute minimum. Work is undertaken in accordance with Welsh Government Directions to NHS Bodies on Counter Fraud Measures with adoption of Government Functional Standards: Counter Fraud NHS Requirements with which the Health Board is expected to comply.

Regular reports were received by the Committee to monitor progress against the agreed Counter Fraud Plan.

The Health Board commissions its Counter Fraud service from Swansea Bay UHB via Service Level Agreement. The Health Board maintains an accredited counter fraud specialist resource of 2.6 FTE. This is in line with comparable sized Health Board's within NHS Wales.

The Counter Fraud Team received 29 new referrals for investigation in 2024/25 with 14 investigations carried over from 2024/25. 29 investigations were closed in 2024/25 which resulted in the application of 1 civil sanction. This investigation work led to the recovery of £17,794 of Health Board funds and an overall identified fraud figure of £22,780.

A review of compliance with Government Functional Standards: Counter Fraud NHS Requirements is undertaken annually. The Health Board was required to self-assess on a RAG rated basis against these Standards across 12 requirement areas. The Health Board achieved an overall Green rating following review with Green ratings for all 12 requirement areas for the first time since the introduction of these Standards.

As part of its work, the Counter Fraud Department has a regular annual programme of raising fraud awareness within the Health Board for which a number of days are then allocated and included as part of an agreed Counter Fraud Work-Plan which is signed off, by the Health Board's Executive Director of Finance, on an annual basis.

In addition to this and in an attempt to promote an Anti-Fraud Culture within the Health Body, a quarterly newsletter is produced which is then made available to all staff on the Health Board's Intranet and all successful prosecution cases are also publicised in order to obtain the maximum deterrent effect. The Counter Fraud Team also deliver awareness sessions to staff, both general awareness aimed at all staff and bespoke sessions based on risks faced by staff assessed to be in roles at a higher level of potential exposure to fraud.

A fraud risk approach has matured since the introduction of the Government Functional Standards and is fully integrated with the Health Board's Risk Management Framework. This allows for a risk based approach to counter fraud activity within the Health Board with future plans to utilise this work as a strategic key performance indicator going forward.

10. ASSURANCE TO THE BOARD

The Audit, Risk & Assurance Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the guidance contained in the NHS Wales Audit Committee Handbook.

10.1 Internal Control & Risk Management - In addition to the audit reports received by the Committee during the reporting period, a wide range of

internally generated reports/papers were produced for consideration by the Audit, Risk & Assurance Committee. 'governance'

10.2 Governance Statement - For the period 2024-2025 the Health Board produced its Governance Statement, which explains the processes and procedures in place to enable the Health Board to carry out its functions effectively. The Statement was produced following a review of CTMUHB's governance arrangements undertaken by the Board with the support of and the Board Secretary/Director of Corporate Governance. The Statement brings together all disclosures relating to governance, risk and control for the organisation. The Governance Statement is captured in the CTMUHB's Annual Report which is available via this [link](#)

10.3 Tracking of Audit Recommendations

The Committee has increased the focus on tracking the implementation of agreed audit recommendations and the clarity of reporting of this, which achieved improvement during the year and laid the foundations for the further improvements now being made in 2024/2025, in particular the transition to an automated system using AmAT.

10.4 Audit Committee Effectiveness Survey - A Committee Effectiveness Survey was undertaken in 2023-2024 to obtain feedback from Committee members on potential areas for development.

The statements used in the survey were devised in accordance with the guidance outlined within the NHS Audit Committee Handbook.

11. CONCLUSION AND FORWARD LOOK

The Audit, Risk & Assurance Committee in discharging its scrutiny and assurance role on behalf of the Board considers that on the basis of the risk based work completed by the Committee during 2024-2025, that there are effective measures in place **and that there are no outstanding issues that the Audit, Risk & Assurance Risk Committee wishes to bring to the attention of the Board.**

The Directors have been held to account and have responded positively in dealing with any concerns raised by the Auditors and the Audit & Risk Committee.

This Annual Report will be supplemented by the annual self-assessment process, which will be undertaken via Microsoft Office Forms, which reviews the individual and collective function of the Committee against the NHS Audit

Committee Handbook best practice guidance and helps to inform the work of the Committee going forward.

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2025-2026 in respect of:

- Reviewing audit outcomes and ensure actions are taken as a result of learning.
- The continued transition to an automated system for tracking audit recommendations and inspections, with the ambition to introduce trends and themes into reporting.
- Discharging effectively the Board approved Committee Terms of Reference, including the changes made in response to the Effective Management of Board Business Review.
- Increased reporting in relation to Declarations of Interest for the organisation.
- Ensuring all parties discharge their responsibilities appropriately as outlined within the Audit Charter.
- Continue to strengthen processes and resources in place to prevent and respond to fraud activity.

Appendix 1 – Audit Reviews Undertaken in 2024-2025

The Internal Audit reviews undertaken in 2024-2025 are captured in the 'Head of Internal Audit Opinion & Annual Report 2024-2025' as received at the Extra-Ordinary Audit, Risk & Assurance Committee which met on the 25 June 2025, available via this link:

[25 June 2025 – Extra Ordinary - Cwm Taf Morgannwg University Health Board](#)

An update on the Audit Wales reviews undertaken in 2024-2025 are captured in the 'Audit Wales Audit Update' received at the Audit, Risk & Assurance Committee which met on the 22 May 2025, available via this link:

[22 May 2025 - Cwm Taf Morgannwg University Health Board](#)

Remuneration & Terms of Service Committee

Annual Report 2024-2025

FOREWORD

I am pleased to present the 2024-2025 Annual Report of the CTMUHB Remuneration and Terms of Service Committee which outlines the activity for the period 1st April 2024 to the 31st March 2025.

Due to the Adhoc and often urgent nature of the Committee business, I would like to take this opportunity to thank members for their continued flexibility and support to these meetings.

I would also like to extend my thanks to Hywel Daniel, Executive Director of People and the wider People Team for their commitment and continued efforts in delivering against the business of this Committee with diligence and robustness.

Jonathan Morgan

Chair of the Committee

Remuneration and Terms of Service Committee (RTSC) Annual Report 2024-2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to consider over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in September 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024-2025, whilst recognising the Adhoc nature of the business.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the RTSC is to:
 - **Approve**, on behalf of the Board, the remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
 - **Provide 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 its hosted bodies
 - Perform certain, specific functions on behalf of the Board.

The Committee shall have no powers to develop or modify existing pay schemes.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Corporate Governance Lead the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by the Corporate Governance function.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for 2024-2025.

- 4.2 The Committee Cycle of Business for 2024 and 2025 was approved in September 2024, however the agenda for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.

5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of 3 members and must include as a minimum the Chair or Vice Chair of the Committee.
- 5.2 All Independent Members of the Board are invited as members of the RTSC. The Chief Executive Office, Executive Director for People and the Director of Corporate Governance / Board Secretary attend as regular attendees.
- 5.2 During the year the Committee met on 4 occasions with member attendance as follows:

Name	Out of a possible 4 Committee Meetings
Jonathan Morgan	2 out of 4
Kath Palmer	4 out of 4
Helen Lentle	3 out of 4
Dilys Jouvenat	2 out of 4
Rachel Rowlands	2 out of 4
Hayley Proctor (Commenced 1 October 2024)	2 out of 2
Nicola Milligan (Until 18 August 2024)	1 out of 1
Ian Wells	2 out of 4
Patsy Roseblade	3 out of 4
Carolyn Donoghue	3 out of 4
Geraint Hopkins	1 out of 4
Lynda Thomas (until 11 August 2024)	Nil

- 5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise. In the main support is provided by the People Directorate.

6. Committee Activity

- 6.1 The Committee fulfilled a wide range of activity. This work can be summarised under the following headings;
- Remuneration arrangements for the Interim Chief Commissioner role at the Joint Commissioning Committee.
 - Remuneration arrangements for the Deputy Chief Commissioner, NHS Wales Joint Commissioning Committee

- Fixed Term Contract arrangements for the Director of Commissioning, Ambulance Services 111 role at the Joint Commissioning Committee.
- Redundancy matters.
- Pension Flexibility matters.
- Ratification of Chairs Urgent Action.
- Voluntary Early Release Scheme Application Requests.
- Extension of Contract for the Deputy Chief Executive Officer for CTMUHB
- Consideration of the:
 - Welsh Government Independent Review into the ESP Process.
 - Pay Review arrangements

6.2 Due to the sensitive and personally identifiable nature of the business covered by the RTSC the meetings are held in closed session. A highlight report capturing an overview of the business considered is submitted to the following Public Board meeting.

6.3 A significant focus for the Corporate Governance Team and the Board during 2024-2025 was the "Effective Management of Board Business Review", which resulted in a significant change to the Board Committee structure with effect from January 2025. There were however no significant changes to the Remuneration and Terms of Service Committee.

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a varied year the RTSC has had during 2024-2025. Whilst notice is often short when calling a meeting, due to the nature of the business, all business was executed on time and with quoracy.

8. Key Challenges

8.1 Feedback from recent RTSC meetings has identified a request to cover off legal implications more explicitly in reports submitted to the Committee which is being considered by the People Directorate for future reports.

8.2 Timely receipt of papers has been highlighted as Members do require sufficient time to consider the matters put before them for approval, however, it is again recognised that due to the short timeframes that teams are often working within this is not always possible. The People Directorate will continue to strive to provide reports in enough time ahead of meetings to allow for due consideration and diligence.

8.2 It can be challenging to convene a quorate Committee meeting at short notice; however, Members are thanked for their continued flexibility and support to making themselves available when required.

8.2 Finally, although these challenges remain the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance at the end of each meeting, by reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

- 9.2 A committee effectiveness questionnaire was issued in March 2025, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'Highlight Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes.

10. Conclusion and way forward

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice. A particular focus for 2024-2025 is reviewing and identifying an appropriate method and format for reporting Executive Director performance to the Committee on an annual basis.
- 10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

- 11.1 Please visit the Health Board's websites for further information: [Our Board - Cwm Taf Morgannwg University Health Board](#)



Agenda Item

9.1.3

CTM Health Board

PUTTING THINGS RIGHT ANNUAL REPORT

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Concerns & Business Intelligence
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Concerns & Business Intelligence
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 / Forum Individuals	Date	Outcome
Quality, Safety & Experience Committee	23/09/2025	Approved

Acronyms / Glossary of Terms	
PTR	Putting Things Right
PSOW	Public Services Ombudsman for Wales

1. Situation / Background

The Putting Things Right Annual Report 2024/2025 provides an overview of the Health Board's performance and activity in relation to how the organisation has managed Concerns including complaints, incidents, claims, redress and inquests between 1st April 2024 and 31st March 2025.

In addition, the report will provide a summary of the Health Board's implementation of the Duty of Candour requirements.

2. Specific Matters for Consideration

The key areas to note in relation to the implementation of Putting Things Right for 2024/2025 include:

- Reduction in the number of formal complaints received
- Continued improvement in compliance with the 30 working day target
- Slight increase in the number of Public Service Ombudsman for Wales referrals received
- Decrease in Nationally Reportable Incidents
- Increase in number of cases referred to Redress from the incident process
- Themes arising from complaints and patient safety incidents remain consistent with previous years

3. Key Risks / Matters for Escalation

The key risks / matters for escalation associated with the Putting Things Right Annual report relate to:

- Maintaining compliance with the 30 working day target
- Effective and timely management of Ombudsman Cases
- Reducing the number of open nationally reportable incidents
- Timely conclusion of redress cases

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:
	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>)	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>)	Effective Efficient Equitable Person Centred Timely 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>	Yes: ☒	No: ☐
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Outcome: This report outlines key areas of quality across the Health Board.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: ☐	No: ☒
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: 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)	
Enw da / Reputational	Yes (Include further detail below)	

	Activity where performance falls short of the Health Board's quality & safety performance measures may result in impact to the trust and confidence in the Health Boards processes.
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

The Board are asked to approve the content of the report.

6. Next Steps

Improvement actions identified within the report to continue to be monitored via the Quality & safety Committee and Weekly Quality & Safety Executive Meeting.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

PUTTING THINGS RIGHT

Annual Report 2024/2025

Head of Concerns & Business Intelligence

PUTTING THINGS RIGHT & DUTY OF CANDOUR

ANNUAL REPORT 2024/2025

- 1.0 Introduction
- 2.0 Feedback
 - 2.1 Complaints
 - 2.2 Public Service Ombudsman for Wales
- 3.0 Patient Safety Incidents and
 - 3.1 Duty of Candour
 - 3.2 National Reportable Incidents
 - 3.3 Never Events
- 4.0 Legal Services
 - 4.1 Redress
 - 4.2 Claims
- 5.0 Inquests
- 6.0 Learning from Events Reports
- 7.0 Conclusion

1.0 Introduction

Putting Things Right is the process by which NHS Wales handles concerns, complaints, incidents, and claims in a consistent, fair, and transparent manner. It is governed by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, which set out the legal framework for managing feedback and ensuring appropriate redress when things go wrong.



The PTR process enables patients, families, carers, and staff to raise concerns about the care or services they receive or deliver. It ensures that:

- Concerns are acknowledged and investigated promptly
- Individuals affected are kept informed and supported
- Lessons are learned and shared to improve safety and quality
- Where appropriate, redress is offered in a timely and proportionate way

The Putting Things Right Annual Report 2024/2025 provides an overview of the Health Board's performance and activity in relation to how the organisation has managed Concerns including complaints, incidents, claims, redress and inquests between 1st April 2024 and 31st March 2025.

In addition, the report will provide a summary of the Health Board's implementation of the Duty of Candour requirements.

From April 2023 it is a legal requirement that all NHS Organisations implement the Duty of Candour whether a person receives care from the NHS, or from a regulated provider of health care services. Promoting a culture of openness, learning and improvement the statutory guidance commits care providers to be open and honest with service users and their families.

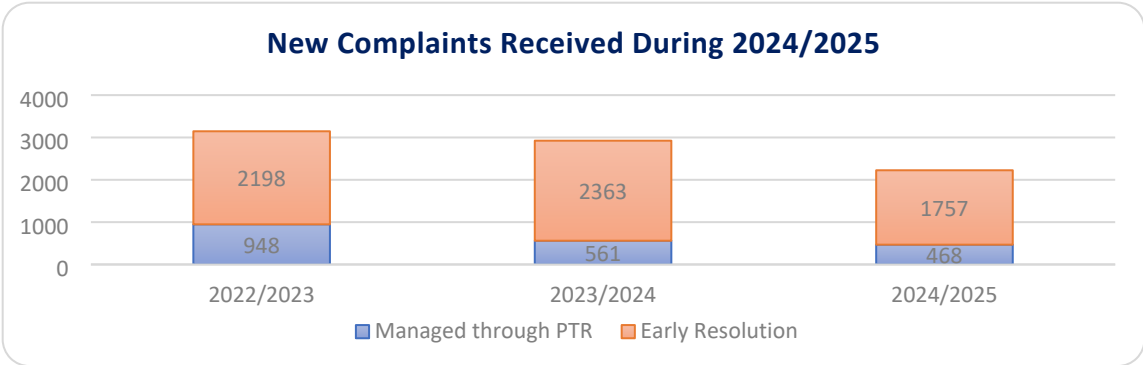
The Duty of Candour Statutory Guidance 2023 prescribe the actions that must be taken and supports the existing processes for 'Putting Things Right' (the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011) with updates made to the PTR Regulations to include the Candour Guidance.

2.0 Feedback

2.1 Complaints

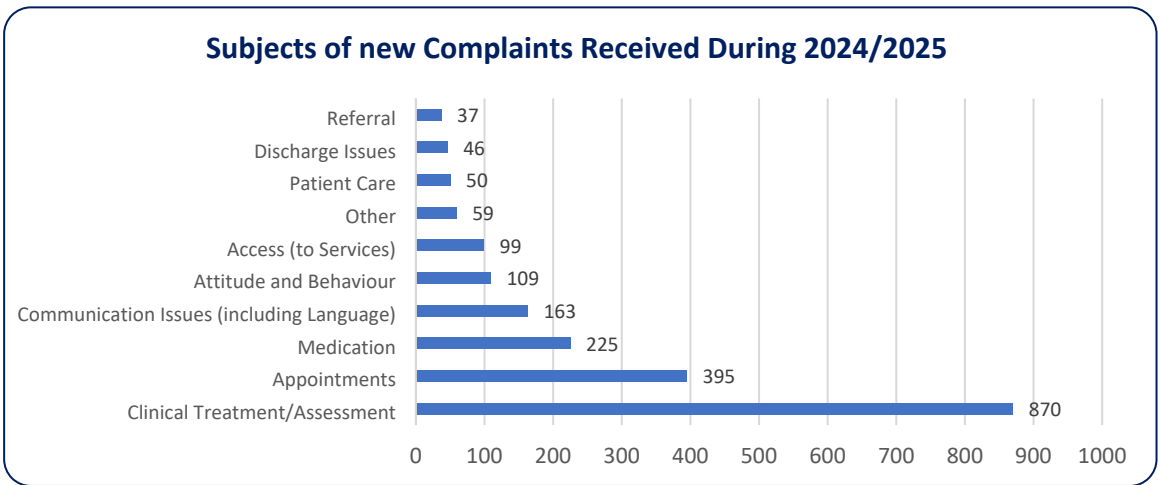
New Complaints

During 2024/2025 a total of 2,225 complaints were received by the Health Board, representing a decrease when compared with the previous year. Of the new complaints received, 468 were managed formally via the Putting Things Right process, a continuation of the decrease reported in 2023/2024. The remaining 1,757 were managed as early resolution complaints. The trend for the last 3 years is reflected in the table below.



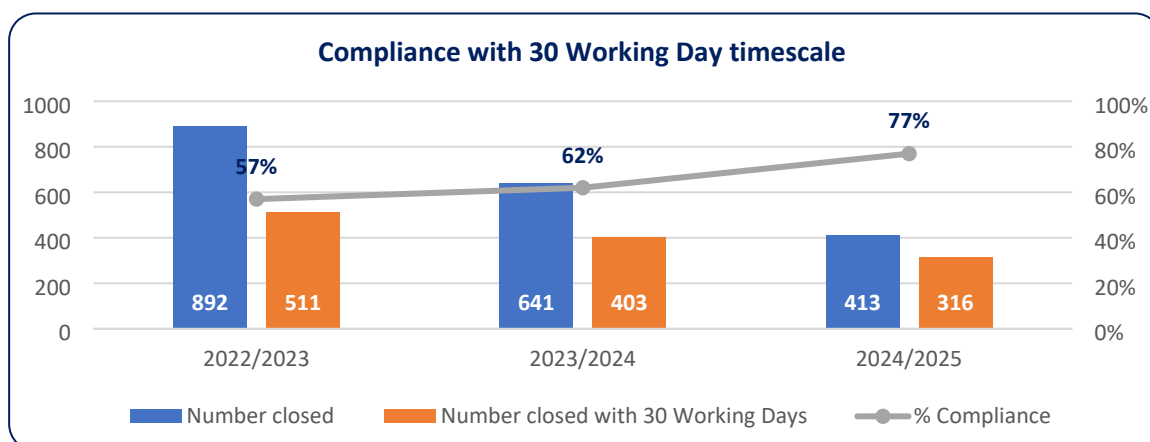
An important component of effective complaints management is ensuring timely acknowledgement to the person raising concerns. During 2024/2025, 69% of concerns received were acknowledged by the expected due date. Improvement action to increase compliance in this area have been identified.

Complaints will often refer to a number of issues of concern regarding the services or care and treatment being provided by the Health Board. Identification of these issues assists in identifying themes and trends, to inform areas for focused improvement work. The top 10 complaints for 2024/2025 are provided in the chart below:



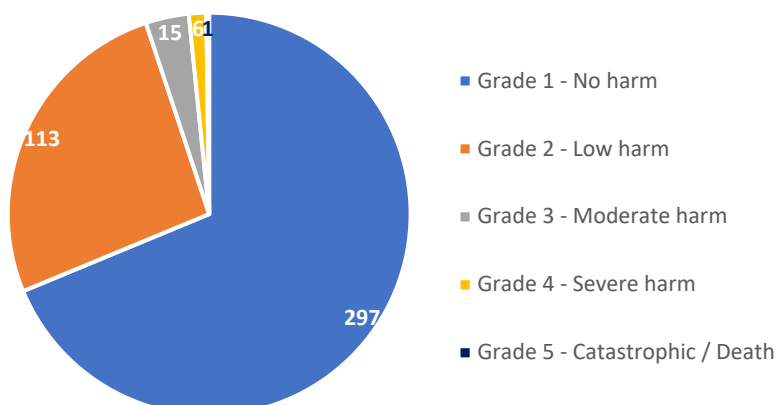
Complaints Closed during 2024/2025

A total of 432 complaints managed via Putting Things Right ("PTR") were closed during 2024/2025. Of the 432, 19 were closed and escalated to the redress process. Of the remaining 413, 77% were responded to within 30 working days target for responding to formal complaints.



On closure all complaints are graded from 1 (no harm) to 5 (catastrophic / death) in accordance with the All-Wales Grading Framework. 95% of complaints are closed with an outcome of grade 1 (297) and grade 2 (113).

Grade of Complaints Closed During 2024/2025

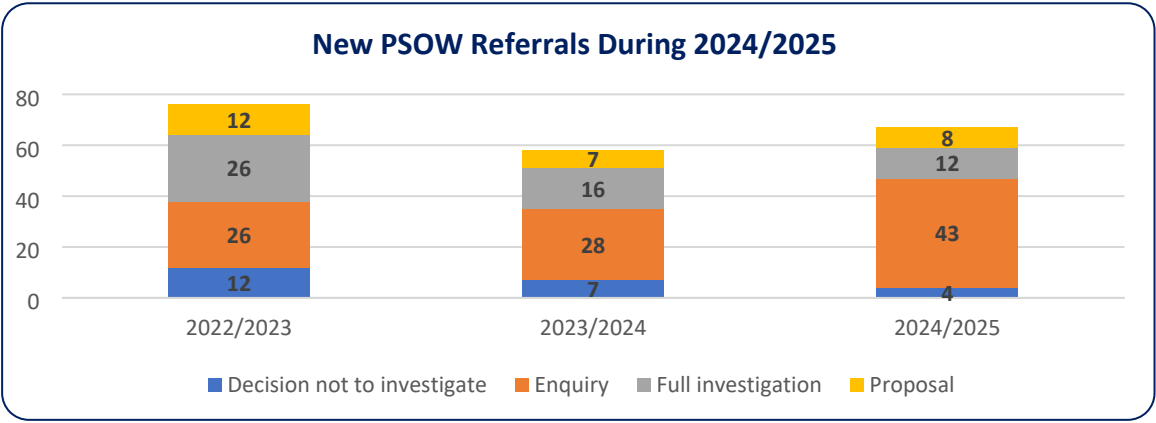


2.2 Public Service Ombudsman for Wales (PSOW)

The Public Services Ombudsman for Wales (PSOW) is an independent body established under the Public Services Ombudsman (Wales) Act 2005, with expanded powers under the 2019 Act. Where a complainant is dissatisfied with the complaints process or the response they receive from the Health Board, they can refer their case to the PSOW.

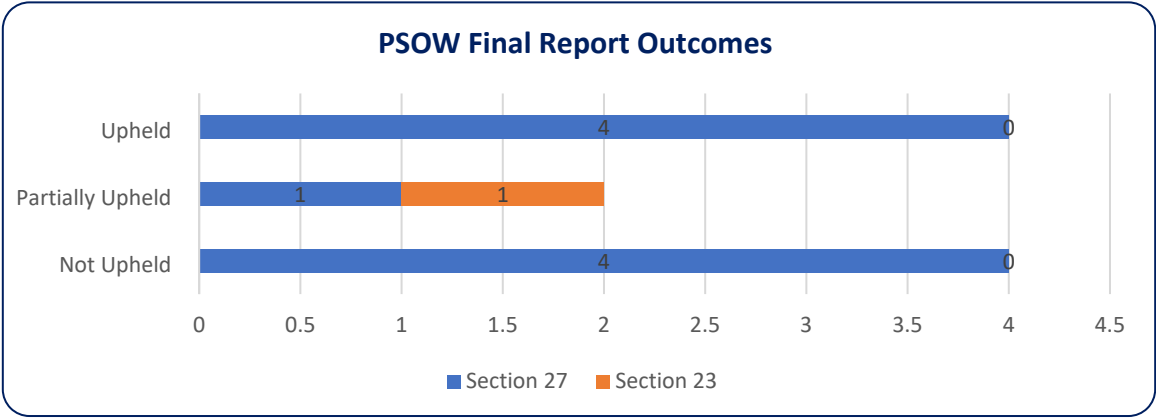
New referrals received

Between the 01.04.24 and 31.03.25, the Health Board received notification of 67 new referrals to the PSOW. This represents an increase when compared to the previous 12 month period. A trend and breakdown of PSOW referrals for the previous 3 years is provided in the chart below.



Final Reports

During 2024/2025 the PSOW issued 10 final reports to the Health Board. Of these, 4 were fully upheld and 2 partially upheld, whereby the Health Board accepted the recommendations and implemented actions to address the learning identified. A summary of the outcome of PSOW investigation final reports is provided in the table below.

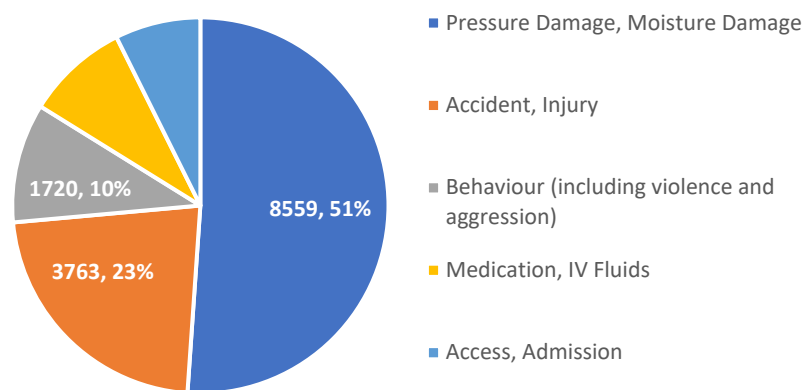


3.0 Patient Safety Incidents

There were 26,083 incidents reported between 01.04.24 and 31.03.25, of which 22,588 (87%) were reported as the patient being the person affected (patient safety incidents).

Accounting for 74% (16,750) the top five Patient Safety incidents reported for the year relate to: Pressure Damage/Moisture Damage; Accident, Injury (including patient falls); Behaviour (including violence and aggression; Medication, IV Fluids and Access, Admission. A breakdown of these is provided in the chart below.

Top 5 Classification of Incidents Reported



3.1 Duty of Candour

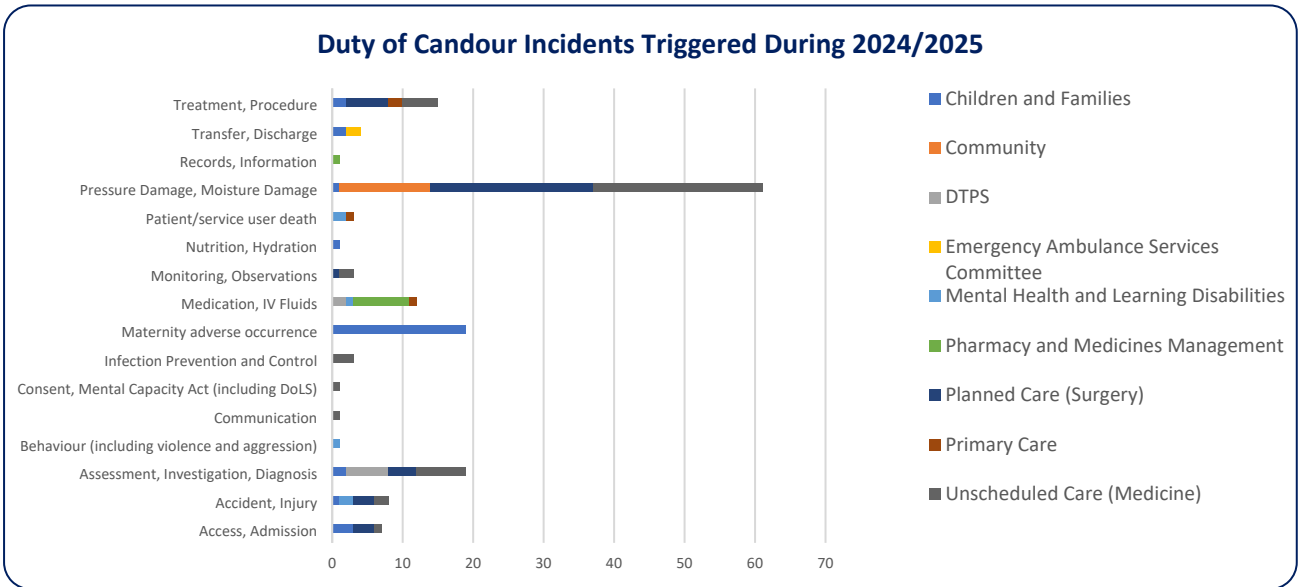
During 2024/2025, 3,541 patient safety incidents were graded by the reporter of the incident as moderate or above. Following Manager’s Interim Harm Assessment, 3,322 patient safety incidents were downgraded to low harm, no harm or the incident occurred prior to the introduction of the Duty. This represents a 94% downgrade rate across the Health Board. 735 incidents are awaiting a Manager’s Interim Harm Assessment to determine grade of harm. The table below provides a breakdown of the patient safety incidents reported as moderate and above, the manager’s harm assessment.

Manager's Interim Harm Assessment		Reporters View of Harm			
		Catastrophic / Death	Severe	Moderate	Total
	Catastrophic / Death	5	0	0	5
	Severe	1	5	3	9
	Moderate	4	11	103	118
	Low	97	94	1526	1717
	None	147	112	1346	1605
	Incident occurred Pre 01.04.23	0	0	2	2
	Total	254	222	2980	3456

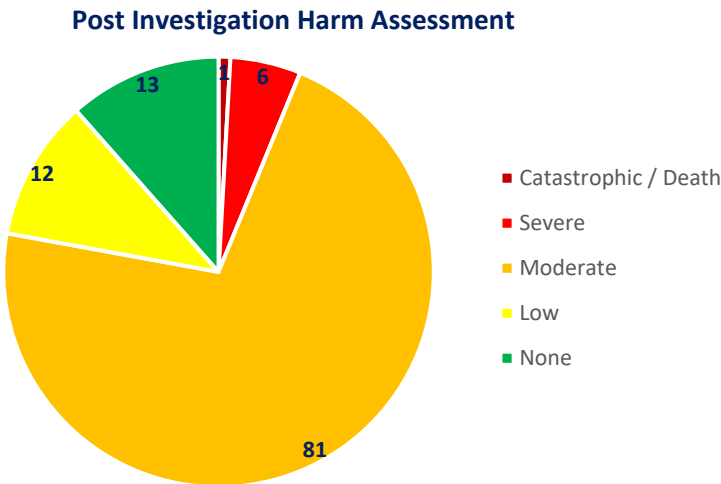
During the reporting period, data extraction from the Datix Cymru System has identified that 58 patient safety incidents were graded by the reporter as no or low harm which, following ‘Manager’s Interim Harm Assessment’, were re-graded as moderate harm or above.

Duty of Candour Triggered

Between the 01.04.24 and 31.03.25, of the 22,588 patient safety incidents reported, of which Duty of Candour was triggered for 159 (0.7%) incidents. A breakdown of Duty of Candour Incidents by classification and care group is provided in the chart below.



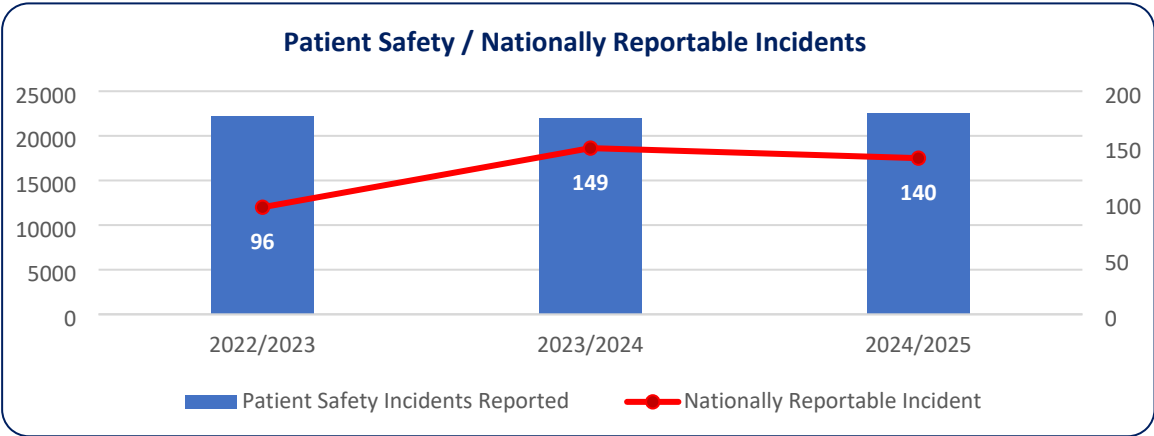
Of the 159 patient safety incidents which triggered the Duty, 113 incidents have been closed. Of those incidents closed, the post investigation harm assessment of 25 (22%) patient safety incidents were deemed as not causing moderate harm or above as a result of healthcare. A breakdown is provided in the table in below.



3.2 Nationally Reportable Incidents

Within the time period, 140 nationally reportable incident notifications were submitted to the NHS Performance & Improvement Team (NHS Executive). This represents a decrease when compared to the previous 12 months.

The incident reporting trend for the previous 3 years is reflected in the chart below.



3.3 Never Events

Never Events are patient safety incidents that are wholly preventable, where there is guidance and safety measures that provide strong systemic protective barriers available at a national level.

Never events have the potential to cause serious harm or death, although serious harm or death does not have to occur for it to be classed as a never event.

The Health Board reported 1 never event between 01.04.24 and 31.03.25, which related to wrong site surgery.

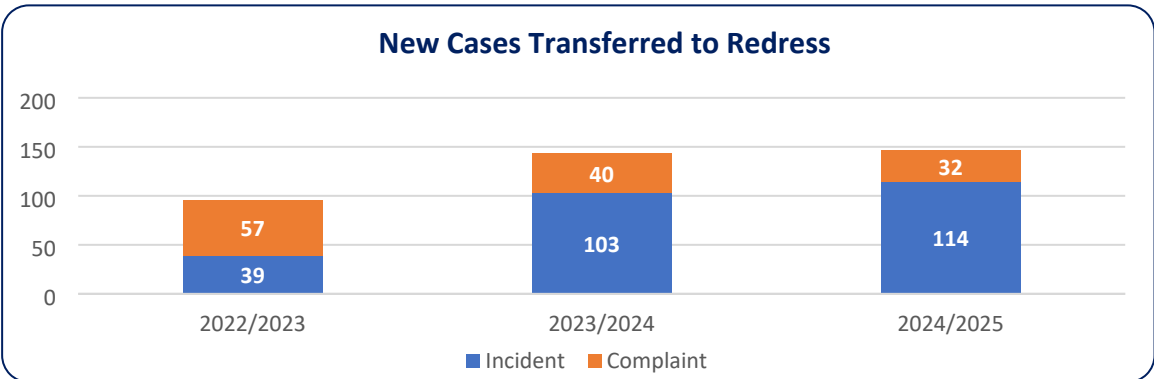
4.0

4.1 Redress

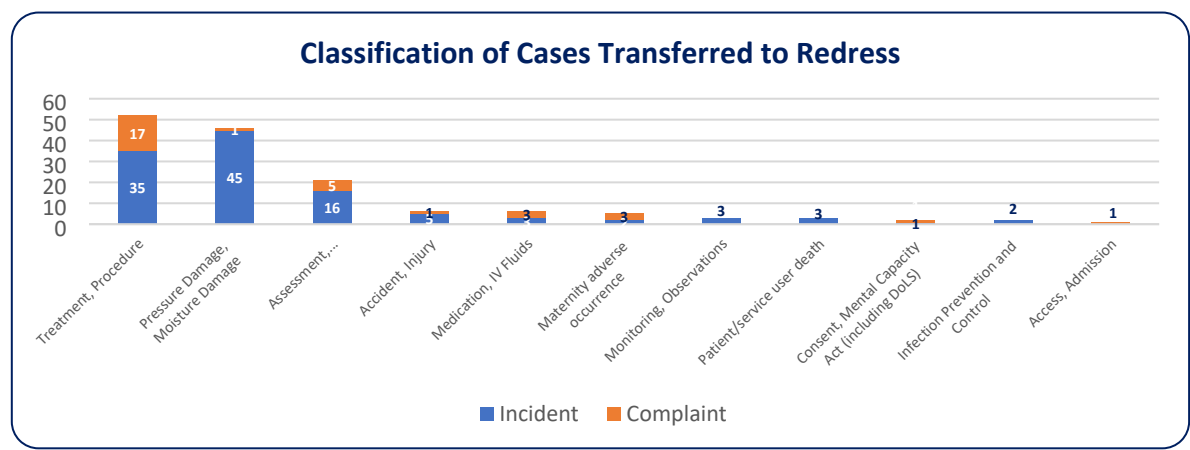
New Cases Transferred to Redress

If during the investigation of a complaint or incident a breach of duty of care is identified which has potentially resulted in harm to the patient, there may be a qualifying liability. At this stage, the complaint will transfer into the Redress process for a further detailed investigation.

Between 01.04.24 and 31.03.25, 146 cases were referred to Redress for review of breach of duty and for consideration as to whether the case is suitable for Redress. 114 were referred from the incident process and 32 from the complaint process.

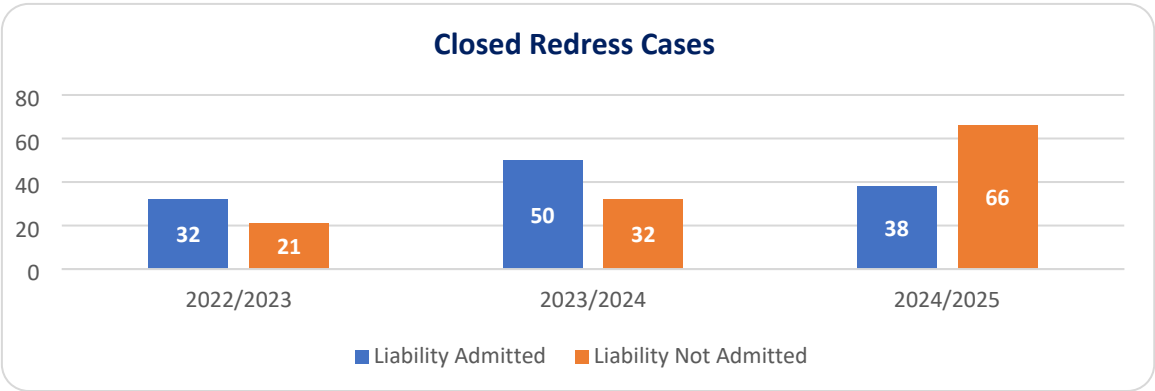


A breakdown of the classification of cases transferred to Redress is provided in the chart below:



Redress Cases Closed

It should be noted that Redress cases will not always be referred and closed within the same financial year. Therefore, the cases closed during 2024/2025 may have been received in previous years. 104 redress cases were closed between the 01.04.24 and 31.03.25, of these 38 were concluded with confirmation of a qualifying liability. The trend for the last 3 years is provided in the table below.



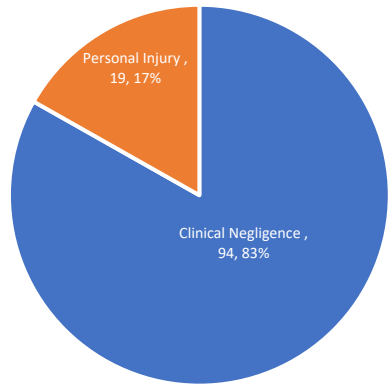
4.2 Claims

Where a case is of a higher value than £25,000, it will be transferred out of the Redress process and managed as a claim.

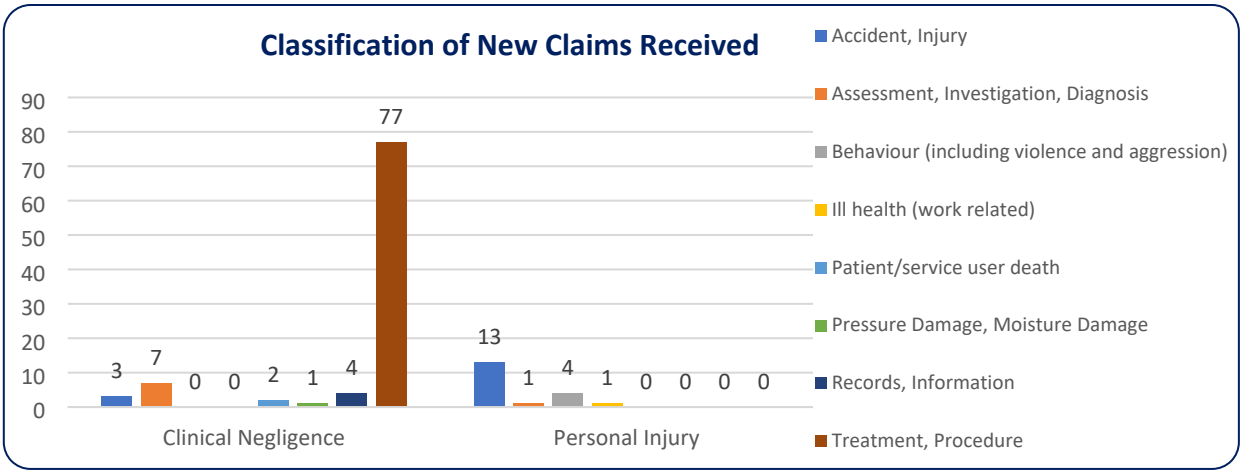
New Claims Received

Between the 01.04.24 and 31.03.25 the Health Board received notification of 113 new claims. These take the form of a clinical negligence and personal injury claims.

Total Number of New Claims Received

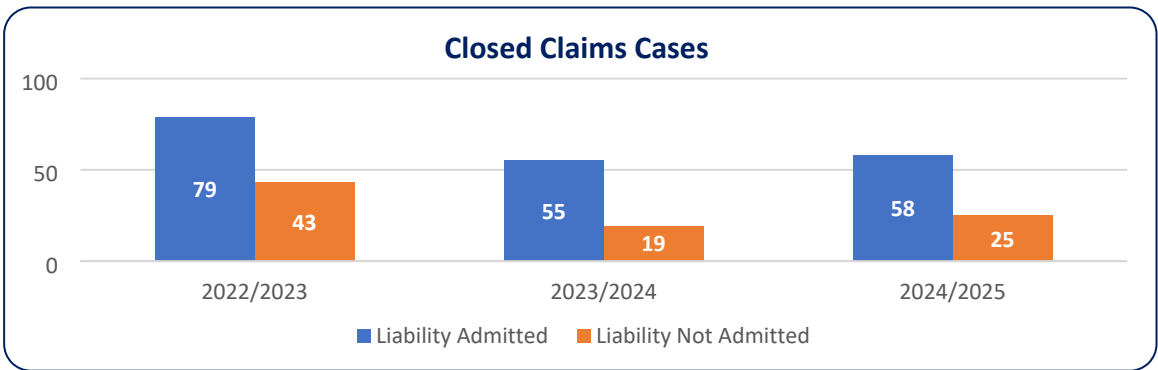


A breakdown of the classification of new claims received during 2024/2025 is provided in the chart below.

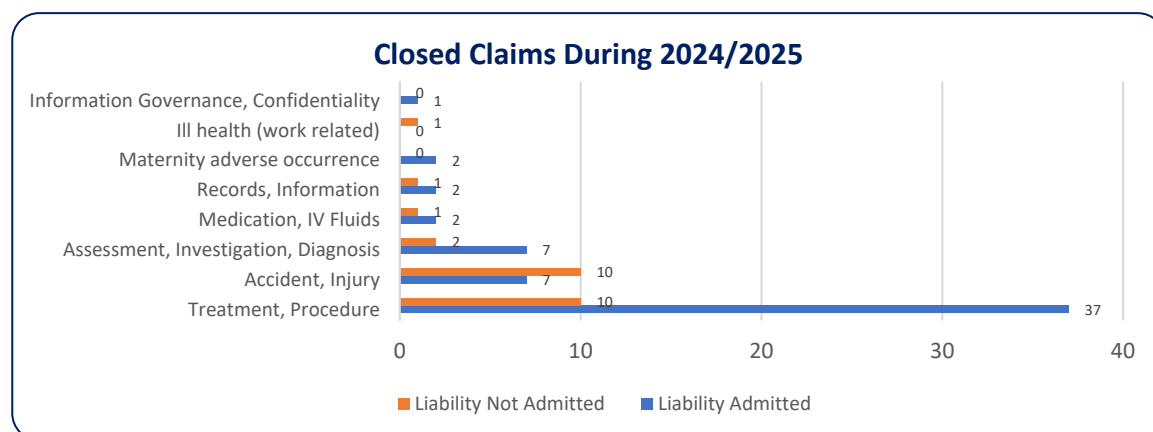


Claims Closed

During 2024/2025 a total 83 claims were closed. Of these, 58 were concluded with an admission of liability or risk-based settlement.



A breakdown of the classification and position regarding liability of claims closed during 2024/2025 is provided in the chart below.

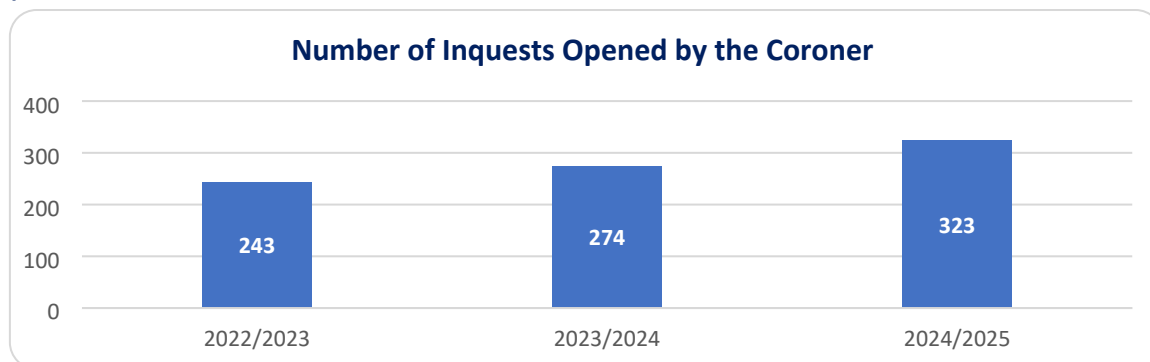


5.0 Inquests

An inquest is a formal investigation by the Coroner to determine how a person died. They are held in certain circumstances, for example if the death was sudden or unexpected. The Health Board must provide information in line with the directions of Coroner.

New Inquests Received

Between the 01.04.24 and 31.03.25 the Health Board received notification of 323 new inquests. This represents an increase when compared with the previous 2 years. A trend graph of inquests opened over the 3 year period is provided below.

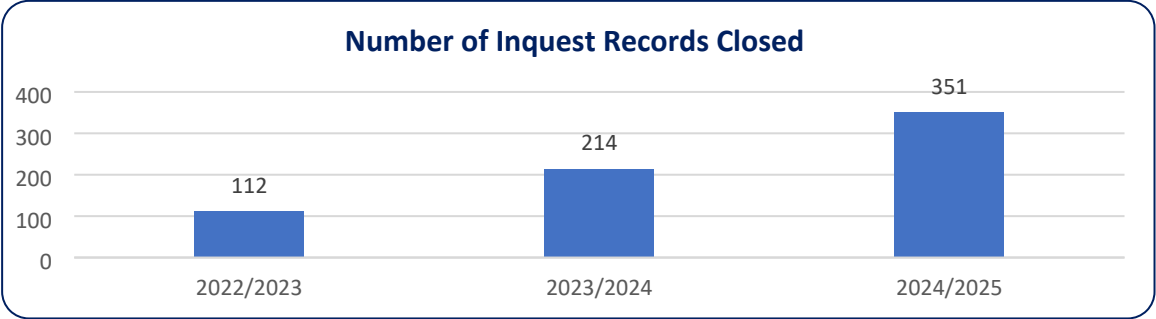


Of the 323 inquests opened, the highest number were received in the Unscheduled Care Group. A breakdown of inquest received by Care Group is provided below.

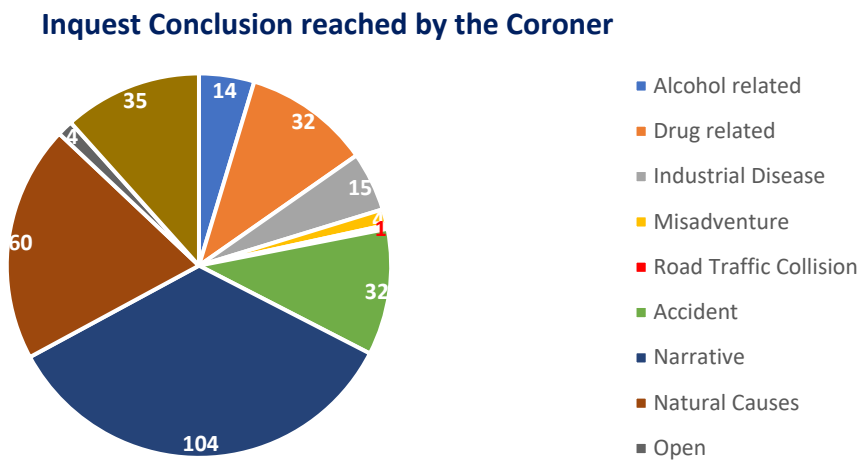
Care Group	Number
Children and Families	10
Diagnostics, Therapies, Pharmacy & Specialist Care	2
Mental Health and Learning Disabilities	89
Planned Care	56
Primary Care & Community Care	23
Unscheduled Care	143
Total	341

Closed Inquests

During the same period 351 inquest cases were closed on the Health Board’s Datix Cymru system. This represents a significant increase in activity when compared with the previous two years. It should be noted that inquests will not always be referred and closed within the same financial year.



Of the 351 inquest records closed on the Datix Cymru system, the hearing date or conclusion has not been made available by the Coroner to the Health Board for 50 cases. Of the remaining cases, 54% were concluded with a narrative (104) or natural causes (60) conclusion. A further breakdown of the conclusion reached by the Coroner for inquests closed during 2024/2025 is provided in the chart below.



Regulation 28 Reports

On conclusion of an Inquest, under the Coroners Regulations 2013, the Coroner has the power to make a report to prevent future deaths, referred to as Regulation 28 reports. During 2024/2025 the Coroner issued five regulation 28 reports to the Health Board. The key issues identified in the regulation 28 reports are summarised in the table below.

Inquest Hearing date	Date issued	Care Group	Conclusion reached by Coroner	Type of Regulation 28 Report	Main Issue
17/09/24	20/09/24	Children and Families	Narrative	Hospital Death (Clinical Procedures and medical management) related deaths	Delays in investigations and diagnosis of endometrial cancer

Inquest Hearing date	Date issued	Care Group	Conclusion reached by Coroner	Type of Regulation 28 Report	Main Issue
15/01/25	20/01/25	Unscheduled Care	Narrative	Hospital Death (Clinical Procedures and medical management) related deaths	Delays in Ambulance Handover
19/06/24	28/06/24	Mental Health & Learning Disabilities	Suicide	Alcohol, Drug and Medication related deaths	Access to all relevant documentation
17/05/24	29/05/24	Planned Care	Narrative	Hospital Death (Clinical Procedures and medical management) related deaths	Timeliness of Escalation and maintenance of fluid balance charts
24/02/25	06/03/25	Unscheduled Care	Narrative	Hospital Death (Clinical Procedures and medical management) related deaths	Failed discharge and referral

6.0 Learning from Event Reports

The Health Board is required to submit a signed Learning from Events Report (LFER), within 4 months of the decision to settle a case, to the Welsh Risk Pool.

All cases considered for reimbursement by the Welsh Risk Pool (WRP) are scrutinised for evidence of the lessons learned and improvement actions taken by the Health Board. Reimbursement, both interim and final reimbursement, will be deferred until the WRP Committee is satisfied with learning and the actions taken in a case.

A summary of activity for Learning from Events Reports due during 2024/2025 is summarised below:

	Claims	Redress	Total
Number of LFERs Triggered	83	58	141
Number of LFERs Due	92	53	145
Number of LFERs submitted	90	48	138
Number of LFERs Approved	64	37	101
Number of LFERs Deferred	71	45	116

7. Conclusion

The key areas to note in relation to the implementation of Putting Things Right for 2024/2025 include:

- Reduction in the number of formal complaints received
- Continued improvement in compliance with the 30 working day target
- Slight increase in the number of Public Service Ombudsman for Wales referrals received
- Decrease in Nationally Reportable Incidents

- Increase in number of cases referred to Redress from the incident process
- Themes arising from complaints and patient safety incidents remain consistent with previous years





Agenda Item

9.1.4

CTM Health Board

Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	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 / Forum Individuals	Date	Outcome
Audit, Risk & Assurance Committee	14/08/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
SFI's	Standing Financial Instructions

1. Situation / Background

- 1.1 NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board, a scheme of delegations to officers and others, and a range of other framework documents, set out the arrangements within which the Board, it's Committees, Advisory Groups and NHS staff make decisions and carry out their activities.
- 1.2 Standing Orders and Standing Financial Instructions should be based upon the model determined by the Welsh Government.
- 1.3 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 The Welsh Government has made amendments to the model documents issued in July 2023, in order to comply with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023 (and associated subordinate instruments). **The changes present a substantially different legislative framework than what the Health Board is currently operating within.**
- 2.2 **Following approval by the Board, the current SFI chapter 11, issued in 2023, will now be superseded by the Model Standing Financial Instructions - Local Health Boards - Chapter 11- Procurement and Contracting, received by Welsh Government, the detail of which is attached as Appendix 1.**

3. Key Risks / Matters for Escalation

- 3.1 Once approved, the relevant update will be uploaded to SharePoint and the Health Board's Internet site.

3. 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	Choose an item.
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Wales of Cohesive Communities
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Choose an item. 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 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: N/A this action is a requirement of Welsh Government
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: N/a – Welsh version can be made available if 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 The Board is asked to **APPROVE** the amendments to Chapter 11 of the Health Board's SFIs.

11. PROCUREMENT AND CONTRACTING

Any instruction or summary of legislation in this chapter of the Local Health Board's (LHB's) SFIs is neither legal advice nor statutory guidance, is not intended to be exhaustive, nor an authoritative statement of the law, nor is it intended to override existing legal obligations applicable to the LHB. The law is subject to constant change and the LHB, should seek its own legal advice as appropriate as well as consult with NHS Wales Shared Services Partnership (NWSSP) Procurement Services.

In the event of any conflict between what is contained in legislation and the LHB's SFIs, the former shall prevail.

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement, the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services ("**Procurement Services**").

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the LHB. Where the term 'procurement staff' or 'department' is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of Procurement Services, e.g.; 'Pharmacy' and 'Works', who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual (existing and future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs].

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

11.2.3 NWSSP's Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- kept up to date;
- conform to statutory requirements and regulations;
- adhere to guidance issued by the Welsh Ministers; and
- are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Legislation Governing Public Procurement

11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the [Procurement Act 2023](#) and associated subordinate instruments (together “**the 2023 Act**”) and the [Health Services \(Provider Selection Regime\) \(Wales\) Regulations 2025](#) and associated subordinate instruments (together “**the PSR Wales Regulations**”) are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services (“**In-Scope Health Services**”) and further detail these can be found in the Welsh Government's statutory guidance titled “[Health service procurement: statutory guidance](#)”. Goods and services which are not In-Scope Health Services (“**Goods and Non-Health Services**”) fall within the scope of the 2023 Act. `

11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words ‘**In-Scope Health Services Only**’ will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the Act, the words ‘**Goods and Non-Health Services Only**’ will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability.

11.3.3 ‘**Goods and Non-Health Services Only**’ The Act governs the procurement of Goods and Non-Health Services. The Welsh Government's Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the LHBs SFIs. **In the event of any conflict between what is contained in the 2023 Act and the LHB's SFIs, the former shall prevail.**

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

11.3.4 **‘In Scope Health Services Only’** The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB’s SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the LHB’s SFIs, the former shall prevail.**

11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.

11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:

- Social Partnership and Public Procurement (Wales) Act 2023
- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government’s Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government ‘Towards zero waste: our waste strategy’
- The Welsh Government Procurement Policy Framework, including:
 - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)

Model Standing Orders, Reservation and Delegation of Powers for LHBs
 Schedule 2.1: Standing Financial Instructions
 Revised Chapter 11
 May 2025

- The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023)

11.4 Procurement Principles and Objectives

11.4.1. The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 **‘Goods and Non-Health Services Only’** The legal and governing principles guiding ‘covered procurement’ under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority’s procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **‘In Scope Health Services Only’** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the LHB doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government’s Health Service Procurement: Statutory Guidance; and
- Having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

Model Standing Orders, Reservation and Delegation of Powers for LHBs
 Schedule 2.1: Standing Financial Instructions
 Revised Chapter 11
 May 2025

11.5.1 To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out:

- a) requirements for, and exceptions to, formal competitive tendering ('**Goods and Non-Health Services Only**');
- b) tendering processes including post tender discussions;
- c) requirements and exceptions to obtaining quotations ('**Goods and Non-Health Services Only**');
- d) evaluation and scoring methodologies; and
- e) approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the LHB delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the LHB to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic and cultural goals in Wales, the LHB must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the [Well-being of Future Generations \(Wales\) Act 2015](#) ("**the WBFG Act 2015**") should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFG Act 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The seven well-being goals are:

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

11.7.4 The WBFG Act 2015 puts in place a “sustainable development principle” which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- **Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- **Integration:** considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- **Involvement:** the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves;
- **Long term:** the importance of balancing short-term needs with the need to safeguard the long-term needs; and
- **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The LHB is required to consider the [Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains](#) and the [Code of Practice](#) on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The LHB shall make use of the tools developed by Welsh Government Commercial Delivery team in implementing the principles of the WBFG Act 2015. The LHB shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, LHBs are required to take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the [Sustainable Risk Assessment Template](#) (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the 'covered procurement' objectives in the 2023 Act, Welsh Government's commitments are set out in Welsh Government's 'technical guidance for covered procurement' and the current and subsequent versions of the Wales Procurement Policy Statement (WPPS). The LHB shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 The LHB must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and an appropriate representative from the service and other appropriate stakeholders, (depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above;
- the availability of funding to be able to award a contract following a successful procurement process; and
- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the four principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For '**Goods and Non-Health Services Only**' Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For '**In Scope Health Services Only**' Value Based Healthcare should be considered under the Key Criteria 'Value' where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the LHB, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the LHB does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the LHB should be submitted by the LHB Board Secretary to the Audit Committee.

11.9.5 The LHB is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government's Health and Social Care Finance Department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the LHB's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies located outside of Wales.

11.10.2 **'Goods and Non-Health Services Only'** - In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the 2023 Act and the table below. The LHB must ensure the value of their requirement considers cumulative spend across the LHB for like requirements and opportunity for collaboration with other NHS Wales Organisations.

TABLE ‘Goods and Non-Health Services Only’

Goods/Services/Works Whole Life Cost Contract value (figures excl. VAT)	Minimum competition (1)	Form of Contract
Below £5,000	Evidence of value for money has been achieved	Purchase Order
£5,000 - £24,999	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
£25,000 plus to the prevailing Procurement Act 2023 threshold (2)	Advertised open call for competition. Minimum of 4 tenders received if available	Formal contract and Purchase Order
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required (3)	Formal contract and Purchase Order

(1) Subject to the existence of suitable suppliers

(2) The Procurement Act 2023 - [Schedule 1 – threshold amounts](#)

(3) In accordance with the requirements set out in Schedule 1.

11.10.3 ‘In Scope Health Services Only’ - In the absence of an existing suitable procurement framework to source the required item, the LHB is required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the [health service procurement: statutory guidance](#). The LHB should note that one of the key objectives of the PSR Wales Regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB’s SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 **‘Goods and Non-Health Services Only’** The LHB must consider the minimum financial thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in [Schedule 1 of the 2023 Act](#).

11.11.2 **‘Goods and Non-Health Services Only’** Advice from Procurement Services must be sought for all requirements in excess of £5,000 (excluding VAT).

11.11.3 **‘Goods and Non-Health Services Only’** The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 **‘Goods and Non-Health Services Only’** Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000 (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.

11.11.5 **‘In Scope Health Services Only’** There is no minimum financial threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- required timescales are achievable.
- specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;
 - deliver in line with legislative and policy frameworks;
 - include robust performance measures to effectively measure and manage supplier performance; and
 - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities. **‘Goods and Non-Health Services Only’**, under

Model Standing Orders, Reservation and Delegation of Powers for LHBs

Schedule 2.1: Standing Financial Instructions

Revised Chapter 11

May 2025

the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI's) for contracts above £5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to 'light touch regime' contracts) and in circumstances where the LHB considers that the supplier's performance under the contract could not appropriately be assessed by reference to key performance indicators (s.52(2) of the 2023 Act)).

11.12.3 'Goods and Non-Health Services Only' Criteria for selecting suppliers and achieving an award recommendation must be evaluated on the basis of the "Most Advantageous Tender", which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life costs, including (where appropriate) the cost of change and / or end of life costs.

11.12.4 'In-Scope Health Services Only' Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26)

The LHB is required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and [Health service procurement: statutory guidance](#)".

11.13 Single Quotation Application (SQA) or Single Tender Application (STA) - 'Goods and Non-Health Services Only'

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- a technical compatibility issue which needs to be met e.g., specific equipment required, or compliance with a warranty cover clause;

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- when joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/national strategy.

11.13.2 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 Committee.

11.13.3 In all applications, through a Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- robust justification is provided;
- a value for money test has been undertaken;
- no bias towards a particular supplier;
- future competitive processes are not adversely affected;
- no distortion of the market is intended;
- an acceptable level of assurance is available before presentation for approval in line with the LHB's Scheme of Delegation; and
- an "or equivalent" test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the LHB has already entered into an arrangement directly.

11.13.5 As a SQA or STA are only used in exceptional circumstances the LHB, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent repeated inappropriate use of a SQA or a STA by the LHB.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- instruct a representative of the LHB to attend Audit Committee;
- escalate to the Board;
- request an internal Audit Review;

Model Standing Orders, Reservation and Delegation of Powers for LHBs
 Schedule 2.1: Standing Financial Instructions
 Revised Chapter 11
 May 2025

- request further training; or
- take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The NWSSP Procurement Manual details the schedule of departures from a SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, Procurement Services will retain a central register of all such activity including SQA/STA's not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals - 'Goods and Non-Health Services Only'

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g., Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the LHB making use of any agreements covering the disposal of such items.

11.14.3 The LHB must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of procurement competitions must be undertaken by a minimum of 2 evaluators from within the operational service of the LHB. Evaluation teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

11.16.1 Contract management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:

- retaining accurate records;
- monitoring contract performance measures;
- engaging suppliers to ensure performance delivery;
- implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by Procurement Services.

11.16.3 Advice on Contract Management best practice is available from Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 ‘Goods and Non-Health Services Only’

11.17.1.1 Extending, modifying, or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.1.2 If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in [sections 74-77 of the 2023 Act](#) and in [Guidance: Contract Modifications](#).

11.17.2 ‘In-Scope Health Services Only’

11.17.2.1 Modification of the scope of an existing contract is possible if:

11.17.2.1.1 the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or

11.11.2.1.2 the original contract was awarded under Direct Award Process 1 and the modification does not render the contract 'materially different' in character.

11.17.2.2 If provisions set out in 11.17.2.1.1 are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:

- solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
- made in response to external factors beyond the control of the 'relevant authority' (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or
- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.4 If there was no provision to extend, further approvals are required from the LHB budget holder and the LHB Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.5 This ensures an appropriate identification and assessment of potential risks to the LHB's compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.6 The budget holder must seek advice from Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. The budget holder will source those goods (**‘Goods and Non-Health Services Only’**) or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract frameworks, such as those managed by Welsh Government’s Commercial Delivery team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the Procurement Services to undertake quotation / tendering exercises (**‘Goods and Non-Health Services Only’**) on their behalf in line with SFI 11.11 thresholds (**‘Goods and Non-Health Services Only’**).

11.18.3 All orders for goods (**‘Goods and Non-Health Services Only’**) and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The LHB will ensure compliance with the ‘No Purchase Order, No Pay’ policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide high-class services on a ‘Once for Wales’ basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the LHB’s terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the LHB by Procurement Services.

SCHEDULE 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as “General Consent to enter individual contracts” replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI’s) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

“(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

- (a) acquire and dispose of property,*
- (b) enter into contracts,*
- (c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Local Health Board or for any purposes relating to the health service).*

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case).”

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 (“**the Investment Guidance**”) includes the following in relation to Local Health Boards:

“Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should ensure

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.”

This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC’s mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

“Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.”

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process).

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care’s consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;
- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions
Revised Chapter 11
May 2025

- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i) Contracts of employment between LHBs, HEIW, or DHCW and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW;
- iii) Out of Hours contracts;
- iv) All NHS contracts; that is where one health services body contracts with another health service body;
- (v) Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g. annual education and training commissioning also do not require further Ministerial notification or consent; and
- (vi) Contracts between £500k - £1 million (for noting) and £1 million + (for approval).
 - a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.
 - b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Agenda Item

9.1.5

CTM Health Board

Annual Duty of Quality Report 2025

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Richard Hughes, Deputy Executive Director of Nursing. Patient Care and Safety Team.
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Deputy Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Quality, Safety and Experience Committee	22/07/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CMTUHB	Cwm Taf Morgannwg University Health Board
RTT	Referral to treatment time

1. Situation / Background

- 1.1 The attached report is the second of its kind, following the first report issued last year in accordance with the new guidance established by NHS Performance and Improvement. Throughout the past year, the Health Board engaged in several sessions and discussions to better understand how organisations can tailor their reports to effectively meet the needs of our community citizens.
- 1.2 This year's report, reflecting the financial year 2024/25, has been developed as an interactive resource for our patients and community members to better understand the work being carried out by CTMUHB in accordance with our legislative duties. This report marks a significant change, addressing some criticisms of previous iterations that highlighted the report's format as inaccessible to several end readers.

2. Specific Matters for Consideration

- 2.1 The annual report sets out to capture key initiatives and pieces of work carried out across CTMUHB throughout 2024/25, providing an overview of activity across the corporate and clinical service portfolio.
- 2.2 In addition, the report has also set out key areas for future or ongoing work throughout 2025/26 that are aligned with national, regional, and local priorities.

3. Key Risks / Matters for Escalation

- 3.1 The format of the Duty of Quality report has been revised from its previous iteration. This redesign has been undertaken with the end user in mind, resulting in a dynamic digital resource that can also be produced in paper format. Following publication, we will seek feedback from key stakeholders to inform future approaches to reporting on our Duty of Quality position in subsequent years.
- 3.2 We now have the opportunity to develop our next Strategic Plan for the Duty of Quality for the period 2026–2029. This will be aligned to our annual reporting cycle and integrated with the three-year Strategic Plan's delivery framework. The approach will also be consistent with CTM's overarching strategy, CTM 2030, while ensuring compliance with statutory requirements.

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: Improving Care
	Living Well



Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below: Ageing well, dying well, growing well and starting well.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies please list below: Culture and Valuing People, Data to knowledge, whole systems.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below: Timely, Effective, Efficient, Equitable, Person Centred,
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Reporting existing activity.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate):	If no, please include rationale below: It is full expected that the version approved by Board will have both English and Welsh translations.

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board is asked to **Approve** this report for publication.

6. Next Steps

6.1 If agreed, the report will be submitted for Welsh translation and publication.

6.2 To access the Annual Duty of Quality Report, please click the link below:

https://www.canva.com/design/DAGn-mmejt0/K3oTNprHKx-Ztncdf7wQ9Q/view?utm_content=DAGn-mmejt0&utm_campaign=designshare&utm_medium=link2&utm_source=uniqueinks&utlId=h2bbccb92f6

Health Board Meeting – Non Routine Board Business Forward Plan

(1st January 2025 to the 31st December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
3 January 2024	Request received from the Assistant Director of Governance & Risk for this item to be added to the forward work programme for Board	Assistant Director of Governance & Risk	Agency Reduction Plan and Decision Making Framework for CTM	To be added to Board Forward work programme following receipt of Welsh Health Circular in January 2024 which identified specific actions for Board/Committees	Deputy Director of People	Executive Director for People	To be agreed	In Progress Awaiting confirmation from the Executive Director for People as to whether this item is still applicable for Board
6 June 2024	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Maesteg Community Hospital Development – Outline Business Case	To be presented to the Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	28 November 2024/27 March 2025	In Progress Will now be presented to January 2026 Board
	Request received from the Director of Digital asking for this to be added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	In progress Awaiting revised date for presentation
16 April 2025	Request made by the CEO at the agenda planning session held in April 2025 for this to be added to the agenda	Executive Director of Strategy & Transformation	Outline Business Case for Llantrisant Health Park	To be presented to the Board for approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	29 May 2025	In progress This item will now be presented to the Public Board scheduled for 25 September 2025 – On agenda
15/05/2025	Reference made to this item by the CEO in the Board Development Session held on 15 May 2025	Executive Director of Finance	Strategic Estates Partnership	To be presented to Board for discussion	Executive Director of Finance	Executive Director of Finance	Was 31 July 2025 Was 25 September 2025 Now 27 November 2025	In progress Will be presented to the November 2025 Board
19/05/2025	Reference made within the report to Board in relation to establishment of South East Wales Regional Joint Committee	Director of Corporate Governance/Board Secretary	South East Wales Regional Joint Committee Terms of Reference	To be presented to the Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	25 September 2025	Proposed for Closure – On agenda Item on the agenda for September 2025 Board for approval
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Roadmap	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025 Now 27 November 2025	In progress Will be presented to the November Board
19/05/2025	Reference made to this item at the Briefing session held with Strategic Development Committee Members on 19 May 2025	Chief Operating Officer	Full Business Case – Llantrisant Health Park	To be presented to Board for Approval	Chief Operating Officer	Chief Operating Officer	25 September 2025 Now 27 November 2025	In progress Will be presented to November Board

[Type here]

Agenda Item 8.2.1

08/08/2025	Email request received from Deputy Director of Strategy & Partnerships	Executive Director of Strategy & Transformation	South East Wales Regional Orthopaedic Plan	To be presented to Board for Approval	Deputy Director of Strategy & Partnerships	Executive Director of Strategy & Transformation	25 September 2025	Proposed for Closure Being received for discussion and approval at the September 2025 In Committee Board
	Email request received from the Director of Digital	Director of Digital	Mental Health Electronic Patient Record Business Case	To be presented to Board for Approval	Director of Digital	Director of Digital	23 October 2025	In progress Verbal update to be presented to the September 2025 In Committee session of the Board. Business Case to be presented to Extra Ordinary Board meeting scheduled for 23 October 2025.
Completed Items								
4 September 2024	Request received by email from the Assistant Director of Governance & Risk	Chief Executive Officer	Accountability Conditions	To be presented to Board for information and awareness	Chief Of Staff	Chief Executive Officer	28 November 2024 – Deferred to 29 May 2025	Completed This was presented at the Board meeting held on 31 July 2025
15 November 2024	Request received by email from Chief of Staff	Chief of Staff	Section 33 Agreement	To be presented to Board for approval	Regional Integration Director	Executive Director of Strategy & Transformation	27 March 2025	Completed This was received and approved by the Board on 31 July 2025
16 April 2025	Request made by the CEO at the agenda planning session held in April 2025 for this to be added to the agenda	Director of Corporate Governance/Board Secretary	Reflection on Cabinet Secretary Priorities, Productivity, Ministerial Advisory Group	To be presented to Board for discussion	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	29 May 2025	Completed This was presented at the Board meeting held on 31 July 2025
16/05/2025	Request received by email from the Director of Corporate Governance	Executive Medical Director	Transforming Access to Medicines Service Business Case	To be presented to the Board for approval	Executive Medical Director	Executive Medical Director	31 July 2025	Completed This was received and approved at the In Committee Board held on 31 July 2025
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Health Protection Framework	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025	Completed This was received and approved at the Board meeting held on 31 July 2025
21/05/2025	Request received by email from the Executive Director of Nursing/Deputy CEO	Executive Director of Nursing/Deputy CEO	Research & Development Strategy 2025 – 20230	To be presented to Board for approval	Executive Director of Nursing/Deputy CEO	Executive Director of Nursing/Deputy CEO	31 July 2025	Completed This was received and approved at the Board meeting held on 31 July 2025
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Executive Director for People	Progress Update – Shift Patterns Consultation	To be presented to Board for discussion and noting	Executive Director for People	Executive Director for People	31 July 2025	Completed An update on progress was included in the CEO report presented to the meeting held on 31 July 2025

Agenda Item 8.2.1

29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Executive Director for People	Progress Update – Delivery of the People Plan	To be presented to Board for discussion and noting	Executive Director for People	Executive Director for People	31 July 2025	Completed An update on progress was included in the CEO report presented to the meeting held on 31 July 2025
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Update on Urgent Care Performance and Health Board's ambition on Waiting Time Targets	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and discussed at the Operational Delivery Committee held on 29 July 2025
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Update on progress being undertaken on Enhanced Community Care	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and discussed at the Board Briefing session held on 24 July 2025
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Progress Report on Dental Services (to include proposed changes to the National Contract and associated consultation)	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and discussed at the Board meeting held on 31 July 2025
07/07/2025	Email request received from the Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	Joint Commissioning Committee Scheme of Delegation and Reservation of Powers	To be presented to Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	31 July 2025	Completed Item received and approved at the Board meeting held on 31 July 2025
05/06/2025	Request made at agenda planning session for this item to be added to the agenda	Chief Operating Officer	Primary Care & Community Transformation Board Work	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and discussed at the Board meeting held on 31 July 2025
09/07/2025	Email request received from the COO Business Manager	Chief Operating Officer	Centralisation of Nuclear Medicine	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and noted at the Board meeting held on 31 July 2025
11/07/2025	Request received from COO Business Manager for this to be added to Board agenda	Chief Operating Officer	Ysbyty George Thomas Change	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and approved at the Board meeting held on 31 July 2025
11/07/2025	Email request received from the Director of Corporate Governance/Board Secretary	Chief Operating Officer	Insourcing of Outpatients Assessments	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	Completed Item received and approved at the Board meeting held on 31 July 2025

CTMUHB Board – Annual Cycle of Board Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a "Non-Routine Board Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB's standing orders which is available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Board meets at **least 6 times per annum**.

Board Chair: Jonathan Morgan, UHB Chair	Board Vice Chair Kath Palmer, Vice Chair	Executive Leads for Agenda Planning Gareth Watts, Director of Corporate Governance & Board Business

CTMUHB Board Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R Except for the annual review in November	R Annual Review only
5. Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance / Board Secretary	Annually						R							X	R
6. Annual Statutory Accounts	Executive Director of Finance	Annually						R							X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
7. Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	Annually			R										X	R
8. Board Assurance Framework	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		X	R
9. Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings	R		R		R		R		R		R		R (where there are no matters to escalate)	R (where there are matters to escalate)
10. Board Committee Annual Reports	Director of Corporate Governance & Board Business	Annually							R						R	X
11. Annual Review of Standing Orders	Director of Corporate Governance/Board Secretary	Annually									R Defer to Jan 2026				X	R
12. Amendments to Standing Orders	Director of Corporate Governance/Board Secretary	As and when required			R										R	X
13. Joint Committee Annual Update	Director of Corporate Governance/Board Secretary	Annually			R										X	R
14. Audit Wales Structured Assessment and Audit Letter	Audit Wales	Annually			R										X	R
15. Audit Wales Annual Audit Report	Audit Wales	Annually			R										X	R
16. Risk Management Strategy	Director of Corporate Governance/Board Secretary	Annually					R								X	R
17. Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually	R												X	R
18. Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R								R	X
19. Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually									R Defer to Nov Board		R		X	R
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									R Defer to Nov Board		R		R	X

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
21. Putting Things Right Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
22. Safeguarding Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R Defer to Nov 25		R		R	X
23. Carers Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
24. Clinical Education Annual Report	Executive Director of Nursing/Deputy CEO	Annually									R Defer to Nov 25		R		R	X
25. Infection Prevention & Control Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
26. Ombudsman's Annual Letter and Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually											R		R	X
Staff and Service User Experience																
27. Shared Listening & Learning Story	Executive Director of Nursing / Deputy CEO	All Regular Meetings	R		R		R		R		R		R		X	R
Setting the Scene – Service Delivery																
28. 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		X	R
29. Chief Executives Report (t include updates on Targeted Intervention – Programme of Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings	R		R		R		R		R		R		X	R
30. Executive Priorities Update/Ministerial Advisory Group Update	Chief Executive	Quarterly							R				R (next report due March 2026)		X	R
Delivering our Plan																
31. Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R		X	R

32. Financial Performance Report	Executive Director of Finance	All Regular Meetings	R		R		R		R		R		R		X	R
33. Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly	R				R		R				R		R	X
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
34. Capital Update	Executive Director of Finance	Quarterly			R Defer to May Board		R		R Defer to Nov Board				R		X	R
35. Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing/Deputy Chief Executive	Bi-Annually					R						R		X	R
36. Working in Partnerships Updates	Executive Director of Strategy & Transformation	As and When Required													X	R
37. Regional Partnerships Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					R						R		R	X
38. Public Services Board 6 Monthly Report	Executive Director of Public Health	Bi-Annually					R						R		R	X
Strategic Planning																
39. Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually			R										X	R
40. Acute Services Clinical Plan Progress Report	Executive Director of Strategy & Transformation	All Regular Meetings	R		R Not required for this meeting		R Not required for this meeting		R		R		R		X	R
41. Winter Plan Update	Executive Director of Strategy & Transformation/ Chief Operating Officer	Annually											R		X	R
42. Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					R Defer to July 25		R				R		X	R
43. Emergency Preparedness, Planning & Recovery Annual Report <i>This is covered within the Civil Contingencies & Business Continuity report so will be removed from the ACB as a separate item</i>	Executive Director of Strategy & Transformation	Annually									R Received in July 2025				R	X
44. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					R Deferred to EO meeting in June 2025						R		X	R

Agenda Item

9.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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 July 2025.

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 Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is being asked to **NOTE** the following Highlight Reports:
- Quality, Safety & Experience Committee 22 July 2025 (On main agenda)
 - Operational Delivery Committee 29 July 2025 (On main agenda)
 - Hosted Bodies Audit, Risk & Assurance Committee 14 August 2025 (appendix 1)
 - CTMUHB Audit, Risk & Assurance Committee 14 August 2025 (appendix 2)
 - Mental Health Act Monitoring Committee 20 August 2025 (On main agenda)
 - Remuneration & Terms of Services Committee 5 September 2025 (appendix 3)



Agenda Item

9.2.3 Appendix 1

CTM Health Board

Highlight Report from the Hosted Bodies Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

Acronyms / Glossary of Terms

JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

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 & Assurance Committee at its meeting on 14 August 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). 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 for alert or escalation on this occasion.
Advise	The Committee received the Joint Commissioning Committee Update, which focussed on the following key areas: • The high vacancy rate which is being mitigated by significant recruitment activity which will improve the vacancy position over the next couple of months. • The role of the JCC in relation to the Continuing Health Care Direct Payments changes. • The role of the JCC in developing a consistent framework and methodology with quality assurance for Health Boards in relation to the National Commissioning Arrangements for Third Sector Organisations.

	Joint Commissioning Committee Risk Register – The Committee received the risk register which represented the position as at the end of May 2025. It was reported that the risk register remains transitional and as a priority the JCC will be looking to fully develop and implement a Risk Management Strategy, Risk Appetite and an Assurance Framework. The Committee focussed discussion on the significant risks around the Ambulance Service and requested a further update at the next meeting from the Director of Commissioning for Ambulance Services & 111, in order to receive assurance on the action being taken to meet the changes in the system as a result of the Ministerial Action Group Report.
Assure	Joint Commissioning Committee Audit Tracker – The Committee were provided with an update on the programme of audit activity undertaken during 2024-2025, work in progress and the programme for 2025-2026. The Committee received assurance that audit planning takes into consideration the risk profile of the organisation and that the internal audit programme can flex to meet any new priorities / risk-based activity in-year if required. Internal Audit Review – Joint Commissioning Committee Financial Arrangements – The Committee were informed of the key findings identified within the report and received assurance that whilst most of the findings had controls in place it was a matter that these require strengthening to mitigate any identified weaknesses in application. It was noted that the management response was robust with actions agreed to mitigate risk.
Inform	The Unconfirmed Minutes of the meeting held on 22 May 2025 were APPROVED. The Action Log was received and noted.
Appendices	Not applicable.

3. Assessment

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



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

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

<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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



Agenda Item

9.2.3 Appendix 2

CTM Health Board

Highlight Report from the Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary/ 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	
CTMUHB	Cwm Taf Morgannwg University Health Board
FCP's	Financial Control Procedures
SFI's	Standing Financial Instructions

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 14 August 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of 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.
- 2.2 The organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg University Health Board achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and looks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the assurance framework may be strengthened and developed further.

3. Highlight Report

Alert / Escalate	No items were identified for escalation.
Advise	Losses and Special Payments Report: The Committee were informed of the significant potential additional cost related to the Welsh Risk Pool (WRP), outlining that for 2025-2026 the WRP are reporting a risk of all Wales overspend of £42m and based on the risk sharing agreement, this would equate to an overspend risk for the Health Board of circa £6.5m. This is reported as a financial risk at this stage while further work is undertaken to refine the estimated impact, As such, this is not yet reflected in the financial position forecast as yet; however, it is expected to crystallise as a pressure later in the year. Procurement and Scheme of Delegation Update: The Committee noted the position on procurement matters for the period 1st April – 30 June 2025. The Committee noted the update regarding Purchase to Pay and achievement of the PSPP target up to Month 3 of 2025-26 and approved the updated Financial Control Procedures.

Local Counter Fraud Report: The Committee noted the key areas of the report particularly the successful recruitment to the vacancy of Local Counter Fraud Specialist who is due to commence at the end of August 2025. An overview of the Economic Crime, Corporate Transparency Act 2023 (EKTA), focusing on the new corporate offence of failure to prevent fraud, which will take effect from September 2025 was also received by the Committee.

The **Internal Audit Progress Report** was received, and Internal Audit colleagues commended the Health Board for the improvement in post audit questionnaire performance. The Committee noted that the Prince Charles Hospital Financial and Technical Compliance Report currently shown as draft in table 3 of the report appendices, has since been updated and provides for a 'Substantial Assurance' rating outcome.

Internal Audit Reports: The following reports were received by the Committee:

- The Internal Audit Review - **End of Life Care Management – Final** was received. Members noted that the review had been allocated a 'Limited' Assurance rating. The Committee were provided with assurance that the findings from this review will be built into the work programme of the 'Dying Well Strategy Group' which reports to the Strategic Development Committee.
- The Internal Audit Review - **Welsh Risk Pool – Final** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating.
- The Internal Audit Review - **Audit Recommendations Tracker Review** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating.
- The Internal Audit Review - **Decarbonisation – Follow Up** was received. Members noted that the review had originally been allocated a 'Limited' Assurance rating. The Committee noted Executive Colleagues planned to meet with Internal Audit outside the meeting to review recommendations 4.1 and 4.2 to ensure they remain appropriate and achievable.
- The Internal Audit Review - **Financial Systems - Final** was received. Members noted that the review had been allocated a 'Substantial' Assurance rating.
- The Internal Audit Review - **Access to Diagnostics Criteria** was received. Members noted that the review had been allocated a 'Limited' Assurance rating.

Audit Wales Update – The Committee received an update on the current and planned accounts and performance audit work. The specific update on the accounts noted that since the last

meeting the financial statements had been signed and certified and the next substantive area of activity will be the audit of the 2024-2025 Charitable Funds Report and Accounts, which is scheduled to commence in the autumn to comply with the Charity Commission's deadline of the 31 January 2026.

The findings of the **Audit Wales Review - Tackling the Planned Care Challenges** was received which concluded that the Health Board is reducing the numbers of very long waits, although it was acknowledged that the October 2024 critical incident in Princess of Wales Hospital affected waiting list recovery. The Committee also noted that the report found that the Health Board has good short-term plans, however, it needs to develop its clinical services plan to help shape services that can sustainably meet expected growth in demand in the longer-term. The report also concluded that the Health Board needs to improve how it reports on harm resulting from planned care delays. The Committee were assured that the findings were not dissimilar to several other Health Boards in Wales and that the response to the Princess of Wales Critical Incident did not overly compromise recovery, therefore a positive response by management should be acknowledged.

The **Audit Wales – Audit of Accounts Report Addendum** report was received by the Committee which set out the recommendations arising from the Audit Wales review of the 2024-2025 accounts and an update on the progress the Health Board has made against previous years' recommendations. It was recognised that for an organisation the size and with the complexities of the Health Board, the shortness of the report reflected very positively on the quality of the account's submission.

Assure	Organisational Risk Register July 2025 Iteration – The Committee commended those involved in the development of the Organisational Risk Register, noting that it provides a comprehensive appraisal of the high-level risks negating the need for further clarity or questions to be sought during the meeting. A report was received on the Welsh Risk Pool - Penalties for Late Submitted Evidence which provided a detailed overview of the process for 'Learning from Events Reports', associated triggers, the role of the Welsh Risk Pool 'Learning from Events Advisory Panel' and a description of the panel outcomes. A breakdown of the penalty status for the Health Board over the past three months was also noted. The Committee were provided with assurance around the internal "Legal Services Recovery Programme" which had been initiated by the Patient, Care and Safety Directorate to embed efficient and effective structures, systems and processes, with clear collaboration and engagement with key stakeholders such as the Welsh Risk Pool and Legal & Risk Services. Audit Recommendations Tracker – The Committee welcomed a revised Audit Tracker report which now only highlights overdue actions with the aim of streamlining Committee focus while keeping the full tracker accessible for deeper review available in Admincontrol. The Committee were assured that the Executive Leadership Group reviewed the tracker and recognised the need to assess relevance of old actions and escalate overdue items for review and closure. It was noted that efforts are underway to cleanse obsolete actions, improve management responses, and educate teams with the introduction of a new Audit Handbook developed by the Quality Assurance & Compliance Team. It was also noted that open dialogue with Audit colleagues continues to ensure actions remain relevant and appropriate where they have been open for a long period. Closed 'In Committee' Session of the Audit, Risk & Assurance Committee - Committee Members received an update on the Organisational Risk Register Business Sensitive Risks, and Medical Variable Pay Summary of Authorised Breaches during the closed session.
Inform	The Interim Amendments to the Model SFIS Instructions Chapter 11 for Local Health Boards was endorsed for Board Approval, and the Committee noting that this change relates to the Health Board requirement to comply with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023 (and associated subordinate

	instruments), which presents a substantially different legislative framework than what the Health Board is currently operating within. The following Consent Agenda Items were APPROVED: • The Unconfirmed Minutes of the meeting held on 22 May 2025; • The Unconfirmed 'In Committee' Minutes of the meeting held on 22 May 2025; • The Unconfirmed EO Committee Minutes of the meeting held on the 25 June 2025; • The Committee Annual Report 2024-25. The following Consent Agenda items were NOTED: • The Committee Annual Self Effectiveness Survey & Improvement Plan for 2024-25; • The Standing Orders – Variation or Breach Report; • The Annual Cycle of Business for 2024-25; • The Forward Work Programme.
Appendices	Not applicable.

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 <u>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</u>	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	All domains can apply due to the nature of the business of the Committee.
	If more than one applies, please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies, please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Highlight report so n/a
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Highlight Report so n/a
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) / Resource Impact (People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

Agenda Item

9.2.3 Appendix 3

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
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	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
VSM	Very Senior Manager

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 meeting on the 5 September 2025.
- 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.
 - **assurance** to the Board in relation to the Health Board'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.
 - **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	Nil
Assure	Appointment – Interim Executive Nurse Director The Committee approved the appointment and remuneration arrangements proposed for the appointment to the role of Interim Executive Director of Nursing on a temporary basis whilst the recruitment process for the substantive post holder is progressed.
Inform	The Committee Approved the following items: • Unconfirmed minutes of the meeting held on the 26 June 2025 • The Committee Annual Report for 2024-2025. The Committee Noted the Committee Cycle of Business
Appendices	Nil

4. Assessment

5. 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:
	Not Applicable



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 More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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: N/A
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: N/A Not required for this type of report.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) In terms of the resource impact of each individual case.

6. Recommendation

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



Agenda Item

9.2.4

CTM Health Board

Annual Unpaid Carer's Report

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	David Watkins – Corporate Carers Lead.
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Quality, Safety & Experience Committee	22/07/2025	NOTED

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
RP	Regional Partnership
WG	Welsh Government
RIF	Regional Integrated Fund
CTM RP	Cwm Taf Morgannwg Regional Partnership

1. Situation /Background

- 1.1 The Cwm Taf Morgannwg (CTM) Carers Partnership Group, established in 2019, continues to provide oversight and strategic direction for the region's work with unpaid carers. The group brings together key partners across the local authorities, the Health Board, and third sector organisations to support the implementation of the CTM Carers Statement of Intent, which outlines five key aims designed to improve the identification, recognition, and support of carers across the region.

Funding for regional carers programmes continues to be held within the RP to support a consistent and equitable offer across the Cwm Taf Morgannwg University Health Board (CTMUHB) footprint.

The five aims set out in the Carers Statement of Intent are:

- Aim 1: Identify carers of all ages and acknowledge their contributions.
- Aim 2: Provide up-to-date, relevant, and timely information, advice, and assistance.
- Aim 3: Offer support, services, and training to meet carers' diverse needs.
- Aim 4: Empower carers by giving them a voice and greater control over their lives.
- Aim 5: Collaborate to maximise available resources for carers' benefit.

These aims remain under review through an ongoing planning and engagement process led by the Cwm Taf Morgannwg Regional Partnership (CTM RP), which also considers alignment with the Welsh Government's (WG) national priorities for unpaid carers.

In response to evolving engagement needs, the former Carers Steering Group was stood down in 2024. Instead, carer issues are now embedded as standing agenda items across three existing RP strategic domains: Dementia, Learning Disability, and Children and Young People, providing a more integrated approach to participation and accountability.

Work to identify and support staff who are also unpaid carers has continued to progress through the CTMUHB's Corporate Carers Lead. This includes ongoing partnership with the People Directorate, with the aim of improving carer visibility, support in the workplace, and improved retention of staff balancing work and care.

2. Specific Matters for Consideration

- 2.1 Carers Grant and Regional Integration
Historically, CTM's carers programme was supported through the Welsh Government Carers Grant. From 2023 onwards, this funding has been integrated into the Regional Integrated Fund (RIF) and is now managed via the CTM RP. This enables a more coordinated regional approach across local

authorities, health, and third sector services. Funding continues to support a regional carers programme and the Corporate Unpaid Carers Coordinator role within CTMUHB.

2.2 Corporate Unpaid Carers Coordinator Role

The coordinator has focused on embedding a whole-system approach to identifying, recognising, and supporting unpaid carers within acute and community settings. This includes building partnerships with local authorities, third sector organisations, and health board departments to improve carer support during hospital admission, care planning, and discharge.

2.3 Carers Passport and John's Campaign Principles

During 2024–25, work progressed on introducing a Carers Passport and embedding the principles of John's Campaign across inpatient settings. These initiatives aim to improve consistency in how carers are welcomed, informed, and supported during hospital stays.

The passport provides carers with an opportunity to be part of a discussion how involved they would like to be in the care of their loved one while they are in hospital.

John's Campaign principles promote inclusion of carers in care decisions and planning, particularly for those with cognitive or communication impairments. It allows carers to support the person they care for outside of normal visiting hours.

Training will be launched alongside both tools, forming part of a wider programme on patient-centred visiting practices.

2.4 Staff Carers Café

The Staff Carers Café has grown in strength over the past year, creating a safe space for employees who have unpaid caring responsibilities. Sessions have included peer discussions, access to Human Resources policies, and signposting to support services. Plans are underway to expand the offer, including thematic sessions and closer alignment with the broader CTMUHB staff wellbeing programme.

2.5 Short Breaks Fund

In 2024/25, the RIF approved £ 194,255.27 for delivery of the Short Breaks Fund across CTM. This provided flexible and personalised respite opportunities for unpaid carers, contributing to their mental and physical wellbeing. The fund supported a wide range of provision, from activity-based breaks to practical respite services. (Appendix 1)

2.6 Carer Awareness Training

Targeted carer awareness training was delivered to:

- Band 6 and 7 community nurses

- Newly qualified nurses
- 'New to Trust' nurses

The training raised awareness of carers' rights, explored practical strategies for recognising carers during care planning, and introduced the forthcoming carers passport. To date approximately 200 staff members, have been trained.

2.7 Additional Engagement and Collaborative Workstreams

Digital Integration: Work is ongoing to develop a carer icon on digital ward whiteboards to prompt early recognition of carers.

Age Connects Morgannwg: Continued partnership with trusted assessors to identify and support carers on wards.

Community Outreach: Attendance at multiple community events to raise awareness of carer support and strengthen referral pathways.

CTM2030: Ongoing collaboration with the Head of Engagement and Involvement to ensure carers remain visible within the Health Board's future strategy.

People Experience Team: Continued partnership to include carers' perspectives in patient experience reporting.

Third Sector and CVCs: Working closely with carer organisations and voluntary sector partners to improve signposting and support for carers.

3. Key Risks / Matters for Escalation

3.1 Ongoing Funding Uncertainty

The Corporate Unpaid Carers Coordinator role continues to be funded annually through the RIF. While CTMUHB recognises the value this role brings in progressing the carer agenda, the temporary nature of the funding poses a significant risk to the sustainability and continuity of the programme. As the WG undertakes a review of the national Carers Strategy, there is potential for shifts in strategic priorities and resource allocation, which may impact future funding arrangements across the region.

3.2 Strategic Alignment During National Review

There is a degree of uncertainty regarding how current local and regional priorities will align with the revised national direction once the updated strategy is published. While CTMUHB remains committed to embedding carer support into everyday practice, changes in policy focus or delivery expectations could necessitate a shift in planned activity or governance structures.

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: 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 resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd 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 not a policy or service review.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: No change to service provision
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	

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

5. Recommendation

- 5.1 Board members are asked to accept this report and NOTE the breadth of work undertaken to strengthen support for unpaid carers across the Health Board footprint. This includes ongoing collaboration with local authority and third sector partners, the development of the Carers Passport, application of John's Campaign principles, enhanced support for staff carers, and insight gained through regional survey activity. These efforts collectively demonstrate CTMUHB's continued commitment to improving outcomes for carers through integrated and person-centred approaches.

6. Next Steps

- 6.1 To continue collaborative coproduction with CTM RP and third sector partners, ensuring unpaid carers remain central to service design and delivery. Key next steps include the rollout of the Carers Passport and John's Campaign Principle's training, expansion of the Staff Carers Café model, integration of carer representation within strategic workstreams, and strengthened use of carer insight—such as survey findings and lived experience input—to inform improvements across hospital and community settings.



Cwm Taf Morgannwg
Partneriaeth | Regional
Rhanbarthol | Partnership

Prosiectau Seibiau Byrion wedi'u Hariannu Cwm Taf Morgannwg 2025/26

Short Break Funded Projects Cwm Taf Morgannwg 2025/26



Rhondda Cynon Taf

Prosiect: Seibiau Byrion Cymuned Gofalwyr

Mae'r gwasanaeth hwn ar gyfer:

- Oedolion a Phobl Hŷn
- Plant a Phobl Ifanc

Y cynnig:

- Taleb rhodd (gall gofalwyr ddewis eu gweithgareddau eu hunain, fel aros dros nos, diwrnodau sba, neu brofiadau te prynhawn)
- Taleb Ystafell Ddianc Rhondda (i 2 berson, dewiswch rhwng 5 ystafell wahanol)
- Cerdyn rhodd 'Bwyta Allan' (i'w fwynhau mewn nifer o fwytaï stryd fawr blaenllaw)
- Taleb theatr y New Theatre (gellir defnyddio hwn tuag at brynu sioe o'ch dewis)
- Cerdyn rhodd 'Bwyta gartref' (e-daleb Just Eat i chi ei harchebu a'i mwynhau pan fyddwch chi eisiau)
- 'Ditectif am Ddiwrnod' (wedi'i ddanfôn i'ch drws, popeth sydd ei angen arnoch i ddatrys 'llofruddiaeth y cwch hwylio moethus' – yr holl dystiolaeth ynddo, a gallwch ei ddatrys yn eich amser hamdden gyda'ch ffrindiau, teulu – perffaith ar gyfer noson wych i mewn!)

Project: Carer Community Short Breaks

This service is for:

- Adults and Older people
- Children and Young People

The offer:

- A gift voucher (carers can choose their own activities, such as overnight stays, spa days, or afternoon tea experiences)
- Rhondda Escape Room voucher (for 2 people, choose between 5 different rooms)
- 'Dining Out' gift card (to enjoy at a number of leading high street eateries)
- New Theatre voucher (this can be used towards a purchase of a show of your choice)
- 'Dining in' gift card (a Just Eat e-voucher for you to order and enjoy at your own convenience)
- Detective for a Day (delivered to your door, everything you need to solve 'murder of the luxury yacht' – all evidence within and solve it at your leisure with your friends, family – perfect for a great night in!)



Sut i ymgeisio / How to apply:

Ffoniwch / Please call:
01443 281463

Merthyr Tudful

Merthyr Tydfil

Cancer Aid

Y cynnig:

Mae seibiannau byr Cancer Aid yn darparu'r gwasanaethau canlynol i ofalwyr gan ganolbwyntio ar hunanofal, ymlacio, a gwella llesiant. Bydd hyn yn helpu i feithrin cysylltiadau cymunedol i leihau unigrwydd cymdeithasol ac i gysylltu ag eraill sydd mewn sefyllfaoedd tebyg.

Gall gofalwyr ddewis o blith:

- Sesiynau therapi cyflenwol
- Gwasanaethau salon gwallt
- Mynychu caffi cysylltu gofalwyr – grŵp cymorth / cyfarfodydd cinio wythnosol i ofalwyr
- Mynediad at drafnidiaeth os yw trafndiaeth yn rhwystr i gael mynediad at unrhyw gymorth
- Diwrnodau antur – triapiau undydd teuluol, triapiau theatr, triapiau undydd

Cancer Aid

The offer:

Cancer Aid's short breaks will provide the following services for carers focusing on self-care, relaxation, improving wellbeing. This will help build community connections to reduce social isolation and connect with others who are in similar situations.

Carers can choose from:

- Complementary therapy sessions
- Hair salon services
- Attending a carers connection café – a weekly carers support group / lunch meets
- Access to transport if transport is a barrier to accessing any support
- Adventure days – family day trips, theatre trips, day trips

Sut i ymgeisio / How to apply:

Gall gofalwyr gysylltu â Cancer Aid drwy ffonio **01685 379633**, neu alw heibio i'w canolfan ar Upper Union Street, Dowlais, CF48 3LE.

Maen nhw hefyd yn derbyn atgyfeiriadau gan ymarferwyr gofal iechyd neu weithwyr gofal cymdeithasol ar yr amod y gellir dangos fod cydsyniad wedi'i roi.

Os oes angen unrhyw beth pellach arnoch, mae croeso i chi gysylltu â'r tîm ar **01685379633**.

Carers can contact Cancer Aid by phoning **01685 379633**, or call into their centre on Upper Union Street, Dowlais, CF48 3LE.

They also accept referrals from health care practitioners or social care workers provided you can provide consent.

If you need anything further please don't hesitate to contact the team on **01685 379633**.

Rhanbarthol / Regional

Gwasanaeth Hamdden Halo

Y cynnig:

Mae prosiect Llesiant Gofalwyr Halo yn rhoi cyfle i ofalwyr gymryd rhan mewn gweithgareddau ymarfer corff a llesiant wythnosol naill ai am ddim neu fel treial.

Bydd y prosiect yn talu am ofal amgen er mwyn i ofalwyr di-dâl allu mynychu sesiynau, gan ei gwneud hi'n haws iddyn nhw gymryd seibiant.

Gallwch gofrestru ar raglen chwe wythnos sy'n cynnwys:

- **Gweithgareddau ymarfer corff a llesiant** a gynigir am ddim neu fel treial. Cynhelir y sesiynau hyn mewn cyd-destun a gynlluniwyd i leihau pryder ac annog cyfranogiad ymhlith gofalwyr di-dâl.
- **Canllawiau deiet a maeth a ddarperir gan ddeietegydd Lefel 4.** Yn ogystal, bydd cyngor arbenigol ar gyfer cefnogi unigolion â dementia ar gael trwy Ddeietegydd Iechyd Meddwl Pobl Hŷn Bwrdd Iechyd Prifysgol CTM.
- **Gweithdai therapi cyfannol**, gan gynnwys sesiynau ymwybyddiaeth ofalgar, gyda'r nod o ddysgu technegau lleddfu straen y gellir eu hintegreiddio i fywydau prysur gofalwyr. Dangoswyd bod y dulliau hyn yn lleddfu iselder a phryder, yn ogystal â chynorthwyo i brosesu a derbyn emosiynau anodd.
- **Gofal amgen i oedolion hŷn** pan fydd gofalwyr yn cymryd rhan yng ngweithgareddau'r rhaglen. Drwy gydweithio â Chymdeithas Alzheimer gellir sicrhau gweithgareddau cyfoethog i dderbynwyr gofal, fel defnyddio'r Ystafell Synhwyraidd yng Nghanolfan Bywyd Pen-y-bont ar Ogwr.
- **Gwybodaeth, Cyngor a Chymorth (IAA):** Ymweliadau rheolaidd gan sefydliadau sy'n darparu gwasanaethau ehangach i atgoffa gofalwyr am eu hawliau, beth y mae ganddynt hawl iddo, a'r gefnogaeth sydd ar gael. Mae hyn yn cynnwys gwybodaeth am sut mae system gofal a chymorth yr awdurdod lleol yn gweithredu, y mathau o wasanaethau sydd ar gael, gan gynnwys asesiadau gofalwyr, a sut i gael mynediad atynt.
- **Mynediad parhaus** at weithgareddau hamdden y fwrdeistref sirol trwy aelodaeth 3 mis i ofalwyr ar ddiwedd 6 wythnos y sesiynau llesiant cychwynnol. Cynlluniwyd y parhad hwn i'ch helpu i barhau â ffyrdd iach o fyw a mabwysiadu hynny'n hirdymor. Bydd gweithio'n agosach gyda rhaglen CRISP Cymdeithas Alzheimer yn helpu i greu system gymorth lyfnach a mwy cydgysylltiedig i ofalwyr. Bydd cydweithio ychwanegol â Chydlynwyr Cymunedol Lleol yn anelu at wella gwytnwch grwpiau cyfoedion, o bosibl trwy gronni taliadau uniongyrchol i ffurfio grwpiau parhaus ac opsiynau gofal amgen.

Halo Leisure Service

The offer:

The Halo Carer Well-being project provides carers with the opportunity to participate in weekly exercise and well-being activities on a complimentary or trial basis.

This project will pay for replacement care so unpaid carers can attend sessions, making it easier for them to take a break.

You can enrol onto a six week programme that includes:

- **Exercise and well-being activities** offered on a complimentary or trial basis. These sessions are conducted in environments designed to reduce anxiety and encourage participation among unpaid carers.
- **Diet and nutrition guidance provided by a Level 4 dietician.** Additionally, specialised advice for supporting individuals with dementia will be available through "CTM University Health Board's Older Persons' Mental Health Dietitian."
- **Holistic therapy workshops**, including mindfulness sessions, aimed at teaching stress-relief techniques that can be integrated into the busy lives of carers. These methods have been shown to alleviate depression and anxiety, as well as assist in processing and accepting difficult emotions.
- **Replacement care for older adults** while carers are engaged in programme activities. Collaboration with the Alzheimer's Society ensures enriching activities for care recipients, such as utilising the sensory room at Bridgend Life Centre.
- **Information, Advice, and Assistance (IAA):** Regular visits from organisations providing wider services to keep carers informed about their rights, entitlements, and available support. This includes information on how the local authority's care and support system operates, the types of services available, including carers' assessments, and how to access them.
- **Ongoing access** to county borough leisure activities through a 3-month membership for carers, once the initial six week wellbeing session has finished. This continuation is designed to help you maintain healthy lifestyles and adopt a long-term approach. Working more closely with the Alzheimer's Society's CRISP programme will help create a smoother and more joined-up support system for carers. Additional collaboration with Local Community Coordinators will aim to enhance peer group resilience, potentially through pooled direct payments to form continuous groups and replacement care options.



Bydd sesiynau grŵp yn darparu ar gyfer tua 10-15 o ofalwyr, gan feithrin datblygu rhwydwaith cymorth cyfoedion a lleihau teimladau o unigrwydd ac arwahanrwydd.

Gellir efelychu'r rhaglen hon ar gyfer mathau eraill o ofalwyr, gan gynnwys rhieni sy'n ofalwyr.

Group sessions will accommodate approximately 10-15 carers, fostering the development of a peer support network and reducing feelings of loneliness and isolation.

This programme can be replicated for other types of carers, including parent carers.

Sut i ymgeisio / How to apply:

I gael mwy o wybodaeth am y rhaglen, neu i gymryd rhan, cysylltwch â Jess ar:
jess.jaques@haloleisure.org.uk neu **07812496038**

<https://haloleisure.org.uk/community/carers-respite-programme>

Cofrestrwch eich diddordeb ar gyfer **Rhaglen Seibiant Rhiant-ofalwyr Halo yma**

I gael mwy o wybodaeth am y rhaglen, neu i gymryd rhan, cysylltwch â Terri ar:
terri.llewellyn@haloleisure.org.uk

For more information on the programme or to get involved, please contact Jess on:
jess.jaques@haloleisure.org.uk or **07812496038**

<https://haloleisure.org.uk/community/carers-respite-programme>

Please register your interest for **Halo's Parent Carers Respite Programme here**

For more information on the programme or to get involved, please contact Terri at:
terri.llewellyn@haloleisure.org.uk

Y Bont – Cwtch

Mae'r gwasanaeth hwn ar gyfer:

- Oedolion a Phobl Hŷn
- Plant a Phobl Ifanc

Y cynnig:

Y Bont yw'r unig wasanaeth yng Nghymru sy'n cynnig gofal a chefnogaeth arbenigol cyn oedran ysgol i blant a chyflyrau meddygol cymhleth, anabledau ac anghenion cymhleth sy'n ymddangos. Bydd y gweithgareddau'n cwmpasu'r uned deuluol gyfan gan ddarparu:

- Digwyddiadau a gweithgareddau fel diwrnodau llesiant, gweithdai ymwybyddiaeth ofalgar, gweithdai crefft, digwyddiadau golff, digwyddiadau cymdeithasol i'r gofawyr wrth i ofal gael ei ddarparu ar gyfer y plentyn / plant.
- **Digwyddiadau teuluol** – dengys adborth gan deuluoedd y mae Y Bont yn gweithio'n agos iawn gyda nhw nad oes llawer o leoedd sy'n darparu ar gyfer teulu plentyn ag anghenion cymhleth 'mond i 'fod' gyda'i gilydd fel teulu. Nod y sefydliad yw cynnal digwyddiadau teuluol gyda gweithdai ar gyfer gofawyr ifanc, ble bydd staff wrth law i gefnogi'r plant ag anghenion cymhleth i ymuno ag unrhyw weithgareddau gyda'u brodyr a chwiorydd, a ble gall rhieni a'r gofawyr ymuno os ydynt yn dymuno, neu gallan nhw gwrdd a siarad â'i gilydd tra byddwn ni'n gofalu am y plant ac yn eu diddanu.
- Cyfle i deuluoedd fwynhau gweithgareddau gyda'i gilydd fel uned deuluol gyda'r sefydliad wrth law i'w cefnogi ac i hwyluso hynny ar eu cyfer.
- Gall rhieni / gofawyr plant ag anghenion ychwanegol deimlo'n ynysig. Mae'r sefydliad yn cynnig digwyddiadau cymdeithasol, boreau coffi neu'r cyfle i gerdded gydag eraill a allai fod yn wynebu anawsterau tebyg. Dyma bobl a allai ddeall, sydd angen rhywun i siarad ag ef, neu a hoffai gwrdd ag eraill sydd â phlant mewn sefyllfaoedd tebyg i'w rhai hwy.
- Seibiant i brif ofalwyr y plentyn, fel mynd i gyngherddau brodyr a chwiorydd, cael coffi, hyd yn oed gwneud y siopa wythnosol.

This service is for:

- Adults and Older people
- Children and Young People

The offer:

Y Bont is the only service in Wales that offers specialist pre-school care and support for children with complex medical conditions, disabilities and complex emerging needs. The activities will encompass the whole family unit providing:

- Events and activities such as wellness days, mindfulness workshops, craft workshops, golf events, social events for the carers whilst care is provided for the child / children.
- **Family events** – feedback from families Y Bont work very closely with is that there are not many places that will cater for a family of a child with complex needs to just 'be together' as a family. The organisation look to put on family events with workshops on for young carers, staff on hand to support the children with complex needs to join in any activities with their siblings, for the parents and carers to join in if they wish or for them just to meet and talk to each other whilst we look after and entertain the children.
- For families to enjoy activities together as a family unit with the organisation on hand for support and to facilitate that for them.
- Parents / carers of children with additional needs can feel isolated. The organisation offers social events, coffee mornings or a walk with others who may have similar battles to face. These are people who may understand, need someone to talk to, or just would like to meet others with children in similar situations to their own.
- Respite for the child's main carers such as going to a siblings' concerts, having a coffee, or even doing the weekly shop.





Bydd Y Bont yn cynnal digwyddiadau misol i roi cyfle i rieni a gofalwyr gymryd seibiant o'u rwtîn arferol a gwneud rhywbeth drostynt eu hunain. Bydd cyfarfodydd coffi cymdeithasol wythnosol – a gynhelir yn y bore, y prynhawn, neu gyda'r nos – yn cynnig opsiynau hyblyg ar gyfer cysylltu a chefnogi. Gan gydnabod anghenion penodol gofalwyr gwrywaidd, bydd Y Bont hefyd yn trefnu sesiynau pwrpasol ar gyfer tadau. Yn ogystal, cynhelir digwyddiad teuluol bob tymor, gan roi lle i deuluoedd ddod at ei gilydd, dathlu, chwarae, a mwynhau amser o safon fel uned.

Y Bont will host monthly events to give parents and carers an opportunity to take a break from their routine and do something for themselves. Weekly social coffee gatherings—held in the morning, afternoon, or evening—will offer flexible options for connection and support. Recognising the specific needs of male carers, Y Bont will also organise dedicated sessions for dads. Additionally, a family event will be held each term, providing a space for families to come together, celebrate, play, and enjoy quality time as a unit.

Sut i ymgeisio / How to apply:

E-bost / Email: sarah@ybont.com

Ffôn / Telephone: **01656 646 013**

Merthyr a Rhondda Cynon Taf

Merthyr and Rhondda Cynon Taf

Pobl yn Gyntaf Cwm Taf

Mae'r gwasanaeth hwn ar gyfer:

- Oedolion ag anabledd dysgu / eu gofalwyr

Y cynnig:

Mae Pobl yn Gyntaf Cwm Taf yn cynnig cynnig tri seibiant byr -- un ymhob chwarter o'r flwyddyn -- a thri diwrnod profiad. Bydd y diwrnodau profiad hyn yn digwydd gyda'r nos neu ar benwythno-sau, heb aros dros nos, er mwyn rhoi cyfle i ofalwyr di-dâl a'r bobl maen nhw'n eu cefnogi orffwys y tu allan i oriau arferol yr wythnos.

Bydd pob seibiant neu brofiad yn cefnogi 8 i 12 o gyfranogwyr, yn dibynnu ar anghenion unigol a chostau fel llety a gweithgareddau. Bydd manylion pob digwyddiad yn cael eu cynllunio ar y cyd gyda'r grŵp i wneud yn siŵr bod y gweithgareddau'n ystyrlon ac yn bleserus.

Mae'r dull hwn yn rhoi mwy o gyfleoedd i ofalwyr di-dâl a'r rhai sy'n derbyn gofal ganddynt i gymryd rhan mewn gweithgareddau maen nhw'n eu dewis -- rhywbeth sy'n aml yn anodd oherwydd eu cyfrifoldebau gofalu.

Cwm Taf People First

This service is for:

- Adults with a learning disability / their carers

The offer:

Cwm Taf People First proposes offering three short breaks—one in each quarter of the year—and three experience days. These experience days will take place in the evening or on weekends, without overnight stays, to give both unpaid carers and the people they support a chance to rest outside of typical week day hours.

Each break or experience will support 8 to 12 participants, depending on individual needs and costs such as accommodation and activities. The details of each event will be planned together with the group to make sure the activities are meaningful and enjoyable.

This approach gives unpaid carers and those they care for more chances to take part in activities they choose—something that is often difficult due to their caring responsibilities.

Sut i ymgeisio / How to apply:

E-bost / Email: leejones@rctpeoplefirst.org.uk

Ffôn / Telephone: **07496883553**

Pen-y-bont ar Ogwr Bridgend

Ymddiriedolaeth Ddiwylliannol Awen – Gofalu am Gymunedau

Mae'r gwasanaeth hwn ar gyfer:

- Oedolion a Phobl Hŷn

Y cynnig:

Digwyddiadau wedi'u cynllunio ar gyfer gofaluwyr

• Misol:

Cyngherddau Be Hear Now yn Neuadd Tref Maesteg
Cynhwysir te a theisen ar gyfer hyd at 100 o ofalwyr

• Gydol y flwyddyn:

Cinio dydd Sul yn Nhŷ Bryngarw
Ar gyfer 20 pâr

• Ionawr / Chwefror:

Digwyddiad Dydd Santes Dwynwen / Dydd Sant Ffolant
Swper rhamantus gyda cherddoriaeth fyw yn Nhŷ Bryngarw ar gyfer hyd at 40 o ofalwyr

• Mawrth:

Digwyddiad Dydd Gŵyl Dewi
Te prynhawn gyda pherfformiad ar y delyn yn Nhŷ Bryngarw ar gyfer hyd at 40 o ofalwyr

• Mai:

- **Opera Abertawe** yn Neuadd Tref Maesteg
Ar gyfer 20 o ofalwyr
- **Sioe Gomedï Stand-yp** yn Neuadd Tref Maesteg
Ar gyfer 20 o ofalwyr

• Mehefin:

Ballet Cymru yn Neuadd Tref Maesteg
Ar gyfer 20 o ofalwyr

• Awst:

Outdoor Theatr Awyr Agored ym Mharc Bryngarw
Tair sioe ar gyfer 40 o ofalwyr

Awen Cultural Trust – Caring for Communities

This service is for:

- Adults and Older People

The offer:

Planned events for carers

• Monthly:

Be Hear Now Concerts at Maesteg Town Hall
Includes tea and cake for up to 100 carers

• Year-Round:

Sunday Lunches at Bryngarw House
For 20 couples

• January/February:

St Dwynwen's Day / Valentine's Day Event
Romantic dinner with live music at Bryngarw House for up to 40 carers

• March:

St David's Day Event
Afternoon tea with harp performance at Bryngarw House for up to 40 carers

• May:

- **Swansea Opera** at Maesteg Town Hall
For 20 carers
- **Stand-Up Comedy Show** at Maesteg Town Hall
For 20 carers

• June:

Ballet Cymru at Maesteg Town Hall
For 20 carers

• August:

Outdoor Theatre at Bryngarw Park
Three shows for 40 carers



Y cynnig:

Digwyddiadau wedi'u cynllunio ar gyfer gofalwyr

• Hydref:

- **Made in Tennessee** (Sioe Canu Gwlad) yn Neuadd Tref Maesteg
Ar gyfer 20 o ofalwyr
- **Lipstick on Your Collar** (Sioe gerdd 1950au / 60au) yn Neuadd Tref Maesteg
Ar gyfer 20 o ofalwyr

• Rhagfyr:

Groto Siôn Corn Hamddenol aym Mharc Gwledig Bryngarw
Ar gyfer dros 60 o deuluoedd, yn cynnwys addurniadau, crefft, bwyd, diod ac anrhegion. Daw'r digwyddiad hwn, sy'n ystyriol o'r synhwyrâu, â llawenydd a seibiant i gyfranogwyr.

The offer:

Planned events for carers

• October:

- **Made in Tennessee** (Country Music Show) at Maesteg Town Hall
For 20 carers
- **Lipstick on Your Collar** (1950s / 60s Music Show) at Maesteg Town Hall
For 20 carers

• December:

Relaxed Santa Grotto at Bryngarw Country Park
For over 60 families. Includes decorations, crafts, food, drinks, and presents. This sensory-friendly event brings joy and respite to participants.

Sut i ymgeisio / How to apply:

E-bost / Email: claire.cressey@awen-wales.com

Ffôn / Telephone: **01656 754825**



**Os oes gennych unrhyw gwestiynau pellach,
anfonwch e-bost at leah.morgan@rctcbc.gov.uk**

**If you have any further questions, please email
leah.morgan@rctcbc.gov.uk**



Cwm Taf Morgannwg
Partneriaeth | Regional
Rhanbarthol | Partnership

ctmregionalpartnershipboard.co.uk



Agenda Item

9.2.5

CTM Health Board

Infection, Prevention & Control
Annual Report 2024/2025

Dyddiad y Cyfarfod / Date of Meeting	25/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Nursing for Infection Prevention & Control
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Richard Hughes, Deputy Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
IPCC	03/09/2025	Approved
Quality, Safety & Experience Committee	23/09/2025	Noted

Acronyms / Glossary of Terms	
IPCC	Infection Prevention and Control Committee

1. Situation / Background

The Infection Prevention and Control (IPC) Annual Report for 2024–2025 provides a comprehensive overview of the activity, achievements, and ongoing challenges in the prevention and management of healthcare-associated infections (HCAIs) across Cwm Taf Morgannwg University Health Board (CTMUHB). The report aligns with the Welsh Government’s Code of Practice for the Prevention and Control of Healthcare Associated Infections and reflects the Health Board’s ongoing commitment to patient safety, staff education, and infection risk reduction across all care settings.

2. Specific Matters for Consideration

2.1 Key Achievements

During the reporting period, CTMUHB made demonstrable progress in several key areas:

- A reduction in healthcare-onset Methicillin-Sensitive *Staphylococcus aureus* (MSSA), *Pseudomonas aeruginosa*, *Klebsiella* spp., and *E. coli* bacteraemia, achieving the majority of Welsh Government improvement targets for these indicators.
- Ongoing implementation of a new centralized IPC Hub model to enable streamlined communication, improved responsiveness, and extended hours of IPC support, including on-call cover during weekends and bank holidays.
- Securing of significant capital and strategic funding to enhance IPC capacity, including over £400,000 to establish a community IPC team, with the aim to expand surveillance and training support in nursing homes and primary care.
- Progress on strategic infrastructure improvements, such as sterile services upgrades, decontamination modernization, and forthcoming development of negative pressure isolation rooms.

2.2 Ongoing Challenges

Despite notable gains, the Health Board continues to face key challenges:

- A marked increase in *Clostridium difficile* infections, with CTMUHB falling short of national reduction targets despite maintaining a lower rate than the all-Wales average.
- Suboptimal compliance with IPC training—particularly Level 2—among clinical groups, with medical and dental staff demonstrating the lowest rates (28.6%). This poses a significant risk to safe clinical practice.

- Fragmentation in microbiology access, testing methodology, and estates collaboration, including water and ventilation safety, affecting consistency and service equity across sites.
- Testing inconsistencies (e.g., use of PCR at POW vs immunoassay at other sites) complicating inter-site benchmarking, especially for C. difficile.
- The Health Board ceased having epidemiologist support from PHW.

2.3 Strategic Enhancements

To address these challenges and sustain progress, several key strategic developments have been implemented:

- Introduction of a dynamic “areas of concern” audit model with the aim of replacing the static annual programme, enabling better targeted IPC oversight and rapid intervention.
- Ongoing work to strengthened multidisciplinary collaboration with patient flow, antimicrobial stewardship, estates, decontamination, and microbiology teams to improve situational awareness and integrated response.
- Ongoing implementation of the Hub Centralized model
- Start planning on community team
- Development of a practice development framework to support the development of IPC staff and lay the ground for a future implementation of a link workers program.

3. Key Risks / Matters for Escalation

- Low compliance with IPC training across the HB
- Need to strengthen review processes and implementation of lessons learned with wider HB learning matrix to inform strategy
- Increase on C. diff cases across Wales, IPC part of the Learning C. diff collaborative to explore all Wales strategies that can support reduction across CTM

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 /	A Healthier Wales
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) /	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact
(People / Financial)

5. Recommendation

- 5.1** Members of the Board are asked to **NOTE** the contents of the IPC Annual Report

6. Next Steps

6.1 Priorities for 2025–2026

Building on the foundations laid this year, the Health Board will prioritise:

- Improving mandatory IPC training compliance, with targeted strategies for high-risk staff groups and alignment with performance and appraisal systems.
- Addressing rising community-onset infection rates (especially MSSA, C. difficile, and ARIs) through closer collaboration with Public Health Wales, antimicrobial teams, and primary care services.
- Implementing the Development Framework aligned with IPS and WHO standards to build internal IPC capability, resilience, and succession planning.
- Improve incident/RCA reviews, in particular regarding C. diff, to improve responsiveness and better dissemination of lessons learned and themes
- Creation of lessons learned matrix to increase visibility of wide learning requirements across the HB, to better guide future IPC actions/projects
- Continue the OCP process in place to ensure full implementation of the Hub model, with extended hours of IPC support, including on call.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Annual Report 2024/25



June 2025
Draft V1

TABLE OF CONTENTS

0 - Introduction.....	7
1-Compliance with The Code of Practice for the Prevention and Control of Healthcare Associated Infections - Wales	9
2-Training activity.....	17
2.1-Training delivered	17
2.2-Training attended	19
2.3- IPC Training compliance	19
3 – Staff organization- changes and new model of work.....	21
4-Annual Audit and Inspection Program	23
5-Surveillance of Alert Organisms and Outbreaks	26
5.1 – INFECTION PREVENTION AND CONTROL – EPIDEMIOLOGICAL REVIEW AGAINST WELSH GOVERNMENT TARGETS.....	26
5.1.1 - IMPROVEMENT GOALS 1 AND 2 – <i>E.COLI</i> BACTERAEemia	26
5.1.2 - IMPROVEMENT GOALS 3 AND 4 – <i>P. AEROGINOSA</i> BACTERAEemia	29
5.1.3 - IMPROVEMENT GOAL 5 AND 6 – <i>KLEBESIELLA SPP.</i> BACTERAEemia	31
5.1.4 - IMPROVEMENT GOALS 7 AND 8– <i>C DIFFICILE</i>	33
5.1.5- IMPROVEMENT GOALS 9 AND 10 – <i>STAPHYLOCOCCUS AUREUS</i> BACTERAEemia (MMSA AND MRSA).....	36
5.1.6 - POSITION OF THE HEALTH BOARD AGAINST ALL WALES.....	39
5.2 – ACUTE RESPIRATORY INFECTIONS (ARI)	39
5.2.1 - INFLUENZA A AND B – IPC Support	42
5.3 - NOROVIRUS INFECTIONS	44
6 – SURGICAL SITE SURVEILLANCE	46
6.1 – ORTHOPEDIC SSI SURVEILLANCE.....	46
6.2 – CESAREAN SECTION SSI	47
7 – CAPITAL WORKS, DEVELOPMENTS AND REFURBISHMENT.....	48
8 – DECONTAMINATION	49
8.1 - PRINCE CHARLES CSSD REFURBISHMENT	49
8.2 - STERILE SERVICES MANAGEMENT STRUCTURE	49
8.3 - ENDOSCOPE DECONTAMINATION	49
8.3.1- Princess of Wales Hospital.....	49
8.3.2 - Royal Glamorgan Hospital	50
8.3.3 - Prince Charles Hospital	50
8.3.4 - Ysbyty Cwm Rhonnda	50
8.3.5 - Ysbyty Cwm Cynon Outpatients.....	50
8.4 - LLANTRISANT HEALTH PARK	50
8.5 - WELSH GOVERNMENT TARGETED ESTATES FUNDING (TEF).....	51

9 -Water Safety	52
10 – Ventilation Safety	54
Infection Control Doctor – Annual Statement for 2024-2025	58

Graphics

Graphic 1 - IPC Formal Training Provided per Quarter	18
Graphic 2 - All CTM average Environmental audit score - clinical area submitted	23
Graphic 3- PCH CTM average Environmental audit score - clinical area submitted.....	24
Graphic 4 - RGH CTM average Environmental audit score - clinical area submitted	24
Graphic 5- POW CTM average Environmental audit score - clinical area submitted.....	25
Graphic 6 - E.Coli Bacteraemias.....	26
Graphic 7 - SPC E.Coli chart	27
Graphic 8 - E.Coli - Avoidability and Source.....	27
Graphic 9 - E.Coli Rates - Acute settings/1000 admissions	28
Graphic 10 - P Aeruginosa Bacteraemia	29
Graphic 11 - SPC Chart - P Aeruginosa	29
Graphic 12 - P. Aeruginosa rates per acute site	31
Graphic 13 - Klebsiella Spp. Bacteraemia	31
Graphic 14- Klebsiella SPC chart	32
Graphic 15 - Klebsiella Bacteraemia - Avoidability and Source	32
Graphic 16 - Klebsiella rates per acute setting	33
Graphic 17 - Clostridium Difficile infections	33
Graphic 18 - CDI infections - Ratio CO/HO	34
Graphic 19 - CDI rates per acute site	36
Graphic 20 - Staph. Aureus Bacteraemias	36
Graphic 21 - Staph Aureus SPC Chart.....	37
Graphic 22 - MSSA Bacteraemia - Avoidability and Sources.....	37
Graphic 23- Staph Aureus Bacteraemia rate per acute site.....	38
Graphic 24 - ARI positive 2024/25.....	40
Graphic 25 - ARI PCH 2024/25.....	40
Graphic 26- ARI POW 2024/25.....	40
Graphic 27 – ARI RGH 2024/25	41
Graphic 28 - Influenza A and B last 3 months of 2024	42
Graphic 29- PHW winter projections - Flu	42
Graphic 30 - Norovirus cases per Month and acute setting	44
Graphic 31 - All Wales Norovirus infections	45
Graphic 32 - Orthopaedic SSI rates (Hips & Knees) CTMUHB	46
Graphic 33 - Orthopaedic Revision Rates (Hips & Knees) (%) - Health Board Level.....	47

Tables

Table 1 - Compliance Review with The Code of Practice for the Prevention and Control of Healthcare Associated Infections - Wales	16
Table 2 - IPC training provided per quarter	17
Table 3 - Compliance with IPC mandatory training per Level	19
Table 4- Compliance with IPC mandatory training per Staff Group	20
Table 5- Compliance with mandatory training per Care group	20

Table 6 - HB position on HCAI against all Wales..... 39

Table 7 - ARI totals 2024/25.....40

Table 8 - Permanent Staff Flu Vaccines by Group 43

Table 9 - All staff Flu Vaccines by group.....43

Table 10- Norovirus cases per Month and acute setting.....44

Executive Summary

This Infection Prevention and Control (IPC) Annual Report for 2024–2025 provides a comprehensive overview of the activity, achievements, and ongoing challenges in the prevention and management of healthcare-associated infections (HCAIs) across Cwm Taf Morgannwg University Health Board (CTMUHB). The report aligns with the Welsh Government’s Code of Practice for the Prevention and Control of Healthcare Associated Infections and reflects the Health Board’s ongoing commitment to patient safety, staff education, and infection risk reduction across all care settings.

Key Achievements

During the reporting period, CTMUHB made demonstrable progress in several key areas:

- A reduction in healthcare-onset Methicillin-Sensitive Staphylococcus aureus (MSSA), Pseudomonas aeruginosa, Klebsiella spp., and E. coli bacteraemia, achieving the majority of Welsh Government improvement targets for these indicators.
- Ongoing implementation of a new centralized IPC Hub model to enable streamlined communication, improved responsiveness, and extended hours of IPC support, including on-call cover during weekends and bank holidays.
- Securing of significant capital and strategic funding to enhance IPC capacity, including over £400,000 to establish a community IPC team, with the aim to expand surveillance and training support in nursing homes and primary care.
- Progress on strategic infrastructure improvements, such as sterile services upgrades, decontamination modernization, and forthcoming development of negative pressure isolation rooms.

Ongoing Challenges

Despite notable gains, the Health Board continues to face key challenges:

- A marked increase in Clostridium difficile infections, with CTMUHB falling short of national reduction targets despite maintaining a lower rate than the all-Wales average.
- Suboptimal compliance with IPC training—particularly Level 2—among clinical groups, with medical and dental staff demonstrating the lowest rates (28.6%). This poses a significant risk to safe clinical practice.
- Fragmentation in microbiology access, testing methodology, and estates collaboration, including water and ventilation safety, affecting consistency and service equity across sites.
- Testing inconsistencies (e.g., use of PCR at POW vs immunoassay at other sites) complicating inter-site benchmarking, especially for C. difficile.
- The Health Board ceased having epidemiologist support from PHW.

Strategic Enhancements

To address these challenges and sustain progress, several key strategic developments have been implemented:

- Introduction of a dynamic “areas of concern” audit model with the aim of replacing the static annual programme, enabling better targeted IPC oversight and rapid intervention.
- Ongoing work to strengthened multidisciplinary collaboration with patient flow, antimicrobial stewardship, estates, decontamination, and microbiology teams to improve situational awareness and integrated response.
- Ongoing implementation of the Hub Centralized model

- Start planning on community team
- Development of a practice development framework to support the development of IPC staff and lay the ground for a future implementation of a link workers program.

Priorities for 2025–2026

Building on the foundations laid this year, the Health Board will prioritize:

- Improving mandatory IPC training compliance, with targeted strategies for high-risk staff groups and alignment with performance and appraisal systems.
- Addressing rising community-onset infection rates (especially MSSA, C. difficile, and ARIs) through closer collaboration with Public Health Wales, antimicrobial teams, and primary care services.
- Implementing the Development Framework aligned with IPS and WHO standards to build internal IPC capability, resilience, and succession planning.
- Improve incident/RCA reviews, in particular regarding CDiff, to improve responsiveness and better dissemination of lessons learned and themes
- Creation of lessons learned matrix to increase visibility of wide learning requirements across the HB, to better guide future IPC actions/projects
- Continue the OCP process in place to ensure full implementation of the Hub model, with extended hours of IPC support, including on call.

Governance and Assurance

The Infection Prevention and Control Committee (IPCC) has provided ongoing assurance to the Health Board throughout the year via quarterly reporting, trend analysis, and performance updates against national goals. This governance structure supports the Board's duty to ensure IPC measures are effective, evidence-based, and aligned with national and local risk profiles.

0 - INTRODUCTION

This Annual Infection Prevention and Control (IPC) Report for 2024-2025 provides a comprehensive review of our activities, achievements, and ongoing challenges across Cwm Taf Morgannwg University Health Board (CTMUHB). It reflects our continued commitment to safeguarding patients, staff, and the community from preventable healthcare-associated infections, ensuring alignment with the Welsh Government's Health and Care Standards and the established targets for healthcare-associated infection reduction.

The year under review has presented significant challenges, notably the persistent increase in *Clostridium difficile* (*C. difficile*) cases across both hospital and community settings. This uptrend underscores the critical importance of effective antimicrobial stewardship, vigilant medication review, particularly regarding Proton Pump Inhibitors (PPIs), and rigorous adherence to IPC practices, including prompt detection, isolation, and rigorous environmental decontamination processes.

The report makes a review of the HB position regarding the Compliance with the Code of Practice for the Infection Prevention and Control of Healthcare Associated Infections for Wales.

The report highlights significant progress in other areas, including reductions in MSSA and *Pseudomonas aeruginosa* bacteremia, demonstrating the positive impact of targeted IPC initiatives and enhanced staff engagement. Conversely, it also identifies areas for improvement, such as the continued need for robust training, adherence to standardized IPC practices, and greater clinical visibility of the IPC team across all health board sites.

Capital and infrastructure projects, such as the refurbishment of sterile services and enhancements in decontamination procedures, illustrate ongoing investments aimed at improving patient safety and compliance with national standards. Additionally, innovations including the deployment of an IPC outbreak management toolkit and the ongoing planning to roll-out of an IPC Champions program highlights our commitment to embedding IPC best practices into everyday healthcare delivery.

Effective infection prevention and control remains a shared responsibility—from frontline staff to senior leadership—demanding ongoing multidisciplinary collaboration and alignment with national guidance. The IPC team continues to engage proactively with internal stakeholders, Public Health Wales, Health Protection and other internal and external stakeholders to drive improvements and achieve targeted reductions in infection rates.

This report encapsulates our collective achievements, ongoing initiatives, and future strategies to enhance patient safety, reflecting our unwavering commitment to maintaining the highest standards in infection prevention and control across Cwm Taf Morgannwg University Health Board.

The reporting period has also seen significant changes within the IPC team, including the appointment of a new Head of Infection Prevention and Control. Under this new leadership, the Health Board has begun implementing a new IPC strategy, featuring a centralized Hub model designed to streamline IPC communication, facilitate staff mobility, and extend service availability from 8 am to 8 pm on weekdays, with on-call coverage during weekends and bank holidays.

Recognizing the significant burden of community-onset infections, the IPC team has received additional funding to expand its efforts into the community. This expansion will initially focus on auditing and establishing a robust network of IPC link workers in nursing homes, supported by the Health Board, with further development plans contingent on initial outcomes.

The IPC team has recruited a new Decontamination Specialist/Officer, a crucial role within the team to address decontamination challenges.

Despite facing capacity challenges due to staffing shortages and sickness, the ongoing recruitment, Organizational Change Process (OCP), and IPC workflow reviews are anticipated to significantly enhance our capacity to support clinical areas effectively.

Decontamination practices remain an essential component of our overall IPC strategy, with significant efforts made to ensure compliance with national guidelines and quality standards. This

chapter details key developments, challenges, and recommendations concerning decontamination processes, including sterile services, endoscope management, and the implementation of a centralized endoscope decontamination unit. Continuous improvement in decontamination practices remains essential, and this chapter outlines the steps undertaken and future actions planned to achieve the highest standards of patient safety and compliance.

1-COMPLIANCE WITH THE CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS - WALES

The table below sets out the actions taken by the HB to evidence compliance with the code of practice and actions for 2025/26 work plans to be monitored by IPPC.

Compliance Criterion	What the Registered provider will need to demonstrate	Evidence of compliance	Recommendation/action for 2025-26 work plan
1	Appropriate organizational structures and management systems for IPC must be in place	• Infection Prevention and Control Committee (IPCC). • Annual Program of Work. • Annual Audit Program • Annual Report to the Health Board. • Risk Register review. • Training provision to the HB staff and mandatory training program • Policy review program • Water Safety Group. • Ventilation Safety Group • Decontamination Group • Health Board Infection Prevention and Control Team. • Access to expert advice by Consultant Microbiologist. • Access to microbiological testing through accredited laboratory • Outbreak recording database (on excel spreadsheet) and ICNet • ICNet as electronic surveillance and case management system • Recording of Multi-resistant microorganism infections • RCA's undertaken • On-call 24-hour microbiology support • IPC level 1 and 2 training as well as ANTT mandated to relevant staff • Decontamination expert available (1) •	• Ensure that there is equality of access to testing on all acute sites. • Ensure that microbiology support is the same across all acute sites • Develop and implement link workers program across acute sites of the HB • Ensure full implementation of Hub model across the organization • Extend IPC support to from 8 am to 8 pm and on-call weekends and bank holidays • IPC annual auditing program to be replaced by monthly reviewed "areas of concern" to ensure more targeted IPC surveillance • Improve outbreak recording – ICNet Outbreak module to be used by IPCt on all outbreaks to ensure accurate data is recorded. • IPC databases on review as well as IPC processes to ensure there is continuity across the 3 acute sites • Strengthen the collaboration between IPC and antimicrobial pharmacist • Ensure adequate compliance with IPC training (95% and above) across all the HB • Stop presential IPC training level 2 and move IPC training resource to targeted training activities (training, roadshows, etc.) • Explore with Comms alternate ways of

			communicating IPC to staff, patients and visitors - Only one decontamination expert for the HB – strengthen the organization's position with funding for training other members of the IPC team to ensure support and resilience - Currently issues with samples being sent previous to antimicrobial prescription/start, this has been identified from the snapshot audits, an action plan has been drafted – work to focus on this goals to ensure reduction of multi-resistant microorganisms.
2	All care equipment, including medical devices is decontaminated effectively and safe the point of use	- Quarterly reports by estates and facilities to IPCC - Cleaning Policy - Decontamination Policy. - Waste Management Policy - Decontamination auditing program in place set by the decontamination expert and with support from the IPC team - Availability of cleaning stickers to be used after cleaning/decontamination of equipment - Decontamination and sterilization electronic traceability system - Decontamination site meetings and Decontamination committee meetings - Decontamination expert reporting to IPCC through the IPC report - HB Decontamination policy	- Increase resilience of decontamination expertise on the HB with funded training to IPC team members - Support training needs for the decontamination expert - Support ongoing capital projects such as endoscopy sites to improve compliance with decontamination best practices - Ensure comprehensive training program to support sterile services and endoscopy
3	The physical environment is maintained and cleaned to a standard that facilitates effective IPC and minimizes the risk of infection	- Estates and facilities report to the IPCC - HB cleaning policy - IPC Environmental audits - SITE audits by the facility team - Emergency response, resilience and recovery plan for domestic service - System to monitor compliance with National	- Explore joint work streams with facilities and estates - Support implementation of new cleaning standards once published - Ensure facilities and estates are invited for outbreak meetings when there are related concerns - Ensure that there is uniformity on the cleaning

		Standards of Cleanliness with NSC • HPV available to all acute sites as well as UV • IPC alerts requesting HPV cleaning when deemed needed and reporting produced by the equipment mailed to all relevant parts • Hand hygiene facilities in all clinical settings • Pest control policy	responsibilities as well as schedules (currently there are different arrangements across the organization with different products and names) • Consider impact when boarding in wards regarding proximity to Hand Hygiene sinks due to risk of contamination
4	Suitable, timely and accurate information on infections is available to staff, service users and their visitors, and those responsible for providing care to others.	• IPC presence on Safe to Start meetings • IPC locality meetings chaired by HoN for each locality • Hand washing notices. • Isolation notice at patient doors when required • IPC daily site plan sent to HoN. • IPC presence on daily meetings with Patient Flow teams • Information leaflets for patients available in both English and Welsh language • IPC annual report publicly available through the organization external web page (once approved) • Letters to patients and GPs when positive results of CDiff or CPE • IPC alerts on ICNet regarding admission of patients with CPE, previous CDiff as well as contacts of patients with CPE that were discharged without full screening • Information on antimicrobial resistance is made available to staff and patients through public release of Q&S reports.	• Continue IPC presence on safe to start meetings • Continue IPC presence on Site escalation meetings • Develop guidance to trigger Universal mask use and also when to stand it down • Continue to provide training to patient flow teams and explore ways of closer cooperation to improve on decision making • Improve work with comms to ensure adequate messages and information are available on internal and external sites when required. • Ensure more robust update of IPC information in both intranet and internet sites
5	All staff employed to provide care in all settings are fully engaged in preventing and controlling infection.	• IPC mandatory level I and II training and monitored through ESR • IPC ANTT training available • Implemented targeted trainings along the year such as IPC training for	• Move face to face level 2 training to on-line only and focus on ad-hoc focused training. • Promote join initiatives with other departments to make IPC agenda visible (e.g. road shows, etc)

		patient flow teams, use of new outbreak toolkit, etc. • Infection Control responsibilities included in job descriptions • Oc. Health service available the oversees staff vaccination • RCA done on Hospital onset cases of Multi resistant organisms or bacteremia associated with invasive devices such as catheter or IV line • Datix system to record and review incidents across the HB • Uniform Dress Code in line with All-Wales guidance and monitored at clinical area by managers and part of IPC auditing	• Ensure strengthening of IPC visibility in clinical settings with more clinical area based work • Joint work across HB with leads for different professional groups to ensure compliance with mandatory training • Ensure that there are more robust processes to review infection processes to ensure that the reviews are done as quickly as possible to ensure that the learning points can be promptly acted upon with benefits as earlier as possible
6	Suitable and sufficient isolation facilities are provided to support effective IPC.	• All acute settings have single rooms available • IPC support on management of single rooms with direct contact with clinical area and as part of discussion with patient flow teams • Daily site IPC plan sent to patient flow and HoN to support decision making • IPC training sessions targeted to patient flow teams deployed during the last 2 quarters of the year • Failure to isolate patients documented in Datix system • IPC communicates with clinical areas (during office hours) any relevant results and advises on transmission-based precautions and discusses mitigation strategies when isolation is not immediately possible • Patients waiting for CPO screening are isolated until waiting for results. Due to the scarcity of side rooms, this is not always immediately possible, in these cases, contacts are screened in line with national guidance and	• IPC to continue to be present at safe to start meetings • IPC to continue to be present at site escalation meetings • Ensure IPC and patient flow teams continue to work closely to support decision making and optimize patient safety and patient flow • IPC support to be extended from 8 am to 8 pm as well as support on-call during weekends and bank holidays (limited hours) • There are no negative pressure rooms available in the HB Emergency departments, which limits the capacity to deal with HCID's and other highly infectious diseases such as measles. Funding has been made available during Q4 by the WG to create 2 negative pressure rooms – POW and RGH

		incident is recorded through Datix • ICNet alerts for admissions/readmissions of patients known to be carriers of multi drug resistant organisms and IPC alerts clinical area • HCID response policy being developed and table top exercises as well as visits to areas have been done • Practice development staff from A&E were given 2 places to attend HCID training for the new PPE suite, also HCID trolleys set by PHW due to be deployed to ED	
7	Evidence based IPC policies are made accessible and reviewed regularly	• IPC policies in place and on review scheduled – circulated and discussed at IPCC • Outbreak management toolkit deployed with training across the HB • Internal Legionella training provided to the IPC team • IPC audits done through AMaT system and fed back to clinical teams with request of action plan • IPC access during office hours week days and microbiology support 24/7	• Continue to monitor IPC policies and if needed develop new policies to deal with known or new challenges in line with National Guidance • Deployment of joint letter between IPC, microbiology and estates informing clinical areas when positive outlets with legionella are identified (to be agreed with the chair of the WSG before presentation to IPCC) • Strengthen monitor and support for audit action plans following audits – explore ways to ensure action plans completion are monitored with the support of HoNs • Move auditing to targeted audit on “areas of concern” based on reported scoring on AMaT based on specified criteria • Integrate information regarding “areas of concern” with other HB teams (e.g., cross information with safeguarding team, health and safety, etc.) to ensure that there is better share of information and quicker detection of areas to be monitored more closely

			- Extend IPC support to 8-20h weekdays and on-call weekend and bank holidays during the morning (OCP ongoing) - Put in place program to praise examples of excellency regarding IPC practices in clinical areas (currently being discussed in the team)
8	Organisational systems and processes are in place that protect staff from the risk of exposure to infections that can be transmitted in the workplace	- IPC mandatory Training - PPE available - Occupation Health Service available - Oc. Health supports IPC from a staff health perspective when required during outbreaks - FFP3 face fitting being led by Health and Safety team - HCID train the trainer course attended by practice development nurses from E.D. to be cascaded to relevant staff - Staff has access to adequate PPE equipment and are trained on safe use through IPC training as well as FFP3 face fitting program (managed by OC. Health) - Polices in place to support staff at risk assessing the precautions required for IPC to protect themselves. - Provision exists outside of OH working hours for Staff to access. An example is the access to the Emergency Unit for the acute and timely management of a Needle Stick Injury - OH has a Duty Line and a generic email account for staff to access for general enquiries	Strengthen staff knowledge on IPC and in particular PPE usage with activities developed jointly with clinical leads (e.g. ad-hoc training, road shows, etc.)
9	All staff are trained, educated and competent in IPC as appropriate for their role	- IPC Level 1 and 2 training for clinical staff manadated from induction - ANTT training being moved to mandated againg to staff which have to perform it under their role - Ongoing IPC training – online and face to face,	- Fundamental IPC level 1 and 2 training compliance needs to be increased among staff – Currently 74% with some professional groups around 28% - IPC training more focused areas of need and ensure

		also targeted training has been offered to specific areas such as Legionella awareness, Patient flow and IPC, IPC in management, or ad-hoc when necessary. - Records of staff IPC mandatory training through ESR and reported to IPCC through the IPC report - QI team in the HB to support on QI projects or methodology training - AMS training provided by AMS pharmacist as well as AMS mandated through ESR requirements	attendance from the clinical areas - Comms involvement in IPC awareness and education actions - Promote IPC through alternate ways and as part as a multidisciplinary team (e.g. roadshows with IPC and other partners such as HoN, medical, H&S, estates and facilities, etc.
10	There is an organisation wide antimicrobial stewardship programme in place.	- Antimicrobial Stewardship Group in place from Q3, also AMS pharmacist and medical microbiologist meeting every week, with the purpose of review and update antimicrobial guidelines. - AMS pharmacy strategy in place and adopted as HB AMS strategy - AMS expertise 24/7 available through microbiology - AMS guidelines hosted by Eolas. Available on app and through sharepoint - Snapshot audits of all antimicrobials on all DGH sites in Nov 24, Gentamicin audit on May 25, PPS – UTI - Acquisition of HCAI associated with antimicrobial is reported on Datix and investigated, with lessons learned shared with the wider clinical team	- Explore joint work with Antimicrobial Pharmacist and microbiology with support from medical directorate - Ensure review of bloodstream infections for multi-resistant organisms and action of learned actions as swiftly as possible - Establish network of link workers and include in the training themes such as Abx Stewardship and Sepsis Awareness - Produce leaflets/Cards to give to patients with infections such as CPE and CDiff - No AMS Lead in the HB, but work ongoing to ensure that the local AMS as well as community stewardship is lead through the AMS board. - Ensure “lessons learned” matrix is created to inform actions/interventions - Review of antimicrobial prescribing in primary care – Development/strengthen primary care RCAs for CDI
11	The organization’s strategy to deliver a net zero health service is compatible with maintaining the prevention and control of infection	- IPC being part of discussions to reduce carbon foot print strategies - IPC open and supportive of alternative that are evidence based equally safe but more sustainable	- Put training and support actions in place to ensure adequate and rational use of PPE to avoid misuse or overuse - Deploy link workers program to support on local

		- IV to oral switch of antibiotics uses less plastic – Pharmaceutical services working towards a 48h review as part of the HB AMS policy	IPC support, in particular on staff understanding of PPE so work can be moved towards rational use

Table 1 - Compliance Review with The Code of Practice for the Prevention and Control of Healthcare Associated Infections - Wales

2-TRAINING ACTIVITY

This chapter will present and discuss both the training provided (formal training) during the financial year as well as training attended by the IPC team members.

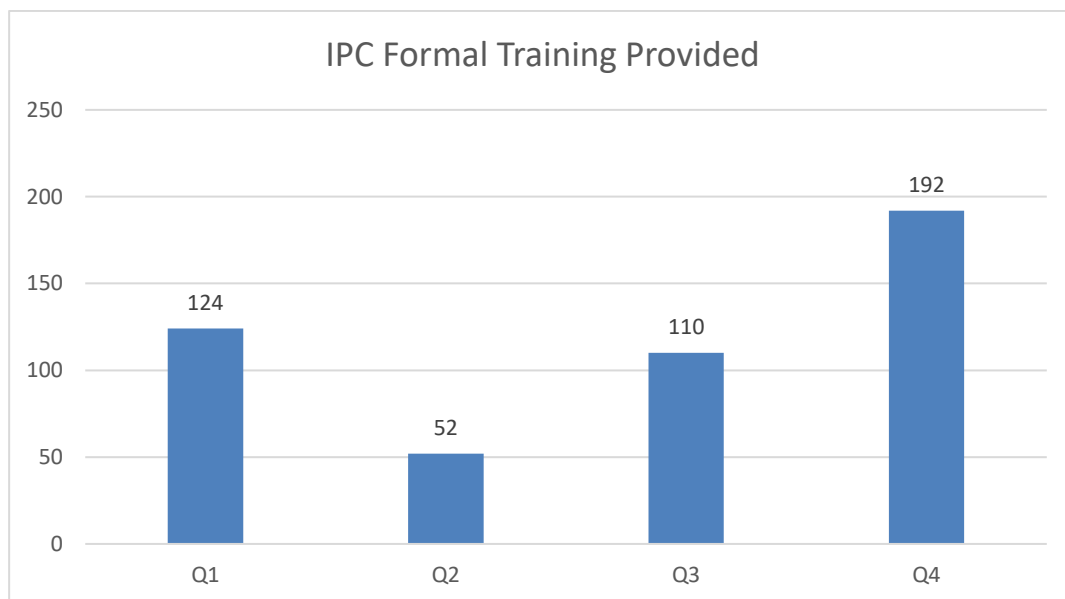
Another point being discussed in this report is the staff compliance with IPC training.

2.1-TRAINING DELIVERED

Q1	Q2	Q3	Q4
PCH Level 2 - PCH - 7 (44) - POW – 2 (20)	IPC Level 2 - PCH - 3 (10) - POW – 1 (6)	IPC Level 2 - PCH – 5 (38) - POW – 2 (15) - RGH – 2 (24)	IPC Level 2 - PCH – 5 (58) - POW – 2 (21) - RGH – 1 (7)
ANTT - PCH - 1 (6) - POW – 1 (6)	ANTT PCH - 2 (15)	ANTT PCH - 3 (25)	ANTT - PCH - 3 (12) - POW – 1 (4) - RGH – 1 (5)
Ward Based POW - 2 (21)	Ward Based	Ward Based	Ward Based
Students PCH -1 (17)	Students	Students	Students
HCSW	HCSW PCH - 1 (21)	HCSW	HCSW
Care Bundles PCH - 1 (10)	Care Bundles	Care Bundles PCH – 1 (8)	Care Bundles
DNA POW – 3 (23)	DNA POW – 1 (8)	DNA PCH – 3 (13)	DNA - PCH – 6 (24) - POW – 1 (4) - RGH – 1 (7)
			Outbreak Toolkit 8 – (60)
			Patient Flow 5 – (25)

Table 2 - IPC training provided per quarter

During the financial year the IPC team provided formal IPC training to 384 staff members with 79 DNA (20.57%) along the 4 quarters as shown in the following graphic:



Graphic 1 - IPC Formal Training Provided per Quarter

The highest training activity occurred in Q4, driven by the introduction of targeted training sessions, including the Outbreak Toolkit and Patient Flow training programs. Notably, only 18 staff members participated in care bundle training throughout the entire year. Improving attendance at these sessions is crucial for the upcoming financial year, as incomplete or incorrect care bundle documentation consistently emerges as a common issue identified in RCAs associated with healthcare-related infections.

Address this requires increasing awareness among Heads of Nursing at the various sites, as well with other clinical managers. Additionally, exploring strategies to enhance the visibility and accessibility of care bundle training sessions is necessary to boost participation and ultimately achieve improved compliance across the Health Board.

The data also indicates an increase in ANTT training attendance during Q4, attributed to clarifying its ongoing necessity as mandated training. Although ANTT training was removed from the list of mandatory requirements earlier in the year, it continued to be provided, albeit with fewer training opportunities initially offered – This has the implication that we currently do not have a baseline of the staff requiring this training have done it and also not being mandate poses a challenge to ensure that staff doing techniques that require ANTT are adequately competent, which brings significant risks of HCAI.

2.2-TRAINING ATTENDED

The IPC team continues to be an expert service to the Trust and have worked towards keeping their professional development up to date with the latest knowledge, enabling the team to provide a high level of support to the Health Board. It is essential that investment continues during this new financial year, to support the IPC team regarding it’s knowledge development. For the new financial year, training should look into (not exclusively) preparing members of the team in key aspects such as water safety, decontamination and ventilations safety, due to the lack of expertise across the IPC team on this key areas. The IPC team will continue to endeavor to be present in other initiative such as National and Regional conferences and then ensure that all the learning is brought back to the organization, shared within the IPC team as well a broader audience and informs the IPC practices and advice.

Another internal initiative that has been put in place to ensure the team’s knowledge is up to date and that all the team members possess the essential knowledge to be able to develop its role was the creatin of meeting every 2 months were several IPC teams are presented either by members of the team, other health experts within the Health Board and with some external speakers.

2.3- IPC TRAINING COMPLIANCE

The following gauge shows the overall compliance with IPC mandated training across CTM:



Figure 1 - Overall compliance with IPC mandatory training

As can be seen in above gauge, we have a sub-optimal compliance across both Level 1 and Level 2 training, leaving us in amber with only 74% with our staff completed the IPC training, if we look at both training levels in separate:

Competence Full Name	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
NHSICSTFIinfection Prevention and Control - Level 1 - 3 Years	3983	3983	3302	82.90%	54	83.03%
NHSICSTFIinfection Prevention and Control - Level 2 - 1 Year	8291	8291	5781	69.73%	319	71.14%

Table 3 - Compliance with IPC mandatory training per Level

We can see that the lowest compliance is at Level 2, which is particularly concerning, because it is aimed to those staff that will be doing more invasive techniques with the patients and therefore will incur in higher risk of both causing infection or getting themselves infected.

To further understand this information, it is important to look at the compliance per staff group:

Staff Group	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
Add Prof Scientific and Technic	404	413	253	61.26%	18	61.50%
Additional Clinical Services	2470	2470	1897	76.80%	106	78.54%
Administrative and Clerical	2365	2383	2043	85.73%	19	86.53%
Allied Health Professionals	812	812	625	76.97%	14	79.06%
Estates and Ancillary	1270	1271	975	76.71%	35	74.74%
Healthcare Scientists	205	205	167	81.46%	1	83.90%
Medical and Dental	808	808	231	28.59%	15	29.70%
Nursing and Midwifery Registered	3902	3902	2885	73.94%	165	75.29%
Students	10	10	7	70.00%	0	70.00%

Table 4- Compliance with IPC mandatory training per Staff Group

The data clearly highlights that the Medical and Dental staff group has the lowest compliance by a significant margin, with only 28.59%, followed by the Professional, Scientific, and technical group at 61.26%. Conversely, the Administrative and Clerical staff demonstrate the highest compliance, despite their typically lower risk of patient interaction. Nurses and Midwives also show suboptimal compliance at 73.94%.

If we look at the data from a care group perspective:

Care Group	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
110 Bank Care Group	2	2	2	100.00%	0	100.00%
110 Chief Operating Officer Care Group	1189	1190	870	73.11%	39	71.01%
110 Children & Families Care Group	1411	1420	999	70.35%	65	70.07%
110 Corporates and Hosted Care Group	1324	1327	1131	85.23%	15	85.38%
110 Diagnostics, Therapies, Pharmacy & Sciences Care Group	1756	1757	1323	75.30%	39	77.06%
110 Mental Health & Learning Disabilities Care Group	1181	1186	944	79.60%	39	80.10%
110 Planned Care Care Group	2017	2023	1415	69.95%	71	70.44%
110 Primary & Community Care Group	1567	1569	1207	76.93%	48	80.62%
110 Unscheduled Care Care Group	1799	1800	1192	66.22%	57	68.67%

Table 5- Compliance with mandatory training per Care group

With exception of Bank Care Group and Corporate and Hosted care group, all the other areas have low scores, in particular Unscheduled care and Planned care.

This overall compliance picture is concerning. Without a robust understanding of their responsibilities and effective infection prevention practices, staff are inadvertently placing patients, themselves, and the wider community at unnecessary risk, contravening the fundamental Hippocratic principle of '*Primum non nocere*' (First, do no harm).

While promoting IPC training is a core function of the IPC team, achieving comprehensive compliance requires a collective effort across all levels of staff. It is essential that CTM management prioritizes increased awareness and adherence to IPC training in the upcoming financial year, ensuring IPC principles are consistently integrated into everyday clinical practice. Without establishing strong IPC foundations, the Health Board will struggle to effectively manage and reduce the incidence of healthcare-associated infections.

3 – STAFF ORGANIZATION- CHANGES AND NEW MODEL OF WORK

The new Care Group model, approved by the Board in July 2022, has already seen the establishment of services around Care Groups focused on;

- Planned Care,
- Unscheduled Care,
- Children and Families,
- Diagnostics and Therapies,
- Primary Care & Community and Mental Health.

In line with the agreed, the IPC team has been working towards deploying the new work model to the IPC organization and practice.

The proposed new model is designed to streamline processes and improve operational efficiency, looking at freeing up resources and capacity to provide IPC advice and expertise. The current workforce has been mainly site-based working mostly on the acute sites of Princess of Wales, Prince Charles and Royal Glamorgan Hospital with touchpoints into the wider community hospitals and HMP Prison. The recent changes and implementation of care groups have required a wider input across the Health Board to all in-patient and community care facilities. In order to meet the needs of the service it is necessary to use the experience and skills of those who currently provide a site-based function in a centralized system implementing and working through a hub model. This is crucial to the success of a safe, sustainable and fit-for-purpose IPC service and can provide an equitable service across the health board promoting patient safety and prevention of infection.

The new structure requires a single IPC team that has a contact person in a “hub” who coordinates daily IPC information, monitoring and communication. The Contact person (CP) will lease closely with the Local contact practitioners (LCP) to facilitate specific site IPC communication.

As reflected in the model below the CP communicates widely across the HB.

Communication Hub

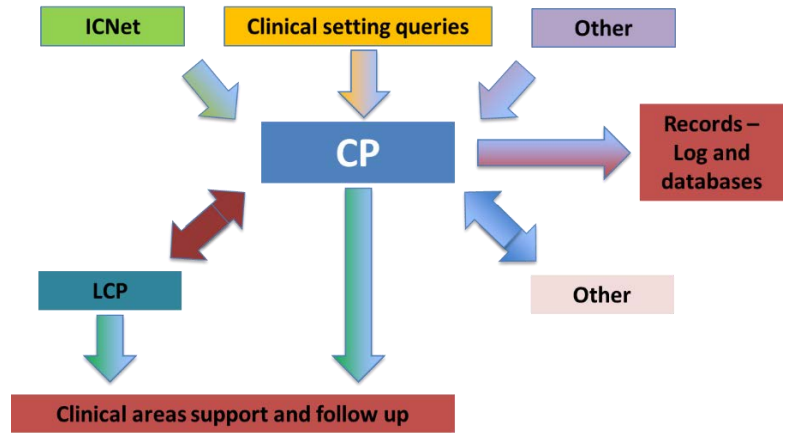


Figure 2- Hub Communication structure

To ensure the service is fit for purpose, an OCP was started to enable the service to be extended from its current 9-5 Monday to Friday hours of service to 8-8pm Monday to Friday with an on-call service at weekends.

To ensure oversight and robust governance there is the aim of ensuring weekly reports from Senior IPC nurses and IPC leads to the HoN and monthly highlight reports with infection trends and compliance against the 10 national IPC goals which will be scrutinised through the Quality and Safety committee and monthly to Welsh Government through Integrated Quality, Planning and Delivery (IQPD) meetings.

The new work strategy was introduced to the IPC team in Quarter 3 and began its implementation in Quarter 4, initially appointing a designated HUB coordinator. Given the fragmented nature of IPC services across the Health Board (HB), ongoing task and finish groups have been established to identify and standardize IPC procedures and documentation. This task has proven particularly challenging due to parallel fragmentation in related services, such as microbiology and laboratory support, resulting in difficulties interpreting data, inconsistent access to equivalent testing methods, and variations in IPC recommendations.

The rollout of this new strategy will continue into the next financial year, becoming increasingly vital with the recent funding secured to establish a community IPC team. To support and facilitate this strategy, creating a Development Framework aligned with the Welsh IPC Framework, WHO guidelines, and IPS competency standards is essential. This IPC Framework will be presented at the Q1 IPCC meeting for discussion and approval, aiming for broad implementation across the HB. An induction package for new IPC staff will complement this framework. Additionally, efforts are underway to identify external training opportunities to enhance team expertise, focusing on both general IPC competencies and specialized areas like Water Safety, Decontamination, and Ventilation Safety.

By the end of Quarter 4, the IPC team faces capacity challenges due to existing vacancies and the ongoing practice and process reviews. Recruitment efforts continue, though finding suitably qualified staff remains difficult. This further underscores the importance of deploying the Development Framework to enable existing and future IPC staff to achieve their full potential, encourage professional growth, and ultimately strengthen the HB's resilience.

Community IPC Team: The Health Board secured £403,155.77 in funding during Quarter 4 (January 2025) to establish a community IPC team. Initially, this team will focus on collaboration with local authorities to review IPC compliance in Nursing Homes and establish a network of IPC link workers to enhance IPC compliance and support within these settings. In the next phase, the team aims to extend its connections to GP surgeries, replicating the Nursing Home model by developing another network of link workers and actively supporting IPC practices.

To achieve these objectives, recruitment for the community team is ongoing. The previously mentioned Development Framework will be crucial to ensuring the formation of a skilled, cohesive team capable of operating seamlessly between primary and secondary care settings. Currently, the IPC team is developing supportive resources, including training packages and auditing tools tailored for community use, alongside establishing an effective reporting system to ensure transparency, oversight, and appropriate support.

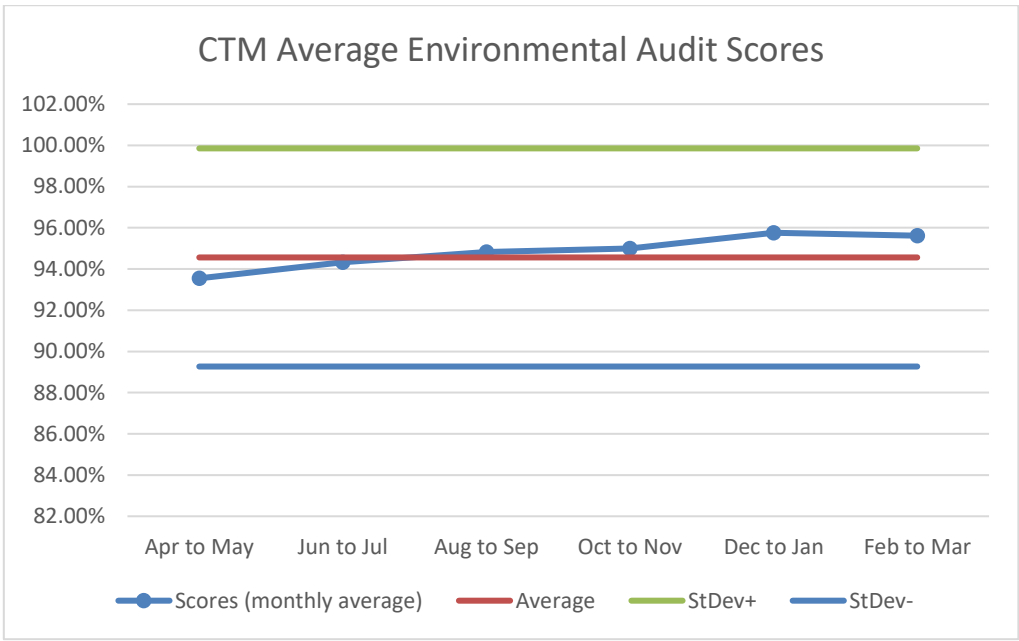
4-ANNUAL AUDIT AND INSPECTION PROGRAM

This has been a year of change across the IPC team, working towards the exclusive use of the AMaT tool to record audits done both by clinical settings as well as by the IPC team. There are some auditing still being done on excel spreadsheets, such as audits regarding catheter bundles, etc., but the plan is to also move those to the IT tool in use and stop using excel spreadsheets. This will have the advantage to centralize the information, making analysis and decisions based on this information easier and more accurate. Also facilitates the auditing of the quality of the audit execution.

The IPC team is transitioning to a new paradigm where they will review selected IPC audits submitted by clinical areas on a monthly basis. A set of criteria was created and embedded on the monthly locality reports to ensure we can identify and target on the following month areas identified as “areas of concern”.

Currently, clinical areas submit regular audits through the IT tool for Environmental IPC, PPE, Hand Hygiene and Bare below the elbows, care bundles (urinary, PVC and CVC). Currently there are some audits not in the electronic tools such as endoscopy, mortuary, CSSD (IPC and Decontamination) and opening of new areas sign off IPC audit.

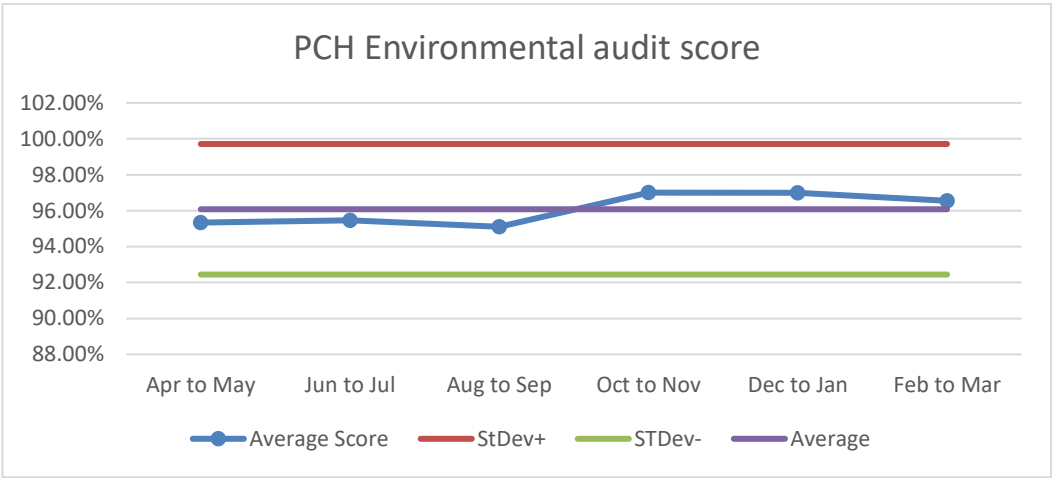
Looking at the current HB position regarding the Environmental IPC audit, submitted by the clinical areas:



Graphic 2 - All CTM average Environmental audit score - clinical area submitted

We see that we have an average score of 94.5% and an upper trend regarding the scores across the organization, if we remove all non-submitted scores.

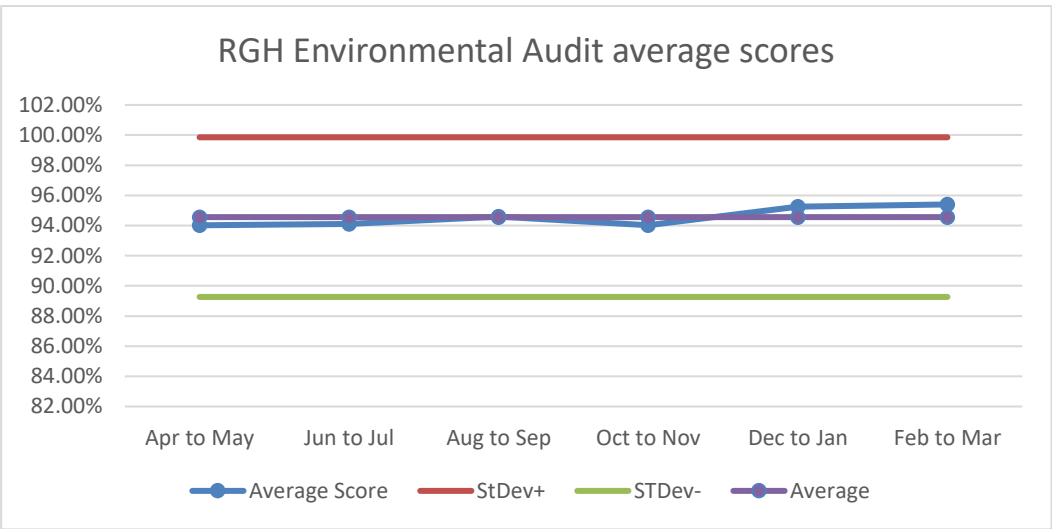
Looking at the main clinical areas:



Graphic 3- PCH CTM average Environmental audit score - clinical area submitted

PCH has an average of 96% so slightly higher than all CTM score with the same trend for increase of the scores from November onwards as seen on the all CTM data.

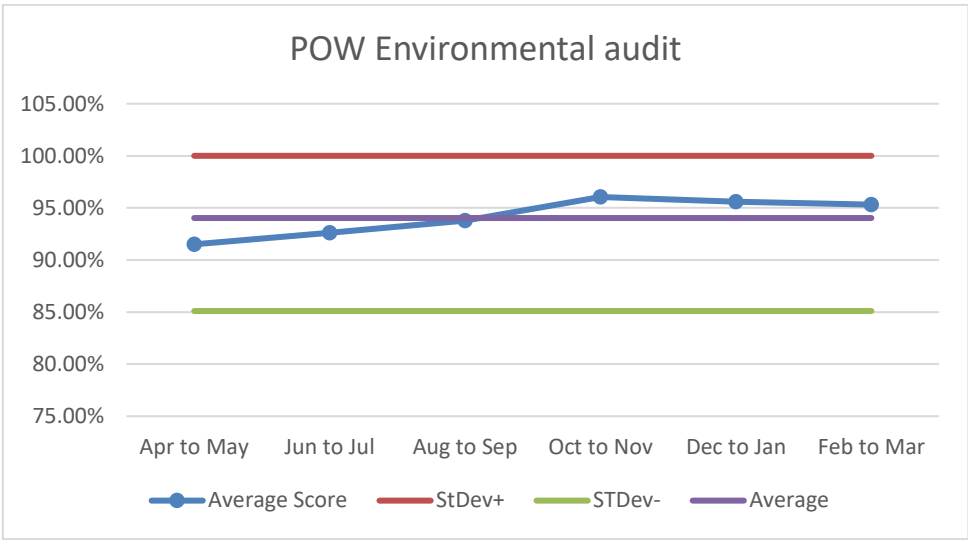
If we look at RGH:



Graphic 4 - RGH CTM average Environmental audit score - clinical area submitted

We have an average of 94.56%, so in line with CTM overall but while the data shows some improvement on the scores from October onward, this tendency is less evident. It is important to highlight that this data was calculated removing non-submissions

Looking at POW data:



Graphic 5- POW CTM average Environmental audit score - clinical area submitted

We can see an average of 94% with an improvement across the year.

While these figures place us within the high amber range (85% to 95%) or green range ($\geq 95\%$), they contrast with the IPC annual audit score, which has an average of 84.7% and a significant standard deviation of 14.91%. It is important to note that this discrepancy may partly arise from differences in the auditing tools used, as the annual audit tool is broader and more comprehensive, making direct comparisons challenging.

This discrepancy highlights the need for adopting a new auditing strategy to ensure the accuracy and reliability of the submitted data. IPC must actively ensure that staff are effectively trained in auditing techniques and remain vigilant against complacency and routine oversight of non-conformities.

Several strategies could address this issue, but as discussed throughout this report, we believe the most effective approach is to shift away from a static, resource-intensive annual audit program. Such programs typically fail to provide continuous support or develop clinical staff capacity to promptly identify and address compliance issues. Instead, implementing an "areas of concern" strategy—where clearly defined criteria highlight specific areas requiring focused auditing—is recommended. Over time, this approach could be expanded to integrate concerns identified by other departments, such as Health and Safety. This strategy would target resources and attention effectively, ensuring increased compliance and competent auditing.

Given the limited IPC resources, embedding a resilience component is essential. This would involve cross-auditing by clinical staff from other settings, offering fresh perspectives less affected by familiarity with the environment. The establishment of IPC link workers across the organization, supported actively by clinical area managers, would further bolster this strategy.

5-External Inspections and Audit

The were no external inspections and/or audits to report

5-SURVEILLANCE OF ALERT ORGANISMS AND OUTBREAKS

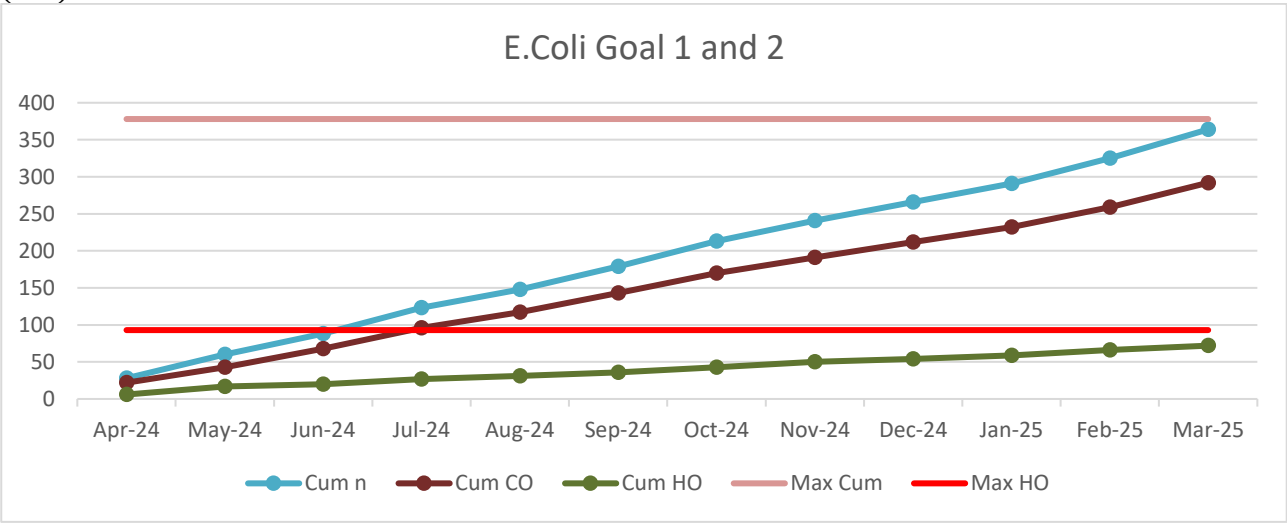
The IPC team have responded to numerous inquiries on the management of potential and actual infectious organisms; the following is a summary of the infections detected, in particular the position of the Health Board regarding the goals set by PHW for the reduction of HCAI.

5.1 – INFECTION PREVENTION AND CONTROL – EPIDEMIOLOGICAL REVIEW AGAINST WELSH GOVERNMENT TARGETS

The Infection Prevention and Control (IPC) team during 2024-2025 concentrated on acute care with minimal community support, resulting in challenges in managing community-onset infections. The AMR&HCAI Improvement Goals for 2024-25 have been released by the Welsh Government in October 2024. This report will explore the Goals 1 to 10 since Goals 11 and 12 are part of the Antimicrobial Lead Pharmacist reporting.

5.1.1 - IMPROVEMENT GOALS 1 AND 2 – E.COLI BACTERAEMIA

The WG improvement goal for reducing *E.coli* bacteremia is 10% reduction of HO cases from 2023/24, which equates to no more than total 378 cases and no more than 93 Hospital Onset Cases (HO):

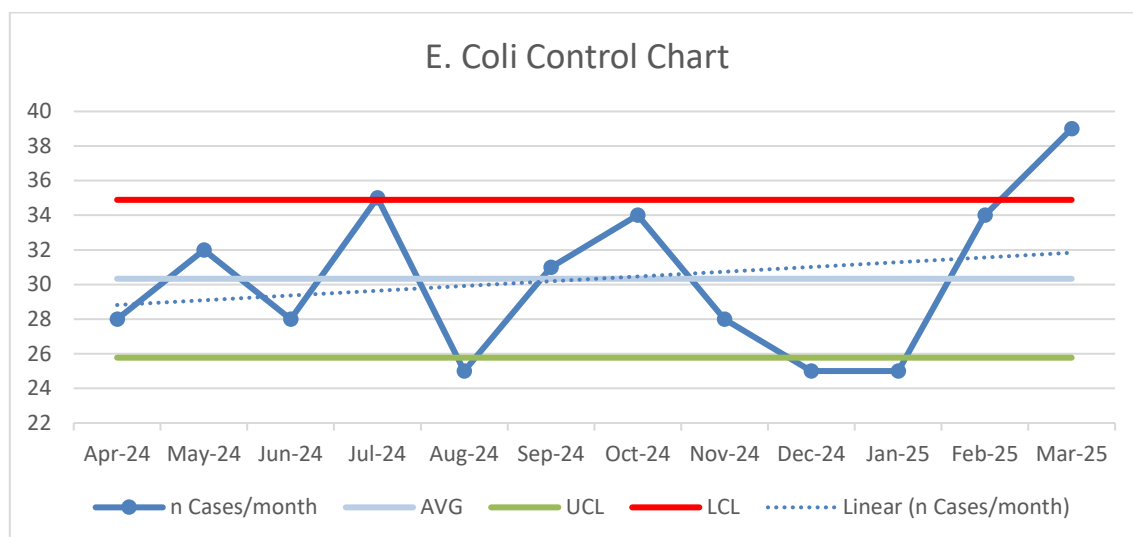


Graphic 6 - E.Coli Bacteraemias

In line with the information in graphic 6, we can see that the Health Board has achieved the target of reduction set by the Welsh Government. The Total number of Hospital Onset cases was lower than 93 cases. The same was found regarding the total number of cases where the threshold of 378 cases was not breached (total 364 cases).

It is important to point that most cases were community onset – 80% with 20% being HO.

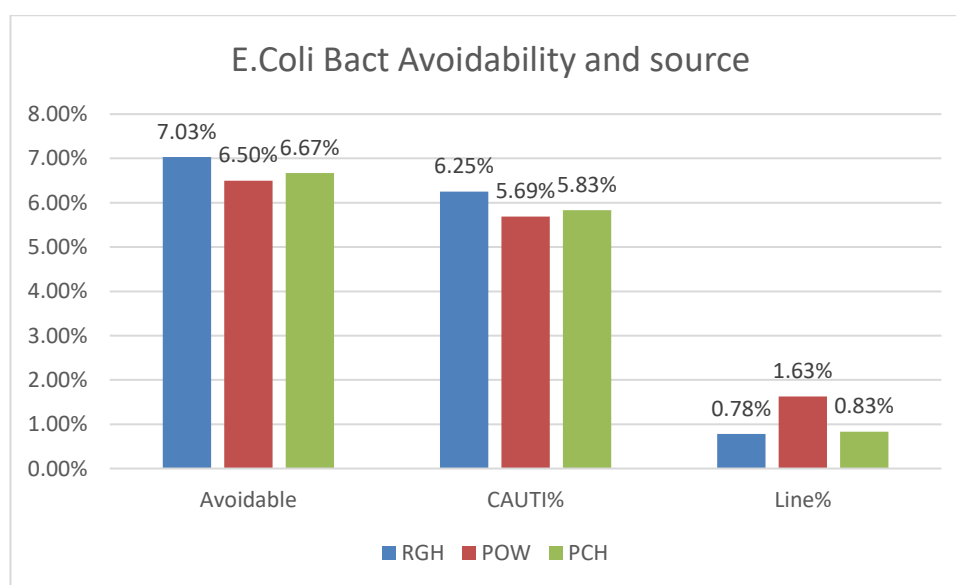
If we look at the SPC Chart for the *E. Coli* cases along the financial year:



Graphic 7 - SPC E.Coli chart

We can see that there are 4 points outside the standard deviation lines, with a trendline showing a tendency to increase albeit the reduction this year.

When we look at avoidability and sources:



Graphic 8 - E.Coli - Avoidability and Source

The profile of *E. Coli* bacteraemia shows less variation across sites:

- Avoidable cases ranged narrowly from 6.5% (POW) to 7.03% (RGH).
- CAUTI-related infections also showed minor differences, ranging from 5.69% (POW) to 6.25% (RGH)
- Line-associated infections were notably lower, with the highest being 1.63% at POW.

This relatively uniform profile suggests consistent performance across the Health Board, though continued efforts are needed to drive down CAUTI incidence, especially at RGH and POW.

More work will need to be put towards continue the reduction of Gram-negative blood stream infections and in particular *E. Coli*. such as:

- Increase on PPE awareness across the organization – The IPC team will look at doing a point prevalence evaluation during Q2 regarding PPE understanding, to identify the main gaps, share it

with the clinical leads of the organization and discuss with comms strategies to raise awareness across the organization, findings and actions will be presented at Q2 IPCC

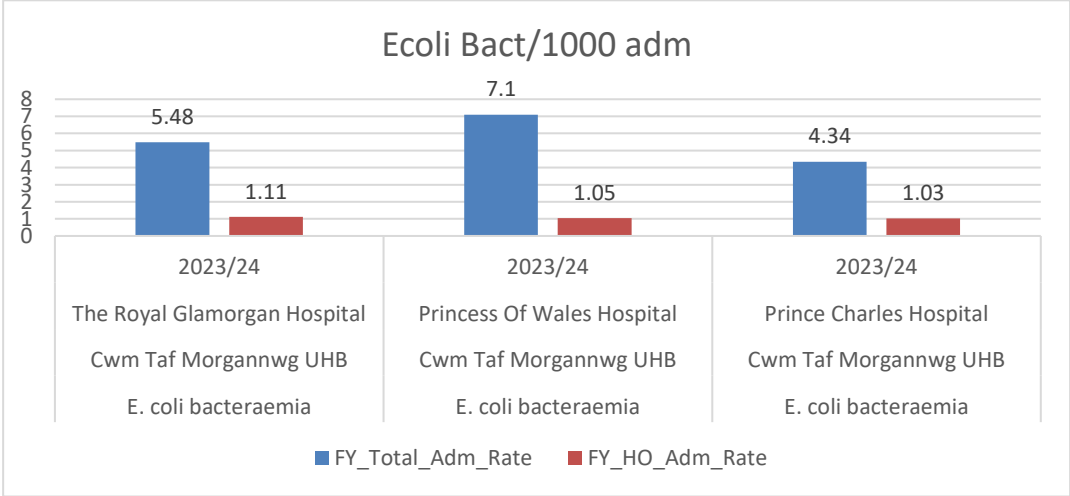
- Strengthen ANTT training – ANTT training is due to be re-instated as mandatory and it is essential to ensure that we achieve a high rate of compliance across CTM. Because this training was taken off from ESR, it is not possible to evaluate our base line to inform our progression and future strategy. IPC will continue working towards the deployment of the mandated training, while continues to provide training. It will be included in this report for future committees the compliance data and targets for improvement as soon as a baseline is identified.
- Continue improving catheter insertion and management across the organization – IPC will focus on increase the monitor of compliance with insertion and maintenance bundles and will seek support from Comms to launch initiatives to raise awareness. A point prevalence will be done to identify our gaps regarding the compliance of the bundles and an action plan will then be created, the IPC team aims to present the first findings and associated actions during Q2 IPCC. This will require a multidisciplinary approach to ensure that all clinical staff involved are included and motivated to improve practices.
- Continue to improve canula and other invasive line insertion and maintenance
- Increase compliance with IPC training level 1 and 2- Currently IPC training levels 1 and 2 are low, but above all, regarding gram negative bacteremia, it is essential to focus in particular on the level 2 training, this will require a multidisciplinary approach, with clinical leads involved, to ensure awareness and compliance. The target goal for CTM will be to achieve at least an average compliance of 85% by the end of Q3. This is an ambitious goal, having in mind that there are clinical groups such as medical and dental with compliance around 25%.

This will require a continuation of a joint effort between IPC and the clinical areas as well as the commitment of professional groups such as medics and nurses to ensure IPC best practices are always adhered. It is essential that staff training compliance is increased and maintained across the organization.

Also, it is important to continue the rollout of the catheter passport across CTM to ensure better care in hospital and in the community regarding the prevention of catheter associated infections. Hydration awareness project would still be important towards a sustainable reduction.

5.1.1.1 – E. Coli rates per acute setting

The following graphic shows the rates per hospital for the financial year 2024/25:



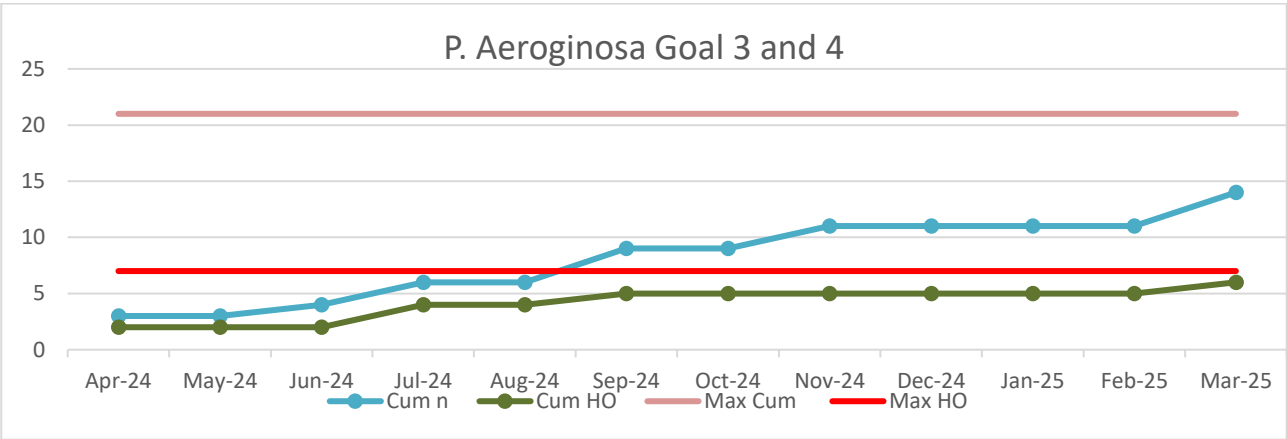
Graphic 9 - E.Coli Rates - Acute settings/1000 admissions

As we can see, the highest rate was on Princess of Wales Hospital (PoWH), nonetheless, the high value is connected with acute admissions, since the rate for HO cases is very similar across the 3 settings, being the lowest Prince Charles Hospital.

The overall conclusion of the separate analysis for the 3 localities is that HO rates continue to represent a small portion of the overall number of cases and to achieve significant reductions, it is essential to look at more detail to the contributing factors in the community that may support a sustainable reduction to CO cases.

5.1.2 - IMPROVEMENT GOALS 3 AND 4 – P. AEROGINOSA BACTERAEMIA

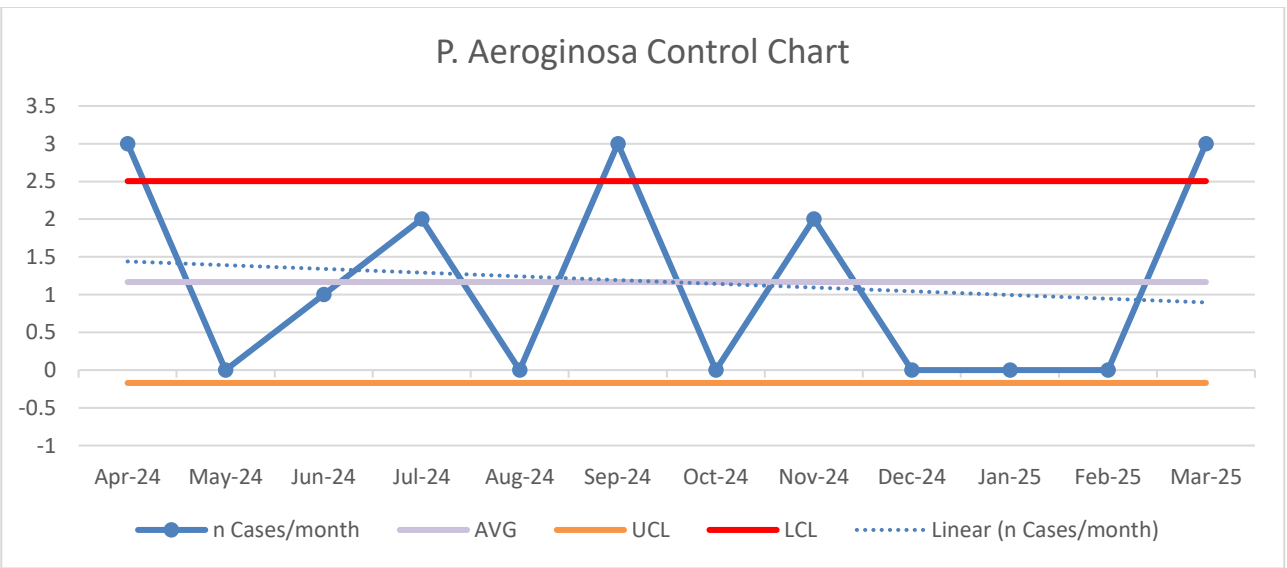
The WG improvement goal requires a 10% reduction in HO cases compared to 20123/24 which equates to no more than 21 cases (<7 HO and <21 total):



Graphic 10 - P Aeruginosa Bacteraemia

In line with graph 3, we have not passed the threshold of infection regarding the HO cases we have achieved the reduction goal, not breaching the threshold of 7 HO cases as well not breaching the threshold of maximum 21 cases for cumulative HO and CO cases. The results reveal a reduction on the number of cases across the year.

If we look at the SPC chart:



Graphic 11 - SPC Chart - P Aeruginosa

It comes in line with the information provided before. While we only see 3 points (April, September and March) falling outside the average deviation lines, there is step downward trendline, which reveals that we are currently on a controlled process but achieving a significant reduction on the overall number of cases. Nonetheless work will need to continue to focus on actions to reduce the rate of infections for the new financial year to ensure that this is a sustained reduction.

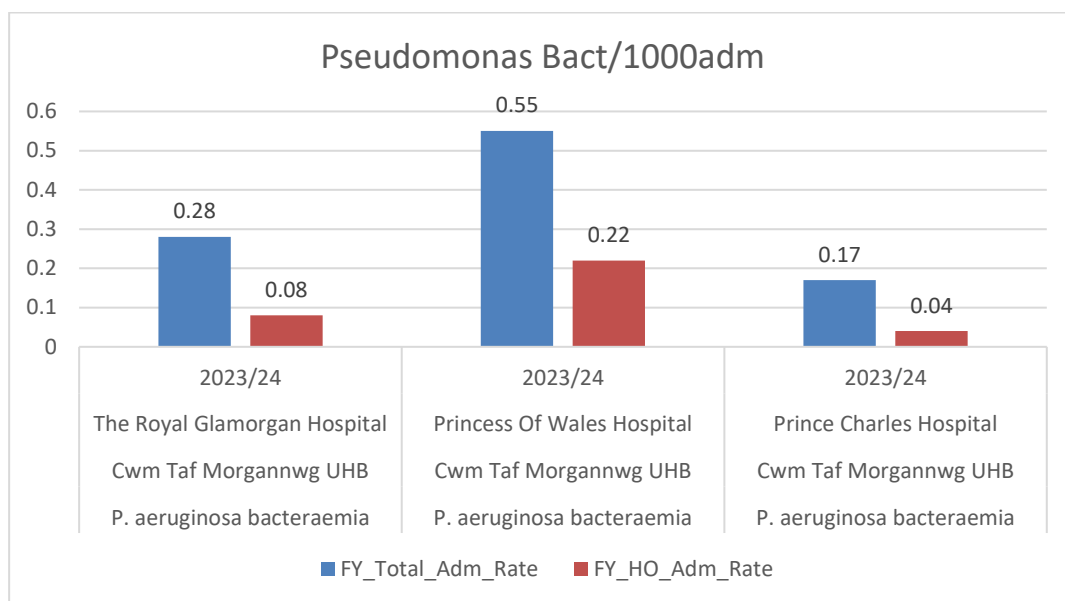
These are some of the key actions to support the sustainable reduction of *Pseudomonas aeruginosa* bacteraemias:

- Regular audits of staff compliance with WHO's 5 Moments for Hand Hygiene
- Work towards establishing a link workers network to increase awareness across the HB – It is an objective for IPC to during the new financial year deploy a link workers program. We are currently developing a training package to support the link workers and is being presented to this IPCC the proposed Development Framework Document that will support the link workers on the development of their competencies. It is essential that we focus on getting motivated staff to join the link workers programs and that they are supported by their managers to ensure they can perform the IPC activities and attend to IPC training initiatives/training.
- Reinforce education and training programs on proper hand hygiene practices for clinical and support staff, through the presence of IPC, clinical settings ownership.
- Ensure a robust insertion and maintenance bundle for all invasive devices (e.g., central venous catheters, peripheral cannulas, urinary catheters, endotracheal tubes) and promote a promptly removal of unnecessary devices; regular daily review with clear clinical justification documented – Monitor through auditing.
- Ensure strict adherence to water safety and hygiene management aligned with WHTM 04-01 guidelines and follow water testing in line with the Water Safety Plan and Effective multidisciplinary collaboration involving infection control teams, estates/water management teams, microbiology, pharmacy, nursing, medical staff, and hospital management.
- Ensure clinical areas are alerted of positive findings in water systems as soon as possible.
- Ensure clinical areas are aware and compliant with the identification of low usage outlets and inform estates as well as start water running protocols for low-use taps and showers, with clear records maintained – This must be moved towards an all Health Board approach since currently we have differences regarding who is responsible for doing the water running.
- Ensure compliance with mandatory training and compliance monitoring of ANTT when accessing invasive lines or performing clinical procedures and ensure that there are regular competencies assessment of staff performing procedures to ensure compliance.
- Root cause analysis (RCA) or post-infection review (PIR) on confirmed bacteremia to identify and address contributing factors.
- Increase compliance with IPC trainings level 1 and 2 across the HB
- Ensure all reusable medical equipment is appropriately decontaminated, cleaned, disinfected, or sterilized according to manufacturer and local infection control guidelines

By systematically applying these evidence-based interventions, you can effectively reduce the incidence of *Pseudomonas aeruginosa* bacteremia within your hospital.

5.1.2.1 – *P. Aeruginosa* rates per Acute Setting

The following graphic shows the rates per hospital for the financial year 2024/25:



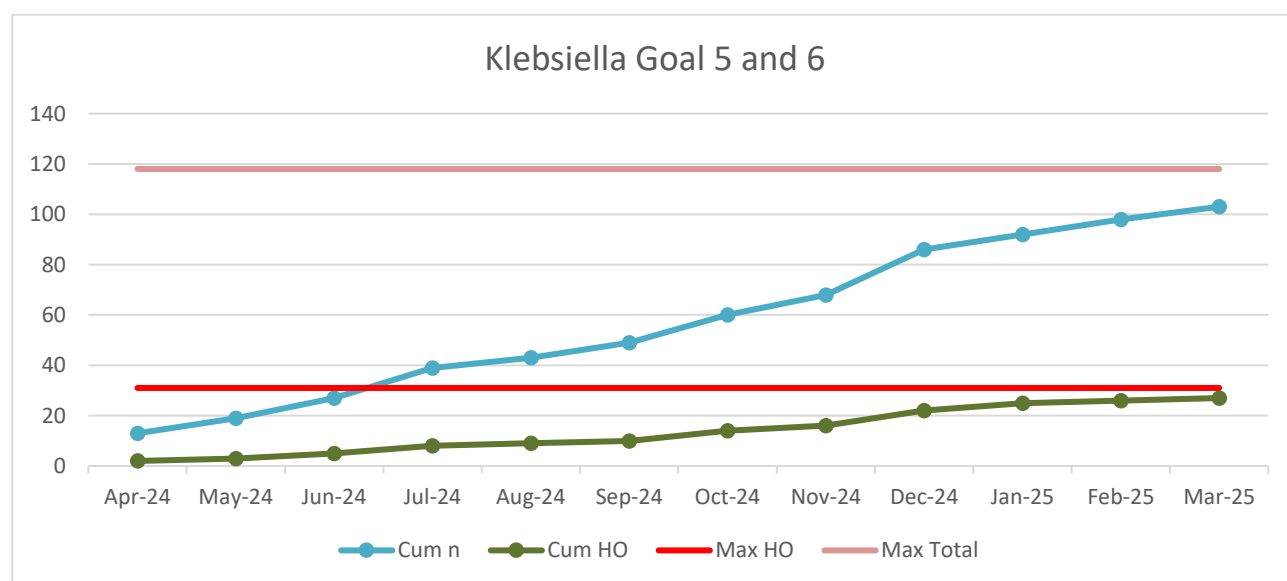
Graphic 12 - *P. Aeruginosa* rates per acute site

The Princess of Wales Hospital had the highest overall rate, followed by The Royal Glamorgan Hospital, being the lowest Prince Charles Hospital. While the rates remained very low, it will be important to try to understand the lower rate found at Prince Charles Hospital.

It is positive to see a reduction on the community and would be beneficial to further explore the reasons for this as well as understanding what reasons are driving the highest rates at POW hospital.

5.1.3 - IMPROVEMENT GOAL 5 AND 6 – *KLEBESIELLA SPP.* BACTERAEMIA

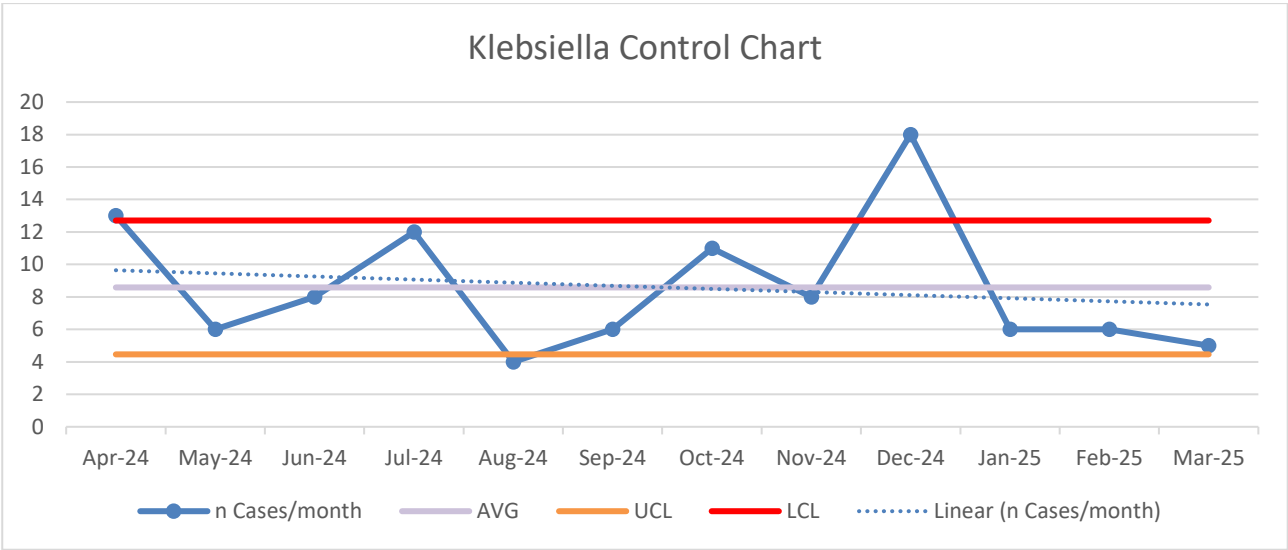
The WG improvement goal requires a 20% reduction of HO compared to 2023/24 figures. This equates to no more than 118 cases (HO<31 cases):



Graphic 13 - *Klebsiella Spp.* Bacteraemia

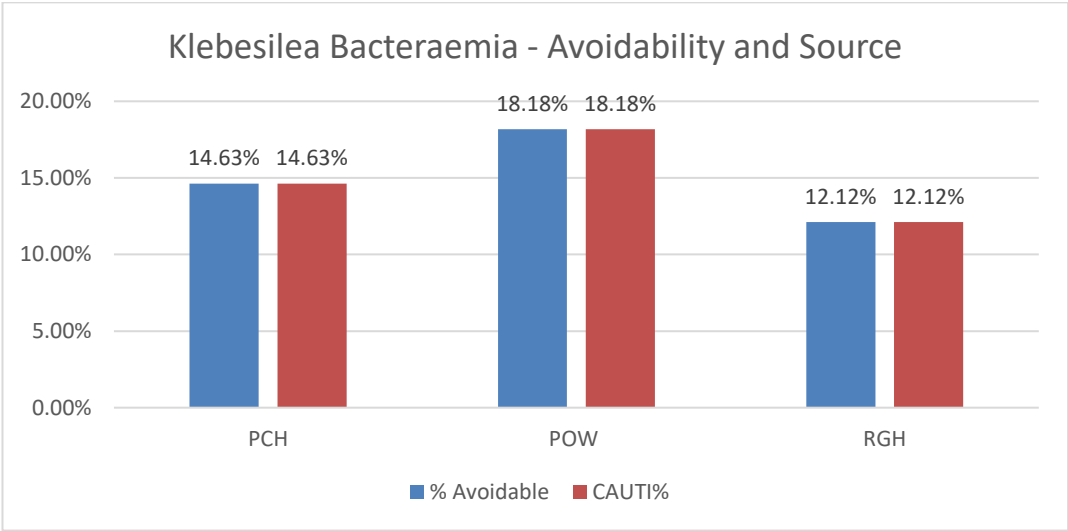
In line with graphic 13, we can see that we have achieved the reduction on HO cases not passing the 31 cases threshold

Looking at the SPC chart:



Graphic 14- Klebsiella SPC chart

We can see that there were no significant changes in the situation along the financial year with 2 deviation points, the first slightly negative on August 2024 and a deviation on a positive on December 2024, nonetheless the majority of the number of cases stayed within average deviation interval with a very slight decrease trendline. While this is a positive outcome, it alerts that we need to continue to work towards the reduction goal since the data does not fully support the reduction as a stable trend in light with current data. To ensure we can continue with a sustainable reduction we need to continue to target our actions towards reducing Gram negative infections as described to the *E.Coli* (6.1.1) When we look at avoidability and source:



Graphic 15 - Klebsiella Bacteraemia - Avoidability and Source

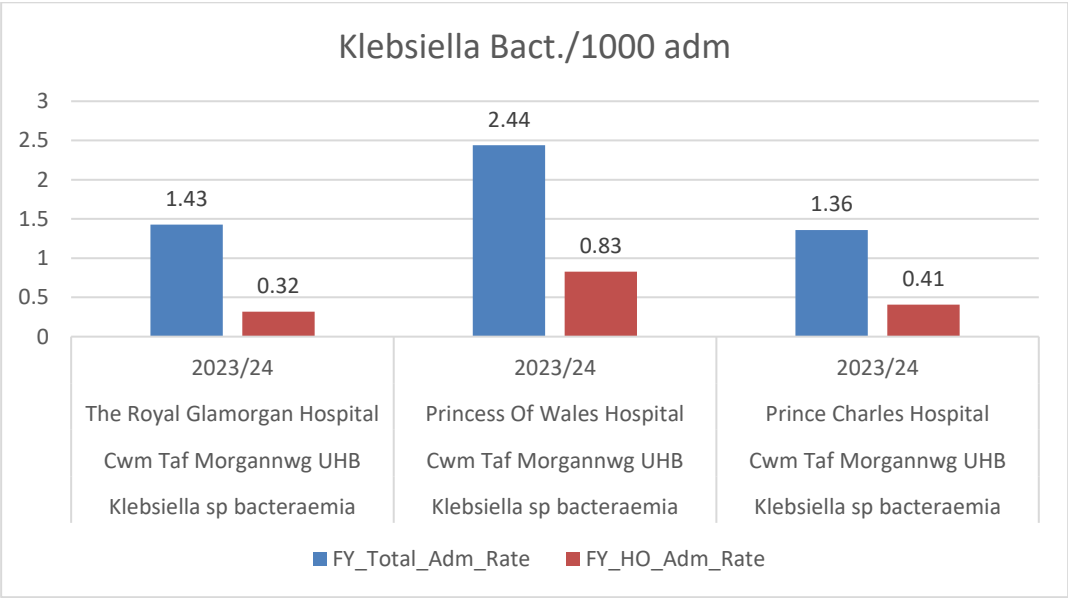
The data on Klebsiella spp. bacteremia presents a consistent picture across all three sites:

- PoWH exhibited the highest percentage of avoidable infections (18.18%), identical to the proportion attributed to CAUTI.
- PCH reported 14.63% for both avoidable cases and CAUTI-related infections.
- RGH had the lowest percentage for both indicators at 12.12%.

The findings underline the strong association between CAUTI and Klebsiella bacteremia. Interventions to improve catheter care, particularly at POW and PCH, may significantly reduce Klebsiella-related infections

5.1.3.1 – Klebsiella spp. rates per Acute Setting

The following graphic shows the rates per hospital for the financial year 2024/25:

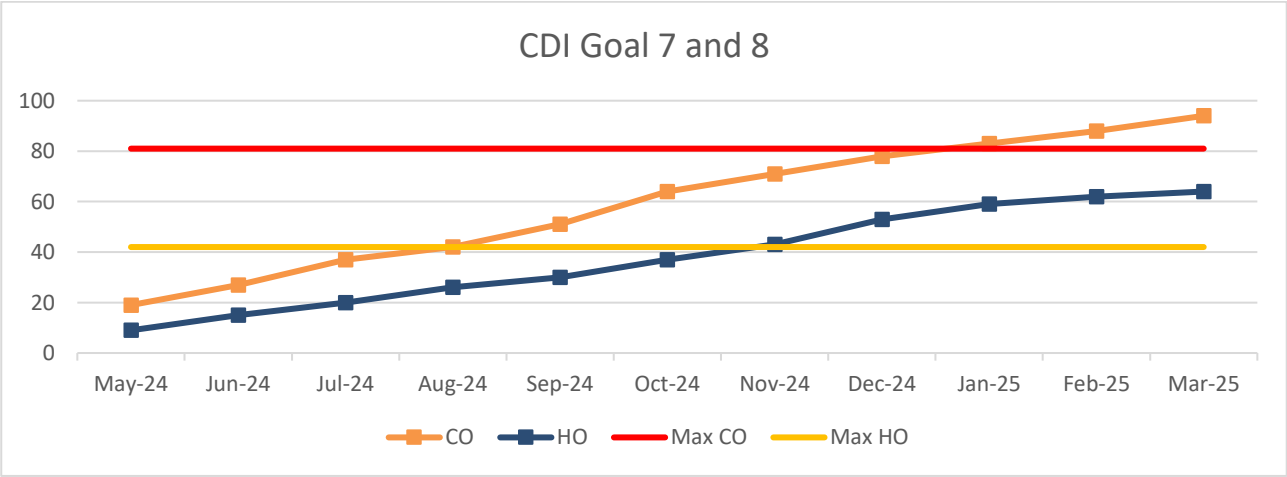


Graphic 16 - Klebsiella rates per acute setting

As we can see on graphic 16, the highest rate of *Klebsiella spp.* Bloodstream infections is in POW, followed by PCH, having the highest burden on CO cases. When looking at HO cases the highest rate is also POW hospital and the lowest PCH, which is similar to the findings for *E. Coli* Bacteremia, another Gram negative microorganism. For the new financial year it would be important to try to understand the reasons for the highest rates in POW compared to the other 2 acute settings.

5.1.4 - IMPROVEMENT GOALS 7 AND 8– C DIFFICILE

The WG improvement goal for *C.Difficile* for 2024/25 is 10% reduction from 2023/24 which equals < 42 cases HO and <81 CO:



Graphic 17 - Clostridium Difficile infections

The graphic clearly shows that the HB has failed to achieve the reduction goal. Similar situation has been seen across Wales with increased rates of *Clostridium Difficile*. Albeit the increase, CTM continues to show a lower rate than all Wales – CTM-35.58/100,000 population and all Wales – 47.39/100,000 population, therefore 24.92% lower.

The following graphic illustrates the distribution burden between Hospital Onset (HO) Cases and Community Onset (CO) as mentioned, at the moment of this report being produced, 59% of all *Clostridium Difficile* cases reported are CO.



Graphic 18 - CDI infections - Ratio CO/HO

The increase in *Clostridium Difficile* infections has been consistently observed throughout the financial year and continues to date. While part of this rise may relate to increased antibiotic usage during the COVID-19 pandemic, we are also currently experiencing a significant surge in respiratory infections. These combined factors highlight the critical need to strengthen our review processes and apply lessons learned from previous C. diff cases.

Key learnings from RCA's include:

- Prescription of Proton Pump Inhibitors (PPIs): There is a need for thorough review and documentation of both dosing and indications for use.
- Antimicrobial Stewardship: It is crucial to ensure that antimicrobial prescriptions are appropriately made and reviewed, extending this oversight into community settings.
- Need to increase visibility of previous positive cases in the clinical areas.
- Early Detection and Isolation: Prompt detection and isolation of C. diff cases at the earliest opportunity are essential to controlling outbreaks.
- Environmental Decontamination: Environments must be cleaned and disinfected using sporicidal agents, followed by hydrogen peroxide for further decontamination. This process can be particularly challenging in high-traffic areas like Accident & Emergency (A&E), where patient placement may hinder the effective use of hydrogen peroxide.
- Ensure good Hand Hygiene, Bare below the elbows and adequate use of PPE – to achieve this will need to ensure better compliance with mandatory training, local training and increased IPC presence in the clinical settings.
- Low compliance of staff with IPC training.

IPC Actions:

- Monitor Hydrogen Peroxide Vapour (HPV) disinfection – Ensure it is used as gold standard for post *CDiff* cases.
- Alerts in ICNet for the admission of patients with known C. Diff cases have been implemented, allowing clinical areas to early identify symptom development and early medication review.
- Enhance the robustness of Root Cause Analysis (RCA) by exploring immediate actions for quick wins – Ensure to continue to review the current process and that a robust revision is in place by no later than the end of Q2 and trialed during Q3
- Encourage early reviews of PPI prescriptions in collaboration with pharmacy services.

- Implement sampling and isolation protocols for patients presenting with the first loose stools – To action this, agreement between IPC and microbiology from POW and RGH/PCH will need to be reached on a same testing regime. It will need to be considered if sample should be taken at any first opportunity or if should be underpinned by the presence of risk factors. IPC to support these discussions and to present at the next IPCC a proposal testing regime to be used across all CTM.
- Back to basics – Deploy awareness initiatives such as Hand Hygiene promoting, etc.
- Ensure that low compliance with mandatory training is escalated to HoN and managers, including Medical Directorate, discuss with Comms strategies to raise awareness – To be reviewed quarterly at IPCC.
- Ensure that *Clostridium Difficile* infection review meetings are done at first opportunity possible, with full support from clinical area, Microbiology, IPC, medical staff and Antimicrobial Pharmacist and ensure that lessons learned are swiftly applied and create a “matrix” of lessons identified as recurrent themes for wider development of support and corrective strategies – This is ongoing work as part of the review of IPC workstreams but will require wider support from microbiology, clinical setting management, pharmacy and medical directorate to ensure that review meetings are not delayed and done at the first opportunity – Average time for reviews and outstanding reviews to be included in future IPCC reports.

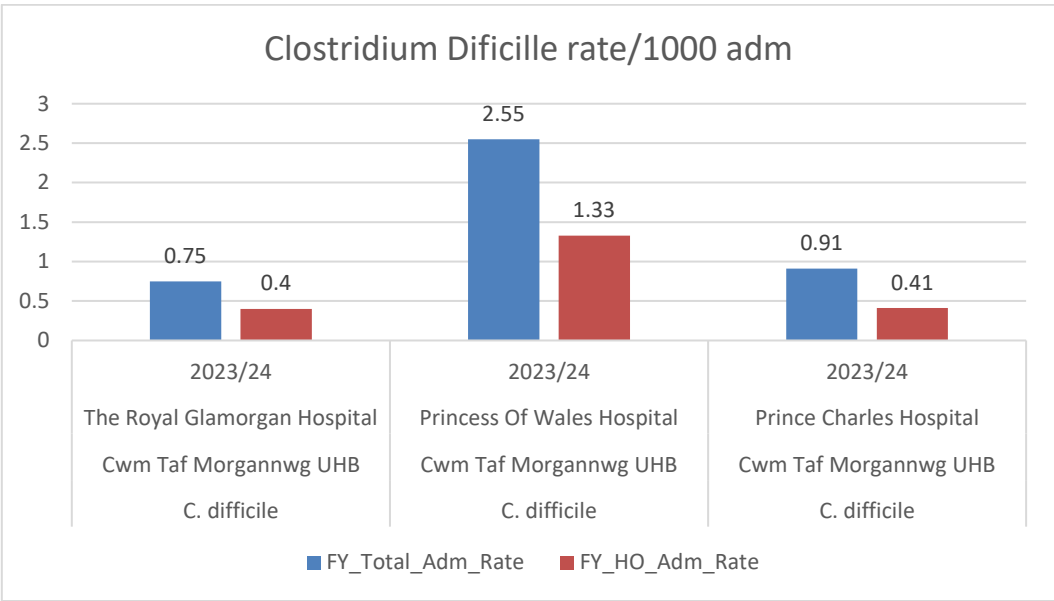
While these actions can significantly influence *C. diff* rates in secondary care, it is equally important to extend support to primary care, particularly from an antimicrobial stewardship perspective. Reviews of *C. diff* toxin-positive cases should be broadened to include community settings, necessitating the establishment of a robust review system.

Additionally, collaboration with Public Health Wales (PHW) and the epidemiology team is vital for identifying areas with a higher infection burden, ensuring that resources are directed appropriately.

A notable challenge lies in the inconsistency of testing approaches across Cwm Taf Morgannwg. Different testing methods are employed at various locations—immunoassays at PCH and RGH, while PCR is used at POW. Although all methods are viable for identifying *C. diff* cases, variations in sensitivity may impact the rates, making benchmarking unviable.

C. diff is a complex infection that requires a coordinated multidisciplinary approach to ensure that all areas work together effectively and that resources are allocated efficiently to meet our infection control goals.

5.1.4.1 – Clostridium Difficile rates per acute site

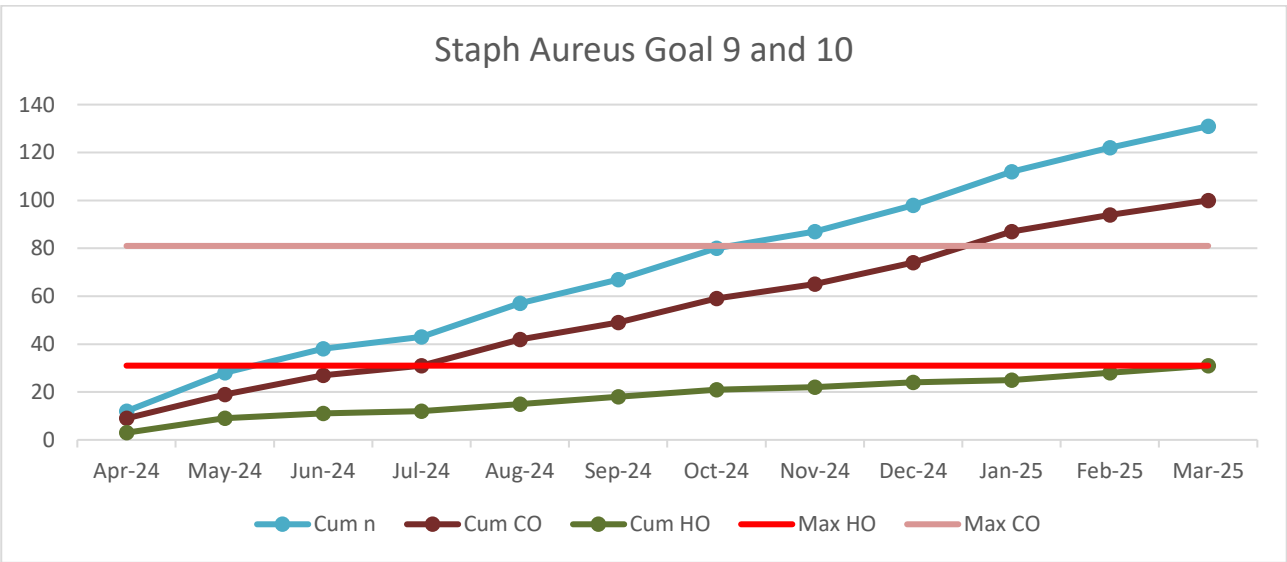


Graphic 19 - CDI rates per acute site

Graphic 19 shows that when we look at the different acute sites, we can see that the rates are significantly higher at POW Hospital. Unfortunately, it is not possible to clearly establish if this represents the reality, since the testing methodology at POW is more sensitive since PCR is used on testing instead of immunoassays. This stresses the importance to progress to a system where the same testing methodology is used to enable us to better understand if we are under-reporting cases in the 2 other acute settings.

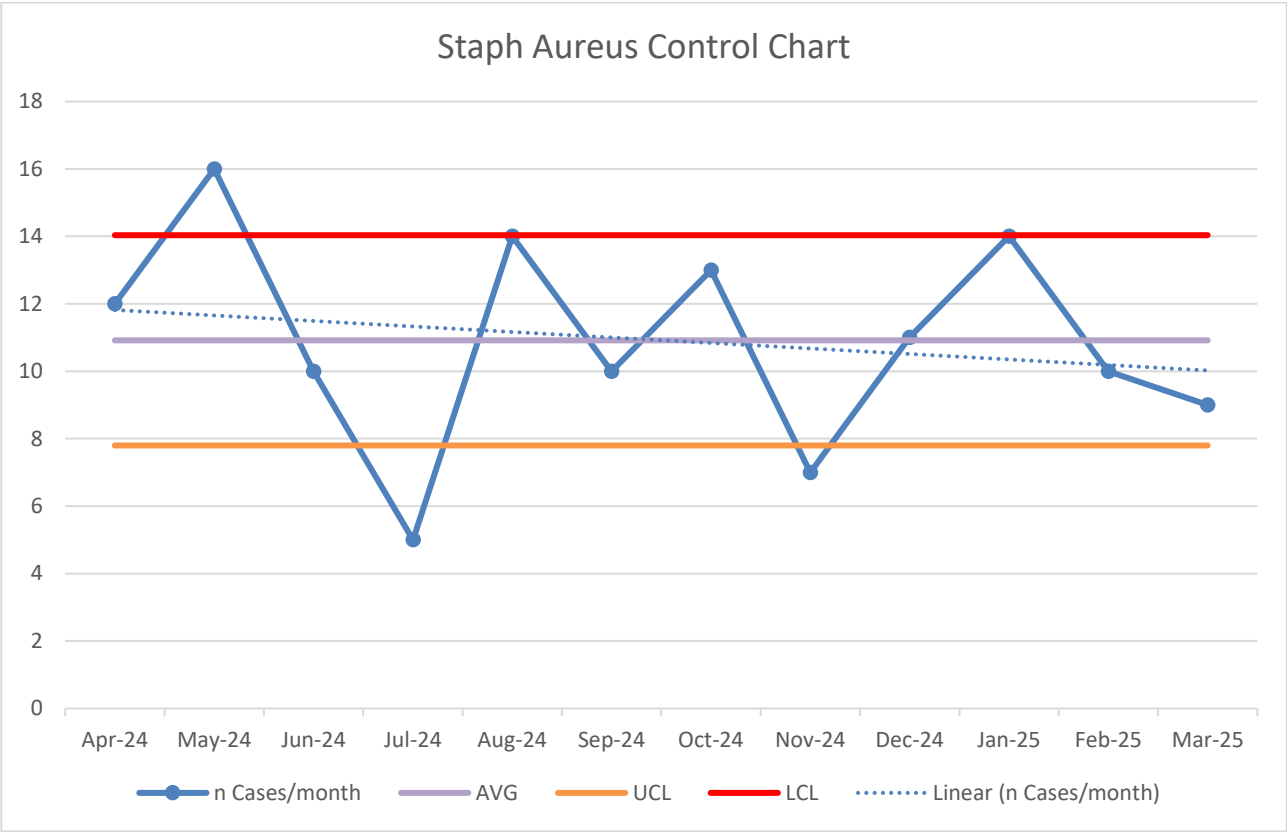
5.1.5- IMPROVEMENT GOALS 9 AND 10 – STAPHYLOCOCCUS AUREUS BACTERAEMIA (MMSA AND MRSA)

The WG improvement goal for *S.Aureus* bacteraemia for 2024/25 is now at 25 per 100,000 population with reduction of community onset and no more cases than 2023/24 of HO, which equals to a combined total of 112 cases (<31 HO and <81 CO)



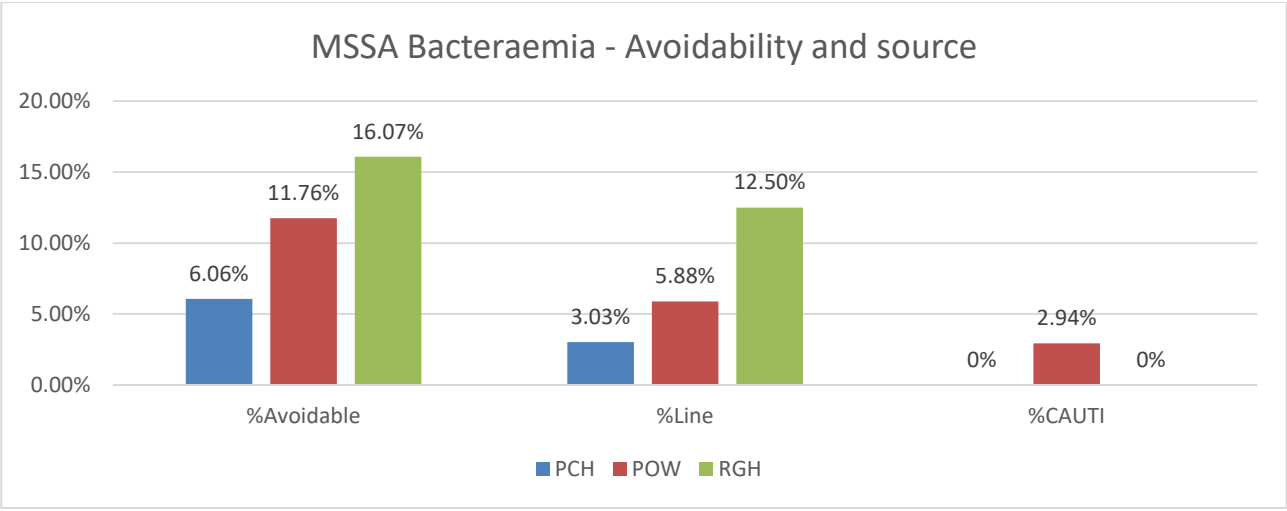
Graphic 20 - Staph. Aureus Bacteraemias

Regarding this goal, the HB did not achieve the goal reduction for CO cases with more 19 cases than the maximum set by the Welsh Government. Regarding HO onset cases the total number of cases was 31, falling on the maximum number to achieve the reduction goal. If we look at the SPC Chart:



Graphic 21 - Staph Aureus SPC Chart

The chart reveals that the processes in place have remained stable across the year, with a slight trendline of reduction, nonetheless the data shown on Graphic 20 reveals that while there was a reduction on HO cases, the CO cases continue to have the biggest weight on the overall number of cases, hindering the possibility of fully achieve the reduction goal. If we look to avoidability and sources for MSSA:



Graphic 22 - MSSA Bacteraemia - Avoidability and Sources

The analysis of MSSA bacteraemia across the three acute sites reveals variation in avoidability and source-related factors:

- RGH reported the highest percentage of avoidable cases at 16.07%, followed by POW at 11.76%, and PCH at 6.06%.
- Line-associated infections represent a significant proportion at RGH (12.50%), followed by POW (5.88%) and PCH (3.03%).
- CAUTI-related MSSA infections were identified only at POW (2.94%), with PCH and RGH reporting no cases.

This data suggests a degree of avoidable and line-associated MSSA bacteraemias at RGH, highlighting the need for improved line insertion and maintenance practices. AT POW will be advised to strengthened urinary catheter surveillance as well as in all other sites, invest in ANTT training.

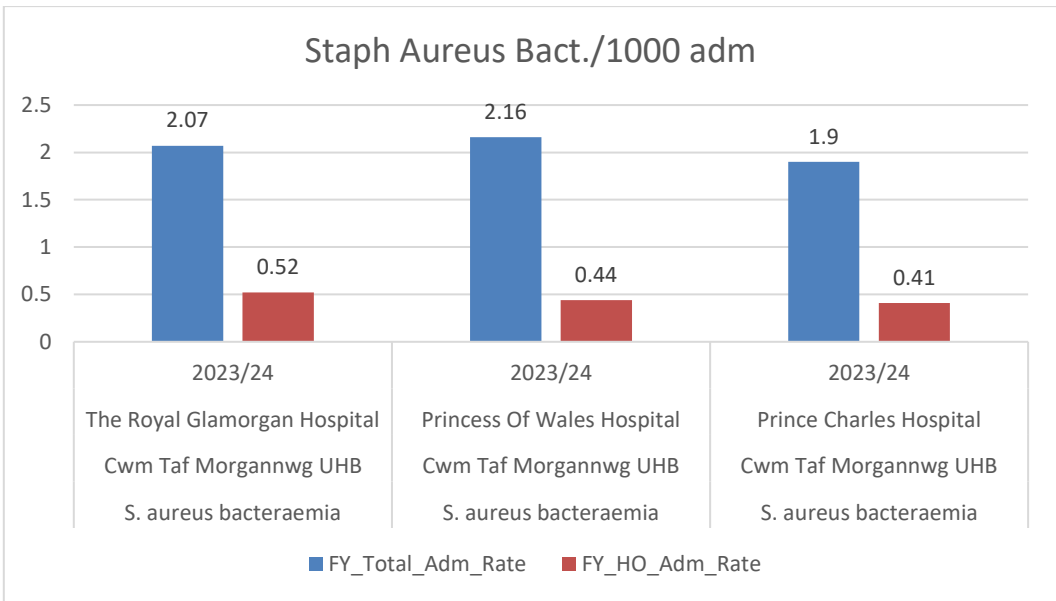
Preventable MSSA (Methicillin-sensitive *Staphylococcus aureus*) bacteraemia is currently categorized as a moderate risk. The Patient Care and Safety team has initiated rapid review meetings to evaluate these preventable infections and assess whether there have been breaches in the duties of candour and quality standards. The findings and lessons learned from these discussions are subsequently shared during site IPC meetings; however, additional efforts are needed to meet the established targets. Presently, 76% of *S. aureus* bacteraemia cases are classified as community-onset (CO), with only 24% identified as Hospital onset.

While it is crucial to focus on staff education regarding lessons learned and adherence to Aseptic Non-Touch Technique (ANTT) in the context of hospital-onset (HO) cases—especially concerning the insertion, maintenance, and removal of invasive devices—it is equally important to investigate the situation within the community. This should be conducted with the assistance of Public Health Wales (PHW) and the epidemiology team, particularly to identify the prevalence of infections in high-risk groups such as:

- Individuals with chronic wounds
- Diabetic patients
- Intravenous (IV) drug users
- Others at risk

These factors may contribute to the elevated incidence of community cases.

5.1.5.1 – *S. Aureus bloodstream infections per acute site*



Graphic 23- *Staph Aureus Bacteraemia rate per acute site*

All 3 sites had similar rates HO but POW shown the highest overall rate, followed by the Royal Glamorgan Hospital. As seen on Graphic 20, community represents the highest burden of *S. Aureus* infections, as shown in the final graphic, highlight the need to invest in and investigate the community factors driving these infection rates.

5.1.6 - POSITION OF THE HEALTH BOARD AGAINST ALL WALES

The following table shows the position of the HB against all Wales for HCAI monitored through the reduction goals

Microorganism	CTM Cases (YTD)	CTM Rate (/100k)	All Wales Rate (/100k)	CTM vs Wales
C. difficile	158	35.58	47.39	↓ 11.81 (24.9%)
MRSA bacteraemia	10	2.25	2.27	↓ 0.02 (0.88%)
MSSA bacteraemia	121	27.25	28.16	↓ 0.91 (3.2%)
S. aureus bacteraemia (MRSA+MSSA)	131	29.5	30.43	↓ 0.93 (3.06%)
E. coli bacteraemia	364	81.98	69.64	↑ 12.34 (17.72%)
Klebsiella sp. bacteraemia	103	23.20	22.64	↑ 0.56 (2.47%)
P. aeruginosa bacteraemia	14	3.15	5.24	↓ 2.09 (39.89%)

Table 6 - HB position on HCAI against all Wales

A we can see in Table 6, the HB has a lower rate of infections across all HCAI with exception of *E.Coli* and *Klebsiella*, which highlights the importance to invest on the reduction of Gram negative bacteremia for this new financial year with the measures that have been discussed in 6.1.1 – Goals 1 and 2. Albeit having lower rates of *Cdiff* compared to all Wales, it important to remind that the HB did not achieve a reduction on the number of infections during the financial year, therefore, it is essential that the HB also looks at strategies to reduce the number of cases for the new financial year.

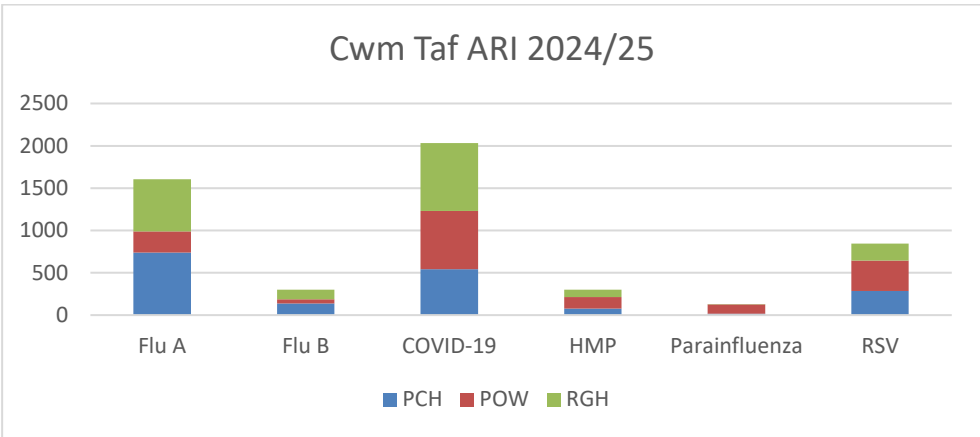
5.2 – ACUTE RESPIRATORY INFECTIONS (ARI)

Acute Respiratory Infections (ARI) significantly impact healthcare service capacity across the Health Board (HB). During the 2024/25 financial year, COVID-19 was the most common diagnosed ARI, totaling 2031 positive results. Influenza A (Flu A) followed closely, with a total of 1604 positive results:

Site	Flu A	Flu B	COVID-19	HMP	Parainfluenza	RSV
PCH	738	137	543	79	15	286
POW	249	49	688	134	112	358
RGH	617	113	800	87	2	200
TOTAL	1604	299	2031	300	129	844

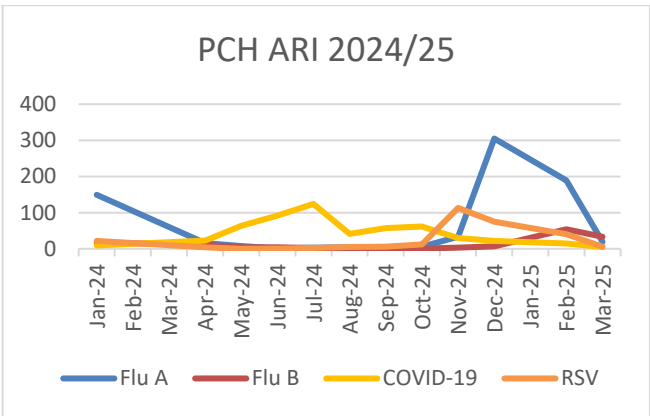
Table 7 - ARI totals 2024/25

We can see the same information in the following graphic:

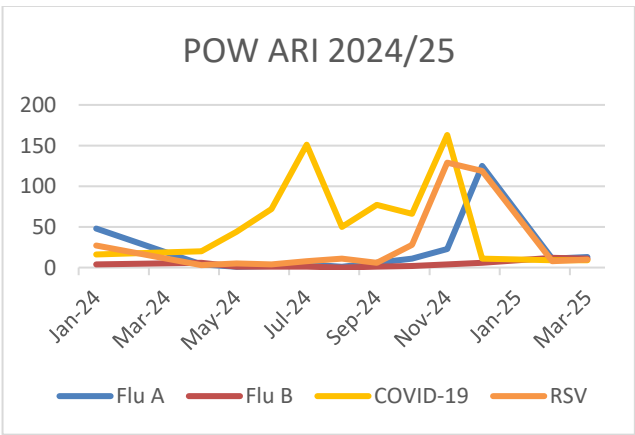


Graphic 24 - ARI positive 2024/25

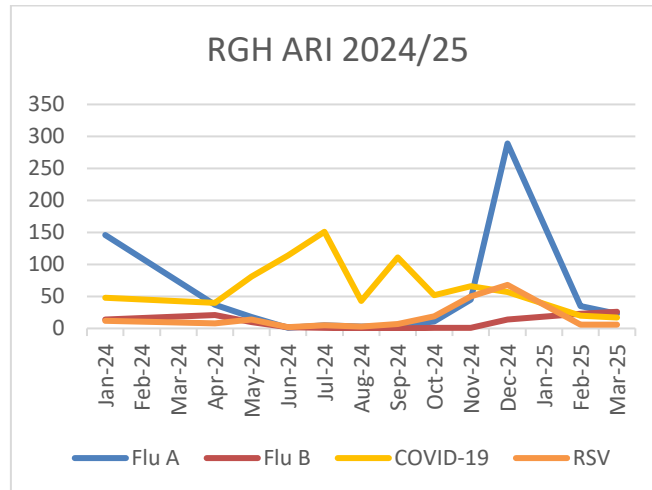
If we look in more detail to the distribution of results across the months:



Graphic 25 - ARI PCH 2024/25



Graphic 26- ARI POW 2024/25



Graphic 27 – ARI RGH 2024/25

COVID-19 showed the highest prevalence overall, especially notable at the RGH site, while the reason is unclear, it will very likely be associated with the move of patients from POW with an increase in activity across RGH.

Flu A peaked mostly at the PCH site, indicating a significant seasonal burden at this location, followed by POW (likely due to the reduced activity). Besides not being the ARI with more positive results, it was the one that caused higher disruption due to the peaks in all 3 sites during December.

RSV also had substantial numbers, particularly at POW, suggesting a localized issue that may require further exploration or preventative strategies specific to vulnerable populations in this catchment area, this data will need to be further investigated with the support from epidemiologists, to try to understand if there was any reason that explains the disparity in numbers

Monthly Distribution and Trends:

As explained before, all three acute sites (PCH, POW, and RGH) exhibited similar trajectories for Flu A, marked by a peak in December and a rapid decline through January. This aligns with expected seasonal patterns, reinforcing the need for proactive seasonal preparedness, including vaccination drives and enhanced winter pressure planning.

COVID-19, while being the most frequent infection over the year, did not demonstrate such a clear seasonal pattern as Flu A, underlining its persistent impact across the year. Continuous preparedness, robust infection prevention controls, and vigilance remain critical.

Recommendations for Action:

Enhance Seasonal Preparedness:

Strengthen influenza vaccination outreach.

COVID-19 Vigilance:

Maintain consistent, high-level vigilance and resource allocation to manage ongoing COVID-19 infections effectively.

Evaluate site-specific infection control practices, especially at RGH, to reduce the higher incidence observed.

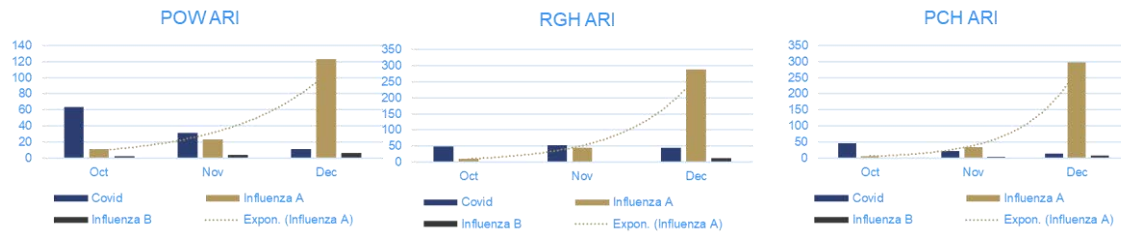
Targeted RSV Interventions:

Investigate the elevated RSV levels at POW and implement targeted interventions, particularly among vulnerable populations like paediatric and elderly groups.

This analysis and subsequent recommendations aim to inform strategic planning for infection prevention and control, optimize resource allocation, and mitigate the healthcare impact of ARIs within the Health Board.

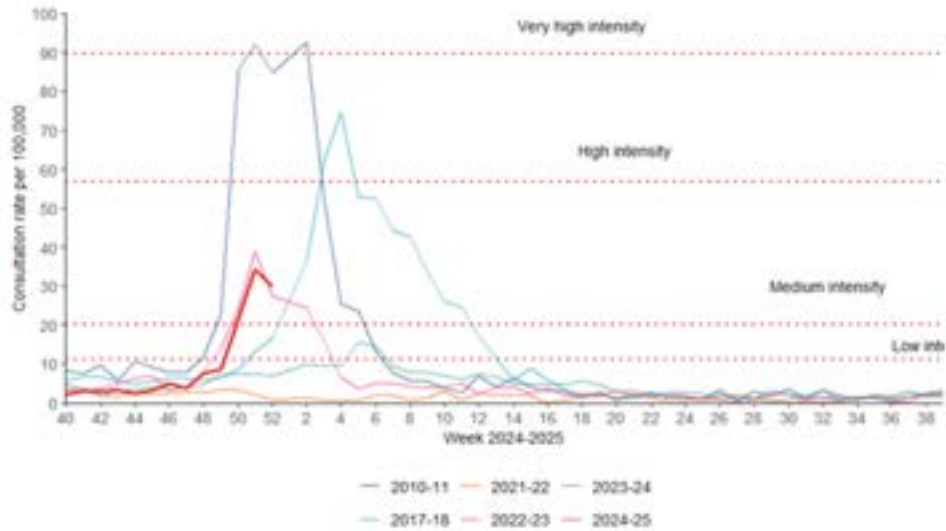
5.2.1 - INFLUENZA A AND B – IPC SUPPORT

As explained before, influenza A emerged as the second most frequent Acute Respiratory Infection (ARI) within CTM, with a notable surge in cases during December. This rapid increase significantly impacted operational capacity across the region. A small number of dual infections involving Influenza A and COVID-19 were promptly identified and managed through immediate isolation. The provided graphs illustrate the monthly distribution of cases during Quarter 3, a period characterized by heightened operational pressures due to increasing case numbers:



Graphic 28 - Influenza A and B last 3 months of 2024

The observed trajectories closely align with the winter projections from Public Health Wales (PHW), as demonstrated by:



Graphic 29- PHW winter projections - Flu

During the peak influenza period in Q3 (December), IPC was actively involved in the Patient Safety Support Cell, providing daily updates on infection control status and advising the Health Board (HB) on infection prevention and control strategies and bed capacity management. During this critical period, IPC commenced daily IPC plans with a focused oversight on cases requiring isolation. Additionally, universal mask usage was introduced across the HB, later discontinued in January. To strengthen organizational resilience, it is essential that the HB establishes clear criteria for initiating and ceasing universal mask use swiftly across CTM. Maintaining a daily IPC list remains critical, as it aids patient flow management by offering clear insights into the infection prevention burden, facilitating better bed capacity planning and informed patient movements. Moreover, investing in closer collaboration between IPC teams and patient flow management is crucial to enhance decision-making efficiency, especially during periods of high operational demand, as well as throughout the year. Implementing the Hub model, featuring extended IPC support, including on-call availability during weekends and bank holidays, is anticipated to significantly improve resilience and decision-making capabilities during future peak activity periods.

It is essential that in preparation for the next winter, the HB focus on initiatives to increase vaccination uptake within the various staff groups, in particular staff with patient facing roles. The following table shows the current rate of vaccination uptake in staff:

Vaccinations By Group					
2023/2024 Permanent Staff Vaccines by Group					
Staff Group	Had Vaccine %		Not Had Vaccine %		Permanent Staff
Add Prof Scientific and Technic	214	51.07%	205	48.93%	419
Additional Clinical Services	867	34.34%	1658	65.66%	2525
Administrative and Clerical	1035	39.06%	1615	60.94%	2650
Allied Health Professionals	445	52.48%	403	47.52%	848
Estates and Ancillary	553	40.36%	817	59.64%	1370
Healthcare Scientists	88	40.74%	128	59.26%	216
Medical and Dental	467	54.94%	383	45.06%	850
Nursing and Midwifery Registered	1530	37.56%	2543	62.44%	4073
Students	1	5.00%	19	95.00%	20
Total	5200	40.09%	7771	59.91%	12971

Table 8 - Permanent Staff Flu Vaccines by Group

As we can see the overall vaccination coverage is lower than the 83% required to achieve Herd immunity (Mertz & al., 2016)¹. The numbers are even more concerning if we include the non-permanent staff:

Vaccinations By Month					
2023/2024 All Staff Vaccines by Group					
Staff Group	Had Vaccine %		Not Had Vaccine %		All Staff
Add Prof Scientific and Technic	219	48.67%	223	49.56%	450
Additional Clinical Services	1017	27.24%	2684	71.90%	3733
Administrative and Clerical	982	37.45%	1550	59.12%	2622
Allied Health Professionals	448	48.28%	455	49.03%	928
Estates and Ancillary	548	40.00%	814	59.42%	1370
Healthcare Scientists	81	39.51%	117	57.07%	205
Medical and Dental	768	35.51%	1347	62.27%	2163
Nursing and Midwifery Registered	1529	37.07%	2494	60.46%	4125
Students	1	5.00%	19	95.00%	20
Total	5593	35.82%	9703	62.13%	15616

Table 9 - All staff Flu Vaccines by group

Here we can see that the overall coverage is 35.82%, with the lowest uptake on the Additional Clinical Services group, followed by Medical and Dental and Nursing and Midwifery (we are not considering the 5% coverage for students, since it is unclear if this is due to no reporting from vaccination done through the University).

From a resilience point of view, this is very concerning, since can strongly impact the workforce as well as, the staff can themselves become vectors spreading influenza to our service users.

It is essential that for this financial year, there is a robust discussion around the experiences of previous years vaccination campaigns and explore any lessons learned towards supporting a

¹ [Herd effect from influenza vaccination in non-healthcare settings: a systematic review of randomised controlled trials and observational studies - PMC](#) – Accessed on 24/04/2025 at 12:44h

sustainable increase on the vaccine uptake, either by dealing with myths or any other found barriers preventing to achieve an adequate vaccination coverage.

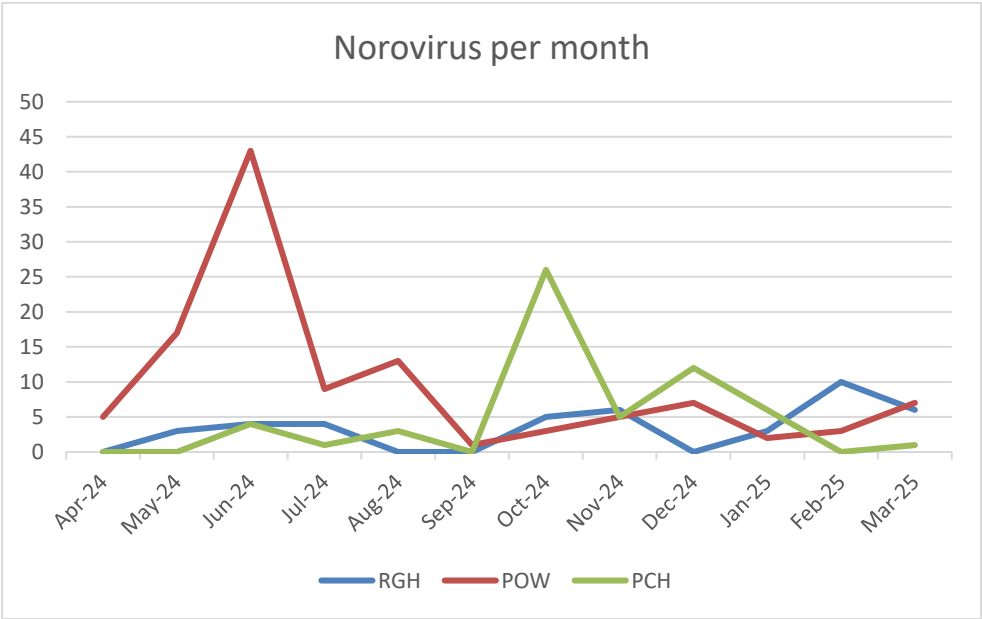
5.3 - NOROVIRUS INFECTIONS

Over the financial year 2024/25, a total of 41 cases were reported at RGH, 115 at POW, and 58 at PCH. The highest number of monthly cases was observed at POW in June 2024 (43 cases), followed by a significant peak at PCH in October 2024 (26 cases). RGH showed greater consistency throughout the year, with a notable increase in February 2025 (10 cases). These fluctuations suggest the need for further analysis of local epidemiology and service pressures during peak months.

Please see next table and graphic:

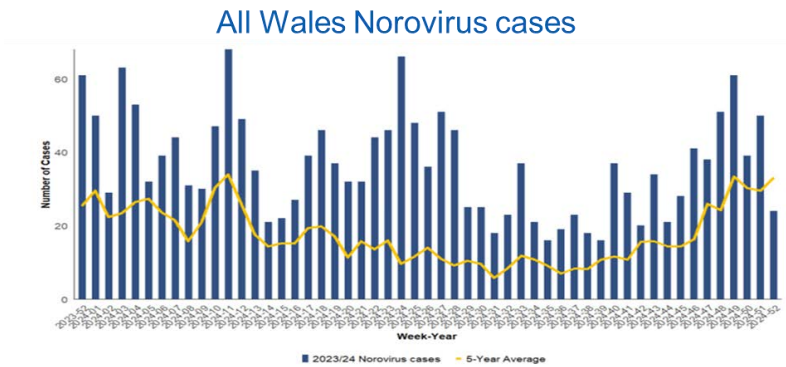
Month	RGH	POW	PCH
Apr-24	0	5	0
May-24	3	17	0
Jun-24	4	43	4
Jul-24	4	9	1
Aug-24	0	13	3
Sep-24	0	1	0
Oct-24	5	3	26
Nov-24	6	5	5
Dec-24	0	7	12
Jan-25	3	2	6
Feb-25	10	3	0
Mar-25	6	7	1
Total	41	115	58

Table 10- Norovirus cases per Month and acute setting



Graphic 30 - Norovirus cases per Month and acute setting

As we can see by the all-Wales profile graphic, norovirus infections had a sinusoidal pattern across the entire year, nonetheless with an increase starting on week 46 of the civil year (from November) with the peak between weeks 49 and 52 (based on 5 years average).



Graphic 31 - All Wales Norovirus infections

The CTM Norovirus trend deviates from the typical seasonal pattern described by PHW.

- June 2024 saw an unusually high spike (43 cases at POW alone), which does not align with the national data.
- The expected rise in late November and peak in December was modest only happening at POW.

IPC has worked closely with all clinical settings to ensure adequate management of all found cases and adequate management to avoid spread of infection. It is important to highlight some challenges in RGH regarding norovirus testing where there is no availability of rapid testing, which limits the capacity to quickly confirm the positive cases. In some cases, there has been the need to divert samples to PCH for rapid testing. The limitations on testing, create challenges on making the adequate management of cases as also increases the number of samples that are being sent to the laboratory, since samples continue to be sent from every new case until we have confirmed positive results to establish a period of increased incidence/outbreak.

6 – SURGICAL SITE SURVEILLANCE

CTMUHB participate in the mandatory surveillance of Surgical Site Infections (SSI) for Orthopedic and C. Section surgery. Using standardized methods, allows the Health Boards across Wales to analyze their SSI data and improve the quality of the care delivered. National surveillance also allows hospitals/Health Boards to benchmark performance indicators.

6.1 – ORTHOPEDIC SSI SURVEILLANCE

The annual surveillance data for Orthopaedic Surgical Site Infections (SSI) within CTMUHB highlights several key trends and areas for attention. The SSI rates for hip and knee surgeries have demonstrated variability across the reporting period. A noticeable peak was observed around May and September 2024, particularly for hip procedures, reaching SSI rates close to 10%. Knee surgery SSI rates peaked around May 2024 but remained lower compared to hips, approximately 6%. Encouragingly, SSI rates for both hip and knee surgeries returned to baseline by early 2025.

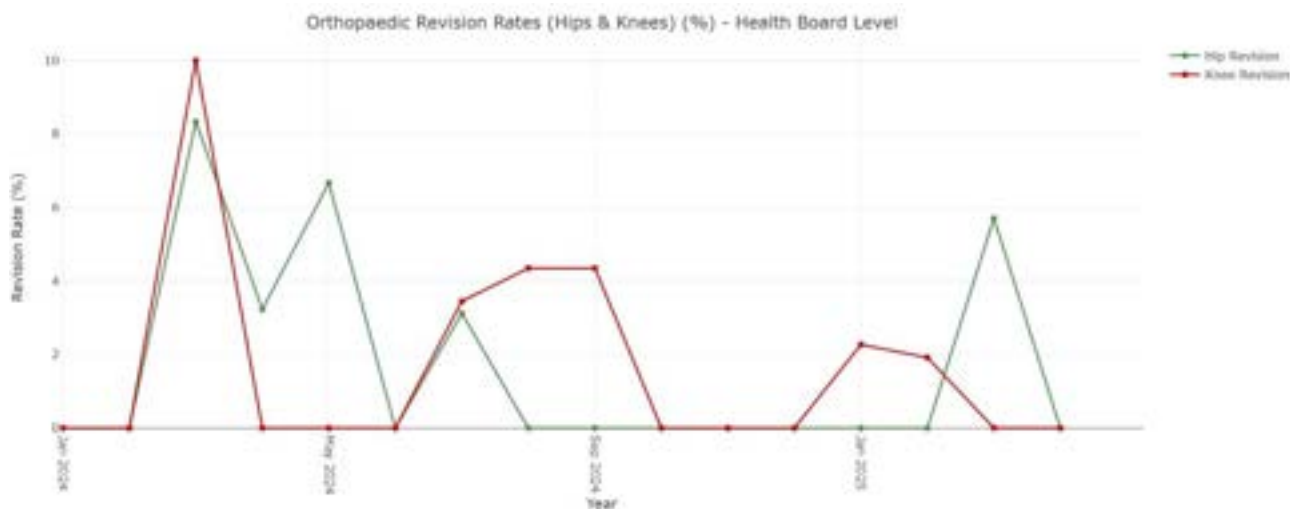
Parallel analysis of Orthopaedic Revision Rates for hips and knees also revealed fluctuations throughout the year. Knee revisions exhibited a significant spike in early 2024, with a peak of approximately 10%, followed by gradual stabilization toward the year's end. Hip revision rates peaked slightly lower, around 8%, but showed a fluctuating pattern throughout the year. Both hip and knee revision rates stabilized towards early 2025, correlating positively with the reduction in SSI rates.

This data underscores the importance of continued vigilance and proactive infection prevention strategies within orthopaedic surgical practices. Ongoing education, rigorous adherence to surgical protocols, and responsive intervention planning remain central to maintaining low SSI and revision rates moving forward.

The information can be seen in more detail on the following graphics:



Graphic 32 - Orthopaedic SSI rates (Hipes & Knees) CTMUHB



Graphic 33 - Orthopaedic Revision Rates (Hips & Knees) (%) - Health Board Level

6.2 – CESAREAN SECTION SSI

The Caesarean Section Surgical Site Infection (SSI) surveillance reports for Prince Charles Hospital (PCH) and Princess of Wales Hospital (POW) for Q1 to Q3 of 2024 indicate significant improvements and fluctuations across both sites. Q4 information is still outstanding while the report was being produced.

At Prince Charles Hospital, the overall SSI rate from Q2 2023 to Q1 2024 was 4.9%, reflecting a slight increase from the baseline of 4.6%. However, this rate decreased to 3.9% by Q2 2024, demonstrating an improvement compared to previous years. The hospital's data completeness remained consistently high, around 99-100%, facilitating accurate surveillance and reporting. Notably, most infections were classified as late community onset, indicating they occurred after hospital discharge, necessitating enhanced community care and patient education post-discharge.

Princess of Wales Hospital showed a notable reduction in SSI rates from 3.1% in the previous three-year baseline down to 1.9% by Q1 2024, further improving to 1.4% by Q3 2024. This reduction does not necessarily reflect an improvement on care since the previously detected high rates were deemed to over-reporting by the midwives. This has been discussed with PHW to understand and try to correct the data and currently a package of training is being planned to ensure that in the future there is consistency on the reporting of SSI.

Demographic analysis across both hospitals highlighted obesity as a significant risk factor, with higher SSI rates recorded among patients classified as obese (BMI 30+). Both hospitals primarily used dissolvable sutures for skin closure, which maintained a low complication rate. Emergency procedures had marginally lower SSI rates than elective procedures.

Overall, the data from both Prince Charles and Princess of Wales Hospitals indicate successful strategies in reducing Caesarean SSI rates, emphasizing the continued need for vigilance, targeted interventions in high-risk groups, and comprehensive post-discharge support to maintain and further improve patient outcomes.

7 – CAPITAL WORKS, DEVELOPMENTS AND REFURBISHMENT

Main hospital sites

At POW works are ongoing to fix the roof, with some services being deployed off-site to RGH and community hospitals. The IPC team has moved the allocation of staff to match the changes on workforce requirements.

The IPC team supported the opening of other sites during the move of clinical services from POW. The IPC team has been supporting the planning of the new cataract theatre in POW with the plan to install a surgicube to enable the availability of a clean laminar flow over the operating field in a room with no central air handling unit for theatres. An SOP will need to be developed by the surgical team with IPC support, regarding the prepping of the surgical trays due to the low air changes in the room. This has been added to the risk register.

Regarding sterile services at PCH, an unusually high particulate count was recorded in the air of the clean room during September. Once testing and rectifications were done, there was a stepped approach on increasing staff working on site accompanied with measurements of particulates in the air. While there was a progressive increase, the numbers remained within the limits required to maintain class 8 clean room classification.

The IPC team has been involved in multiple other capital projects such as the deployment of the Vanguard Endoscopy Unit and the still ongoing deployment of the Vanguard theatres at RGH, as well other projects such as SCBU at POW, the refurbishment of the maternity services and the Llantrisant Health Park project.

8 – DECONTAMINATION

8.1 - PRINCE CHARLES CSSD REFURBISHMENT

PCH CSSD is due to close for refurbishment at the end of 2025 or early 2026. This is part of the ground and first floor major project. The funding has not been guaranteed by Welsh Government at present and a decision on funding is due spring/summer 2025. Service will be split between RGH and POW HSDU. The plans will include a mobile endoscope decontamination unit for PCH which will cover the recently refurbished endoscopy department. No decision on a unit has been made yet. It is important to develop a robust specification for this unit. Estates and the CTMUHB appointed Authorizing Engineer Decontamination will be required to contribute to this specification. This provides the health board with assurance that any mobile unit will be fit for purpose and compliant with WHTM's and HBN's

8.2 - STERILE SERVICES MANAGEMENT STRUCTURE

The current Sterile Services management structure has changed due to the PCH CSSD Manager being on long term sickness absence. Currently there is sharing joint responsibility for all three sites by 2 managers. The Princess of Wales Hospital sterile services AE (D) audit was carried out on the 13/02/2025. The audit report is still outstanding. Sterile services audits carried out by the decontamination Officer in 2025 will be done using the CTMUHB approved audit tool.

8.3 - ENDOSCOPE DECONTAMINATION

8.3.1- PRINCESS OF WALES HOSPITAL

The built environments for endoscope decontamination at the Princess of Wales Hospital require significant investment. Urology endoscope decontamination is a significant risk due to the issues with the discontinued Getinge POKE YOKE machines. The built environment has manual and automated cleaning rooms but does not comply with HBN 13. The Endoscopy department requires investment and the last IHEEM JAG audit produced a red/amber rating. The room is a single room decontamination area with the potential for cross contamination. The area is considered very well managed by the decontamination officer/specialist, but the built environment does not meet JAG standards. Currently due to roof issues at the POWH, endoscopy have been moved to the Vanguard Endoscopy Unit at the RGH.

Nasoendoscopes

Non-Channeled Nasoendoscopes are reprocessed within ENT, Speech and Language Therapy. The method used is the Tristel Trio (3 Step) manual process. Traceability is carried out using the Tristel paper based book. ENT have controlled environment storage cabinets to increase the storage capacity of endoscopes. It is planned to move all Nasoendoscopes decontamination to the centralized facility when this is completed.

Channeled Nasoendoscopes are manually decontaminated in ENT then transported for HLD using endoscopy Endoscopic washer disinfectors.

ENT have controlled environment storage cabinets to increase the storage capacity of endoscopes. It is planned to move all Nasoendoscopes decontamination to the centralized facility when this is completed.

8.3.2 - ROYAL GLAMORGAN HOSPITAL

The Vanguard Endoscopy Unit went live on the 04/03/2025.

The Healthedge HESA traceability system which is what is used throughout CTM is being used, with no paper based traceability system, unless in the event of the electronic track and trace system being out of use. The Vanguard unit was procured for 48 weeks.

Nasoendoscopes

Nasoendoscopes are used within Outpatients ENT clinics and Maxillofacial Departments. The Tristel Trio process is used to decontaminate the endoscopes in both departments. The ENT scopes were previously reprocessed within HSDU at the RGH after the 2018 Welsh Government Endoscope Decontamination Survey. ENT and Maxillofacial only have three endoscopes for each department. There needs to be consideration given to purchase endoscopes for ENT which will allow centralized decontamination.

Recommendations from the 2018 WG Survey was for ENT decontamination to be moved to an automated high level disinfection process. Maxillofacial will be more difficult due to a high number of patients scoped in clinics twice a week.

TOE probes are reprocessed within HSDU at the RGH. The built environment is HBN 13 compliant and would be JAG compliant.

8.3.3 - PRINCE CHARLES HOSPITAL

CSSD at PCH decontaminates endoscopes for Endoscopy and TOE probes for cardiology. The unit was constructed in 2019 to centralize the endoscope decontamination activity. There is a planned closure of CSSD in December 2025

ENT have one Nasoendoscope. Tristel Trio product is used for the decontamination method. Maxillofacial are using single use at present.

8.3.4 - YSBYTY CWM RHONNDA

Outpatients ENT have three Nasoendoscopes. Tristel Trio is used as the decontamination method. Ysbyty Cwm Cynon Outpatients ENT have one Nasoendoscope. Tristel Trio is used as the decontamination method.

8.3.5 - YSBYTY CWM CYNON OUTPATIENTS

ENT have one Nasoendoscope. Tristel Trio is used as the decontamination method.

8.4 - LLANTRISANT HEALTH PARK

The decontamination expert has not yet got involved with design or discussion for Llantrisant Health Park. This has been signposted and currently the AE for decontamination has been added to the design group for this facility. We currently do not have a decontamination expert on the Health Board but are in the process of recruitment, once in post we will ensure that the new Decontamination expert will also take part in the design group to ensure we guarantee adequate compliance.

8.5 - WELSH GOVERNMENT TARGETED ESTATES FUNDING (TEF)

Welsh government targeted estates funding decontamination requests have been submitted for CTMUHB. Notification of approved requests has not been provided yet. Submissions include improvements as below.

- POWH centralized endoscope decontamination scheme
- Traceability system for community dental units and Podiatry.
- Decontamination equipment for SSD.
- ENT endoscopes to move RGH ENT decontamination to the HSDU.
- Storage systems for medical devices.
- Departmental improvements such as IAP room wall coverings. Continuous improvements to decontamination facilities requires involvement from the Decontamination Officer. Audits of the built environment often produce areas of improvements.

9 -WATER SAFETY

Water safety is paramount in a Health Care environment, in particular when it concerns to *Legionella* infections and in augmented care also *Pseudomonas aeruginosa*.

Elevated cold-water temperatures can result in legionella bacterium present in water systems becoming active. *Legionella pneumophila* is a waterborne bacterium and is spread via exposure to aerosols of water containing the bacteria.

Legionnaire's diseases are severe pneumonia caused by exposure to *Legionella pneumophila* symptoms, including muscle aches, tiredness, headaches, dry cough, and fever.

The WSG continues to respond to the findings of both legionella and pseudomonas in our water systems.

There are some key areas such as Dewi Sant clinical were significantly elevated, moving the HB to extensive remedial works and install a dosing system, which successfully controlled the risk and reduced the legionella findings to safe levels, nonetheless, across the organization more findings have been done across the year. It is essential that the HB has good governance processes and procedures in practice to ensure that issues are promptly identified, the risks are assessed and any mitigation measures are put in place while remedial works are ongoing. This is a multidisciplinary approach that is fundamentally headed by the RP (responsible person) for water safety, through the water safety group and is guided by the HB Water Safety Plan.

IPC has expressed concerns regarding the current WSP and proposed several changes to clarify not just the processes in place but also the roles and responsibilities of the various members of the water safety group. This review is at the moment waiting to be approved by the water safety group.

Another workstream that has been noted during this year is the inconsistency across the organization regarding the responsibility on flushing the low usage outlets. Some clinical areas this falls into the clinical staff (such as POW) and in the others it falls under the domestic staff. It is essential that there is one system across the organization. IPC had conversations with the managers of the domestic teams and has been agreed to move to a domestic running option, since putting this to the clinical staff would be too honourous. Nonetheless it is still essential to ensure that there is more awareness across the organization regarding the need to notify estates of low usage outlets and remove barriers to access water points. This is a risk when we see across the organization some of the bathrooms being transformed into storage rooms. While this falls into a clear need of storage for the clinical are, it is essential that provision is made to ensure the outlets are regularly opened and run as well as aim at the removal of the outlet and adjacent pipes.

One concern for IPC is also the fragmentation of the support on microbiology regarding water safety. Microbiology works closely with IPC to ensure that the risk for patients in areas with known legionella counts, is done and adequate awareness is shared with the clinical staff as well as guidance on testing when dealing with atypical pneumonia. Currently PoWH has a different arrangement from the other sites and is covered by PHW microbiology, where the Service Level Agreement, does not account for their representation and support in matters related with water safety. This is a significant gap that will need to be addressed to ensure adequate safety. In the interim, estates, IPC and microbiology have been working together towards improving communication and cooperation.

Another important aspect is ensuring that we are able to effectively communicate with the clinical areas when high counts of legionella are identified. It is essential that this is made in a comprehensive way, ensuring that both the aspects that relate with IPC as well as estates are covered. To respond to this need, the IPC team has worked with estates and microbiology to produce a joint letter to be sent to the clinical areas explaining the findings and what will be happening from an estates intervention as

well as what the clinical area needs to be aware (sign and symptoms of legionnaire's disease, testing, etc.). This letter is seeking approval from the IPCC on Quarter 1 of 2025/26.

10 – VENTILATION SAFETY

The IPC team is a member of the ventilation safety group and works in partnership with estates and RP to ensure the ventilation systems across the organization as well as new developments are safe and used adequately.

IPC has been concerned with the fact that we do not have negative pressure rooms in our A&E to accommodate patients with suspected HCID or other highly infectious diseases such as measles or active TB (in particular multiresistant). On Q4, a bid was put to the Welsh Government for funding regarding these rooms and funds have been granted to build a negative pressure room at RGH and another at POW. This will be an ongoing project for the new financial year.

Another important point is ensuring that the IPC team, as a member of the ventilation safety group, has adequate training to fulfil an active role. Ventilation systems are not the core of IPC expertise and require specialized training. With the aim of ensuring this is achieved, the IPC team will seek funding for specialized training for some of its members during the new financial year. The learning will then be widely shared with the team.

11-CONCLUSION: LESSONS LEARNED AND PRIORITIES FOR 2025/26

The 2024/25 annual review of Infection Prevention and Control (IPC) across Cwm Taf Morgannwg University Health Board (CTMUHB) has highlighted significant progress as well as persistent challenges, shaping the strategic and operational focus for the coming year. This conclusion consolidates key lessons learned from data analysis, stakeholder feedback, and service developments, and maps the priorities required to strengthen IPC outcomes in 2025/26.

Lessons Learned

Strength of Targeted Interventions

Impact of Community-Onset Infections

The consistent growth in community-onset *Clostridium difficile* and *Staphylococcus aureus* underscores that hospital-based interventions alone are insufficient. Addressing prescribing practices, PPI use, and community care standards is vital to reducing the overall infection burden.

Significance of Training Compliance

Suboptimal IPC training adherence, particularly among staff, poses a fundamental risk to patient safety. Data show that staff knowledge and adherence to core IPC practices—especially around line maintenance, catheter care, and hand hygiene—are directly linked to avoidable infections.

Importance of Consistent Testing and Data Integrity

Variations in testing methodology (e.g., PCR vs. immunoassay for *C. difficile*) and laboratory services lead to inconsistent data across sites, undermining effective benchmarking and swift outbreak containment. This highlights the need for standardized diagnostic pathways and consistent epidemiological practices.

Value of “Areas of Concern” Auditing

Replacing static annual audits with a dynamic “areas of concern” approach has will allow more accurate, timely identification of non-compliance, strengthening local accountability. Continued staff support in auditing is necessary to maintain reliability of results.

Critical Role of Infrastructure and Capital Investments

Upgrades in sterile services, progress in decontamination processes, and forthcoming negative pressure rooms demonstrate that physical environments will significantly influence infection control. Sustained capital investment and robust project management remain crucial to embedding IPC best practices.

Resilience and Rapid Response

Seasonal surges (e.g., influenza, respiratory viruses) and unexpected outbreaks (e.g., Norovirus

spikes) reaffirm the need for real-time communication, and flexibility that can adapt to acute changes in patient flow.

Priorities for 2025/26

Enhance Training Compliance and Competency

- Focus on achieving at least 95% compliance with Level 2 IPC training among clinical staff, with particular emphasis on medical and dental groups.
- Ensure Aseptic Non-Touch Technique (ANTT) training becomes mandatory and has high compliance, to reduce line- and catheter-associated infections.

Strengthen Community IPC Strategies

- Deploy and further develop the newly funded community team to audit and support community settings starting by nursing homes.

Advance the New IPC Hub Model

- Finalize the Organizational Change Process (OCP) to establish fully extended IPC support from 8am to 8pm weekdays and on-call coverage during weekends.
- Refine communication pathways to ensure rapid escalation of potential outbreaks and consistent guidance across all clinical areas.
- Develop the Hub's capacity for real-time surveillance and analytics to provide proactive alerts and targeted interventions.

Improve Outbreak Management and Lessons-Learned Processes

- Adopt an enhanced outbreak documentation system, including ICNet outbreak modules, ensuring lessons learned are swiftly collated, shared, and acted upon.
- Create a formal "lessons learned matrix" to address recurring themes (e.g., decontamination lapses, device-related infections) and direct future IPC projects.

Maintain and Expand Infrastructure Projects

- Prioritize the timely creation of negative pressure rooms at POW and RGH, and ensure existing refurbishments (CSSD and endoscopy units) align with IPC standards.
- Monitor new and ongoing capital works (e.g., roof repairs at POW, Vanguard units at RGH) with strong IPC oversight to mitigate infection risks during construction.

Closing Statement

By embedding these priorities into day-to-day clinical practice, and by continuing to foster a culture of safety and shared responsibility, CTMUHB aims to consolidate its progress in reducing healthcare-associated infections. The lessons learned throughout 2024/25 illuminate the necessity of collaboration, consistency, and continuous improvement—values that will guide CTMUHB’s IPC strategy in the coming year and beyond. Through strengthened governance, evidence-based interventions, and equitable service provision, the Health Board remains committed to safeguarding patients, staff, and the wider community against preventable infections.

INFECTION CONTROL DOCTOR – ANNUAL STATEMENT FOR 2024-2025

It is my privilege, as the designated Infection Control Doctor and Microbiologist for the Health Board, to provide an annual overview of our collective Infection Prevention and Control (IPC) endeavours for the 2024/25 period. This statement reflects both the successes and ongoing challenges within our Health Board, and underpins the renewed priorities necessary for safeguarding patients, staff, and the broader community from healthcare-associated infections (HCAIs).

Throughout the past year, we have observed achievements, particularly in the reduction of key Gram-negative bacteraemias—including *E. coli*, *Pseudomonas aeruginosa*, and *Klebsiella spp.*—as well as a stabilization of *MSSA* rates across our acute sites. These improvements are largely attributable to strengthened collaboration among the IPC team, clinical leads, and allied services, as well as the adoption of targeted measures such as the centralized IPC Hub model. The dedicated work of our frontline staff, who have embraced more robust antimicrobial stewardship and adhered to standardized line- and catheter-care protocols, has significantly contributed to these gains.

However, we also face significant obstacles. Most pressing is the persistent rise of *Clostridium difficile* (*C. difficile*) infections, especially in community settings, which has prevented us from fully meeting Welsh Government reduction targets. We have identified factors such as the overuse of proton pump inhibitors, inconsistent testing methodologies, and suboptimal compliance with mandatory IPC training as areas requiring urgent attention. The fragmentation of microbiological services and variations in testing platforms among our sites also remain a challenge, complicating accurate benchmarking and timely outbreak management.

Looking ahead, it is clear that sustained vigilance and a shared responsibility for IPC must remain paramount. Our Health Board's strategic priorities for 2025/26 will focus on accelerating staff training compliance, further integrating community outreach efforts, and unifying diagnostic pathways for consistent surveillance. The deployment of negative pressure isolation rooms and ongoing modernization of sterile services likewise demonstrate CTMUHB's dedication to building a resilient, future-proof infrastructure. Crucially, we must continue to enhance governance and accountability mechanisms—for example through RCAs and refining our IPCC reporting.

In fulfilling my responsibilities as Infection Control Doctor, I am committed to championing evidence-based practice, guiding continuous quality improvement, and facilitating open communication between microbiology, clinical teams, and Health Board leadership. By aligning our operational activities with strategic oversight, and by fostering an environment where learning from adverse events is routine, we can optimize patient safety and sustain our progress in reducing HCAIs.

On behalf of the IPC Service, I would like to express my appreciation to our multidisciplinary colleagues for their dedication, agility, and clinical excellence over the past year. There is much to be proud of, yet also a clear imperative to embed IPC best practices even more deeply across our system. With a unified approach, underpinned by robust microbiological support and a culture of transparency, we can continue to meet future challenges and uphold the highest standards of care for those we serve.

Dr. Alexandra Tsitsopoulou
Infection Control Doctor / Consultant Microbiologist Cwm Taf Morgannwg University Health Board

**Confirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 15 July 2025**

Microsoft Teams and In Person at Willowford

Members:

Ian Green (Chair)	(IG)	Lay Member, NHS Wales JCC (In Person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (In Person)
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Board
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC (In Person)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (In Person)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board
Nia Roberts	(NR)	Lay Member, NHS Wales JCC
Carol Shillabeer	(CB)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (In Person)

Associate Member:

Huw George	(HG)	Interim Chief Commissioner, NHS Wales JCC (In Person)

Deputies:

Lee Davies	(LD)	Executive Director of Strategy and Planning, Hywel Dda University Health Board (In Person)

In Attendance:

Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value, NHS Wales JCC (In Person)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (In Person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (In Person)
Adrian Clarke	(AC)	Interim Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, NHS Wales JCC (In Person)
Gavin Owen	(GO)	Deputy Director of Commissioning for Ambulance Services and 111, NHS Wales JCC (In Person)
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NHS Wales JCC (In Person)
Karen Stapleton	(KS)	Deputy Director of Strategy, Swansea Bay University Health Board (In Person)

Rachel Marsh (RM) Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust

Liam Williams (LW) Executive Director of Quality and Nursing, Welsh Ambulance Services University NHS Trust

Matthew Edwards (ME) Acting Assistant Corporate Secretary, NHS Wales JCC (In Person)

Observing:

Aimee Osborne (AO) Graduate Trainee

Apologies:

Jason Killens (JK) Chief Executive, Welsh Ambulance Services University NHS Trust

Nick Wood (NW) Deputy Chief Executive NHS Wales, Welsh Government

Georgina Galletly (GG) Director of Corporate, Planning and Strategy, NHS Wales JCC

Mandy Rayani (MR) Lay Member, NHS Wales JCC

Philip Kloer (PK) Chief Executive Officer, Hywel Dda University Health Board

Ross Whitehead (RW) Director of Commissioning for Ambulance Services and 111, NHS Wales JCC

Abigail Harris (AH) Chief Executive Officer, Swansea Bay University Health Board,

Angela Mutlow (AM) Director of Operations, Llais

Minutes:

Gareth Mitchell (GM) Corporate Governance Manager, NHS Wales JCC

The meeting opened at 9:30am

Min Ref	Agenda Item
	Preliminary Matters
JCC25/027	1.1 Welcome and Introductions The Chair, Ian Green (IG) welcomed Members, attendees and observers to the Public meeting and introductions were made. There were no objections to the meeting being recorded which would be available on the NHS Wales Joint Commissioning Committee (NWJCC) website following the meeting. It was noted that a quorum had been achieved.
JCC25/028	1.2 Apologies for Absence Apologies for absence were noted as above.

Min Ref	Agenda Item
JCC25/029	1.3 Declarations of Interest There were no additional declarations of interest relating to the items for discussion on the agenda.
JCC25/030	1.4 Minutes of Meeting held on 20 May 2025 and Matters Arising The minutes of the JC meeting held on 20 May 2025 were received and approved as a true and accurate record of the meeting. There were no matters arising.
JCC25/031	1.5 Action Log Members noted the progress on the actions outlined on the action log and agreed the completion of the actions marked as 'closed'. Members noted that some of the remaining open risks were scheduled for future Joint Commissioning Committee (JC) Strategy Sessions and that a date had been scheduled to visit the Mother and Baby Unit at Tonna Hospital.
Setting the Scene	
JCC25/032	2.1 Learning from Patient Experience Liam Williams shared a patient story from the Welsh Ambulance Services University NHS Trust (WAST). The story was told from the perspective of the Maxwell family who had suffered a family death due to a six-hour delay in ambulance arrival. The Maxwell family stated that they had since begun the complaints process against WAST in an effort to ensure that this did not happen again. Members noted the changes that have been made in the ambulance service since the Maxwell family's experience. ACTION: IG agreed to write to the Maxwell family to express the JC's condolences, to thank the family for sharing their story and to let them know that changes have since been made including the introduction of a new service model. The Joint Commissioning Committee resolved to: • Note the patient story.
JCC25/033	2.2 Chair's Report The Chair's Report was received and Members noted the key meetings attended in the last period and the updates provided. The Joint Commissioning Committee resolved to: • Note the report.

Min Ref	Agenda Item
JCC25/034	2.3 Chief Commissioner's Report The Chief Commissioner's Report was received. Members noted: • The good progress being made in terms of recruitment that would impact in September/October 2025 • A noticeable uptake in attendance at the Chief Commissioner's Collaborative Commissioning Leadership Group (CCLG) following the conversation at the previous JC meeting • The work programme within the NWJCC Foundation Plan and, as expected, the need to reassess the workplan and priorities as the year had developed • Work being undertaken in relation to National Commissioning Arrangements for Third Sector Organisations, Continuing Health Care including Direct Payments and Sexual Assault Referral Centres and that updates would be brought to future meetings. Members discussed: • A lack of capacity to address core issues, such finance and performance. It was noted that there had not been much of a change since the last meeting but that this would change as people worked their notice and commenced with the NWJCC • The need to ensure there was a balance between delivering the priorities in the NWJCC Foundation Plan and in responding to additional requests and new pieces of work • The need for a standard agenda item at the CCLG providing an update on delivery against the NWJCC Foundation Plan. The Joint Commissioning Committee resolved to: • Note the report.
JCC25/035	2.4 NHS Wales Joint Committee Risk Register – May 2025 The NHS Wales Joint Committee Risk Register – May 2025 Report was received. Members noted: • That the Risk Register would be presented to the CTMUHB Audit, Risk and Assurance Committee in August 2025 • That each risk had been assigned to either the Quality, Safety and Outcomes (QSO) or the Planning, Performance and Finance (PPF) Sub-Committees, with each group's role to monitor and scrutinise risks and to provide assurance to JC Members • The risk summary identified 19 risks (with a score of 15 or above) of which 17 were commissioning risks from across the portfolio. The two remaining risks were corporate risks • Four new commissioning risks had been added

Min Ref	Agenda Item
	That a number of activities occurred in June and early July 2025 which would enable the NWJCC to review and adjust the risk ratings that would be reflected in the next update. Members discussed: • That whilst there had been many actions, no risks had been de-escalated or closed • That Cardiff and Vale University Health Board (CVUHB) neonatal risks were featured on the Risk Register because the neonatal service was currently in escalation • That further work was scheduled to be undertaken to determine NWJCC's risk appetite, to understand the risk landscape and to ensure a robust approach to risk management at the JC Strategy Session in December 2025. The Joint Commissioning Committee resolved to: • Note the report; and • Approve the NWJCC Risk Register as of 31 May 2025.
JCC25/036	2.5 Director of Commissioning for Ambulance Services and 111 Report The report from the Director of Commissioning for Ambulance Services and 111 was received. Members noted: • WAST successfully implemented a revised ambulance response model on 1 July 2025 as part of a 12-month pilot. This change reflected a strategic shift from time-based targets to clinically driven, outcome-focused care. The new response categories introduced included: ◦ Purple Category: For patients in cardiac or respiratory arrest—highest priority ◦ Red Category: For patients at imminent risk of arrest without urgent intervention • A debrief of the go-live process had been held with WAST, Welsh Government (WG) and NWJCC colleagues on 4 July and 11 July 2025 with no significant issues reported • A national ambulance handover taskforce had been established, with membership drawn from clinical executives from HBs. The forum met regularly and advised the Cabinet Secretary via the NHS Leadership Board. • Non-Emergency Patient Transport Services (NEPTS) Capacity Issues - Following the last JC meeting, a more detailed discussion took place at the CCLG meeting on 24 June 2025. The group provided clear direction to the Ambulance Services and 111 commissioning team on priority areas to improve capacity and availability. Further detailed work would be progressed through the NEPTS Delivery Assurance Group (DAG) and the JC would be kept updated when necessary

Min Ref	Agenda Item
	• That the NHS 111 Wales digital front-end, including the website and symptom checkers, were currently out of date and in need of improvement. This issue had been highlighted in the recent Audit Wales report on Urgent and Emergency Care. The NWJCC had worked with WG, the Six Goals Programme, and WAST to secure additional funding to accelerate improvements this year with a focus on exploring digital solutions. Members discussed: • That the outcome, for patients in cardiac and respiratory arrest, was now considered the top measure within the new performance framework. The rates within Wales were currently the lowest in the UK, so this was now the focus • The need to ensure that the work on the digital front-end was tied up with other pieces of work including the emergency care pathway to improve the experience of users of the service, with a workshop due to take place in August 2025 • The impact of a significant number of outpatient cancellations between April and mid-June in Aneurin Bevan Health Board resulting from NEPTS which had been picked up with WAST. Members noted the opportunities that had been discussed at the recent CCLG including the roster review currently being undertaken by WAST and work to reduce the number of same day cancellations • Members noted that discussions have been held to combine the two strategic priorities within the NWJCC Foundation Plan relating to ambulance services The Joint Commissioning Committee resolved to: • Note the report.
JCC25/037	2.6 Director of Commissioning for Specialised Services Report The report from the Director of Commissioning for Specialised Services was received. Members noted: • The commencement of the CVUHB thrombectomy service on 1 July, the service will move to 24-hour thrombectomy services for South Wales patients to improve outcomes for patients by receiving more timely treatment • Correspondence to HBs to signal the intention to suspend the Hepato-Pancreato-Biliary Service Model Programme • The need for HBs to make their own commissioning arrangements for patients with severe acute pancreatitis • A new risk around Chimeric Antigen Receptor T-cell (CAR-T) and Joint Accreditation Committee of the European BMT Society (JACIE) accreditation, with mitigations being worked

Min Ref	Agenda Item
	through with CVUHB colleagues. Concerns related to facilities, not the quality of the service. The risk of non-accreditation was noted as high and would result in a higher number of patients requiring commissioned care from elsewhere and, as such, would be a risk to the NWJCC's overall commissioning position. Members discussed: • The need for a conversation at QSO Sub-Committee to ensure mitigations were correct and also to ensure Members were fully sighted on these matters • That CAR-T and Bone Marrow Transplant (BMT) need to be looked at separately as there may not be capacity in NHS England to take BMT patients in England • The need to balance the risk and the need for further conversations on this matter • Concern around the waiting times for obesity surgery at Salford Royal Hospital and the escalation of this matter. While the waiting times were a cause for concern with the service, it was noted that there were currently no quality concerns with the service. Action: Update on the CAR-T risk, mitigations and accreditation process to be provided to the QSO Sub-Committee and the next JC meeting. The Joint Commissioning Committee resolved to: • Note the specialised commissioning updates summarised in this report; and • Note the summary of specialised risks described, mindful that these were managed and services in escalation were reported to the NWJCC QSO Sub-Committee for detailed scrutiny.
JCC25/038	2.7 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report The report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received. Members noted: • Care Home Framework Agreement – with changes to procurement regulations and the current Agreement expiring at the end of March 2026, engagement had been undertaken with stakeholders and key changes made to the new Agreement. The framework needed to be in place by April 2026. The need to include Directors of Planning and Finance in the work around the Care Home Framework Agreement was noted.

Min Ref	Agenda Item
	• That discussions were underway between the NWJCC and Public Health Wales on the hosting of the Traumatic Stress Wales service • That the NJWCC had met with colleagues from SBUHB regarding Caswell Clinic and Glanrhyd Hospital. The required remedial work following a fire had not yet commenced, it was indicated that the work would take between 12 and 18 months to complete. Options had been discussed and it was agreed that SBUHB would work through the options and attend the CCLG meeting in August 2025 to presenting the plan to mitigate the impact of medium secure beds for patients • The concern around occupancy (approximately 75%-80% occupancy) at both Caswell Clinic and Ty Llewellyn medium secure units. It was agreed that a standardised all-Wales approach would be adopted to address this. The Joint Commissioning Committee resolved to: • Note the report.
	Committee Briefing
JCC25/039	3.1 EMRTS Judicial Review Judgment A report on the EMRTS Judicial Review was received. Members noted: • That a judgement had been handed down on the 19 June 2025 • That the claimant had submitted an application for permission to appeal and this had been responded to by the legal counsel for the defendants. As such, there was a need for the JC to continue to fully consider the outcome of the Judicial Review and await the outcome regarding the appeal process • That, should an appeal be granted, there would be further legal costs to be funded by the HBs and the risk of a prolonged appeals process. IG stated that an update would be provided at the JC Strategy Session in August 2025. The Joint Commissioning Committee resolved to: • Note the report.
	Delivering the JCC Plan
JCC25/041	4.1 Financial Forecast and Risk The month 3 report on the NWJCC Financial Risks was received. Members noted: • The approval of the Financial Plan for 2025-26 as part of the NWJCC Foundation Plan (2025-26), based on a number of assumptions

Min Ref	Agenda Item
	• That the final NWJCC Financial Plan reflected an overall uplift of 4% and represented a challenging plan • The draft NWJCC financial position at Month 3 as an overspend of £1.3m with a forecast year-end overspend position of £3.7m with further risks of £16.6m • The emerging key variances from the plan and a number of risks and opportunities • A range of savings and efficiencies Members discussed: • The need to address the challenges with pace and rigour • That the NWJCC, as an organisation, was still not at a full complement of staff • The current risks in light of the additional programmes of work • The matter of cross-border referrals and WG funding, the need to understand if there was a more cost-effective means of caring for these patients. IG acknowledged that this was a challenging situation and stated that further conversations were needed with WG. The Joint Commissioning Committee resolved to: • Note the month-end financial position for the first quarter • Discuss actions to mitigate the forecast overspend and potential risks.
JCC25/042	4.1 Financial Performance Report - Month 2 2025-2026 The month 2 NWJCC Financial Performance Report was received. Members noted: • The financial position as an overspend of £1.7m • The appended Financial Position Report including risks to the position and commissioner and provider overviews. The Joint Commissioning Committee resolved to: • Note the month-end financial position.
JCC25/043	4.2 Combined NWJCC Performance Report The month 2 operational performance report was received. Members noted: • The report remained under development • The report detailed that Neurosurgery, Plastic Surgery and Bariatrics were a cause for concern. • The improved trajectory in ambulance handover delays however there was a need for ongoing conversations on performance monitoring and the improvement trajectory • That NWJCC sickness rates were being reduced and Personal and Development Review rates were now increasing.

Min Ref	Agenda Item
	Members discussed: • The need for continued development of the report to include a set of key indicators, to ensure the report was more transparent, easier to read and supported decision-making • The need to link the Risk Register with performance reporting through an assurance framework • The need to highlight what was going well Action: Conversations around additional resource for performance reporting to be held. Update to be brought to the next meeting. The Joint Commissioning Committee resolved to: • Discuss the May 2025 Combined NWJCC Report; and • Note the on-going work to align indicators and metrics.
JCC25/044	4.3 Manchester Arena Inquiry: Review of R106 WAST Capability Report Update on Progress. The report was received and members noted that the R106 WAST Capability Report was developed in response to Recommendation 106 the Manchester Arena Inquiry. The report has identified critical failings in emergency response, coordination and capability. As a result, WAST undertook a detailed review of its preparedness and response functions (Recommendation 105), submitting the report to JC in line with national recommendations. The review of the Report had been prioritised as a key programme in the NWJCC's Foundation Plan and will include an independent expert review. Members discussed: • The approach being adopted by other ambulance services in NHS England • Conversations with providers regarding what HBs saw as WAST's responsibility and what they saw as WG's responsibility • The timescales for this work being influenced by the independent reviewer. The Joint Commissioning Committee resolved to: • Note the content of the report; and • Note the project risks outlined in the report.
	Governance and Assurance
JCC25/045	5.1 Corporate Governance Report The Corporate Governance Report was received. Members noted: • That the Accountability Report 2024-25 (Annual Governance Statement) would be presented to the CTMUHB Annual General Meeting (AGM) on 31 July 2025

Min Ref	Agenda Item
	- The findings from the Annual Committee Effectiveness Survey and the key development areas. These related to the development of the NWJCC Strategy and ensuring a focus on population-based needs, continuation of the development of the NWJCC Risk Register and strengthening report-writing and the quality of papers. IG acknowledged the work that had been undertaken in relation to effective report writing, with further work scheduled. The Joint Commissioning Committee resolved to: Note the report; and Note the results of the NWJCC's Annual Committee Effectiveness Survey 2024-2025 and the key areas for development in 2025-2026.
	For Information
JCC25/046	6.1 Highlight Reports from the Joint Sub-Committees The highlight reports from the following recent Joint Sub-Committees were received: 6.1.1 Audit Risk and Assurance Committee (ARAC) 6.1.2 Quality, Safety and Outcomes Sub-Committee (QSO) 6.1.3 Planning Performance and Finance Sub-Committee (PPF) 6.1.4 Individual Patient Funding Request (IPFR) Panel 6.1.5 Welsh Kidney Network (WKN) Members noted that feedback was awaited from the WKN Chair on the WKN Governance Report. A report would be brought to a future JC meeting, this was unlikely to be ready for the JC Strategy Session in August 2025. The Joint Commissioning Committee resolved to: Note the content of the reports.
	Concluding Business
JCC25/047	7.1 Any Other Business There was no other business to report.
JCC25/048	7.2 Review of Meeting IG further confirmed that an 'In Committee' meeting would take place following the meeting in public.
JCC25/049	7.3 Date of Next Meeting The next routine meeting was scheduled for 16 September 2025 and the JC Strategy Session on 19 August 2025.

The meeting concluded at 13:00.

Chair's Signature:

Date:

Confirmed