

CTMUHB Public Board Meeting

Thu 27 March 2025, 09:00 - 13:00

The Hub, Royal Glamorgan Hospital, Llantrisant

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information

Jonathan Morgan, Health Board Chair

1.2. Apologies for Absence

Information

Jonathan Morgan, Health Board Chair

1.3. Declarations of Interest

Information

Jonathan Morgan, Health Board Chair

09:05 - 09:10
5 min

2. CONSENT AGENDA BUSINESS

Information

Jonathan Morgan, Health Board Chair

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

09:10 - 09:50
40 min

3. STAFF AND SERVICE USER EXPERIENCE

3.1. Shared Listening & Learning Story - Story related to Planned Care

Discussion

Sharon O'Brien, Care Group Nurse Director Planned Care & Eloise Davies, Senior Nurse, Surgery

3.2. Staff Survey Results 2024 and People Plan

Discussion

Hywel Daniel, Executive Director for People

-  3.2a Board Presentation Staff Survey People Plan UHB 27 March 2025.pdf (10 pages)
-  3.2b CTM wide 2024 NHSW Staff Survey Report UHB 27 March 2025.pdf (30 pages)
-  3.2c People Plan Comms & Engagement Plan (Feb2024) UHB 27 March 2025.pdf (17 pages)

3.3. Annual Equality Report 2023 – 2024

Decision

Hywel Daniel, Executive Director for People

-  3.3a Annual Equality Report Cover Paper UHB 27 March 2025.pdf (3 pages)
-  3.3b Annual Equality Report 2023 2024 UHB 27 March 2025.pdf (16 pages)

09:50 - 10:10
20 min

4. SETTING THE SCENE

4.1. Chairs Report

Decision

Jonathan Morgan, Health Board Chair

 4.1 Chair's Health Board Report UHB 27 March 2025.pdf (8 pages)

4.1.1. Report from the Stakeholder Reference Group - Approval of Stakeholder Reference Group Chair Nomination

Decision Linda Prosser, Executive Director of Strategy and Transformation

 4.1.1 Board report SRG chair UHB 27 March 2025.pdf (4 pages)

4.2. Chief Executives Report

Discussion Paul Mears, Chief Executive Officer

 4.2 CEO Board Update Report UHB 27 March 2025.pdf (7 pages)

4.3. Princess of Wales Hospital Roof Incident – Internal Review

Discussion Paul Mears, Chief Executive Officer

 4.3 POWH roof Incident Internal Review UHB 27 March 2025.pdf (15 pages)

10:10 - 11:20
70 min

5. BOARD GOVERNANCE ARRANGEMENTS

5.1. Joint Commissioning Committee Annual Update

Discussion Joint Commissioning Committee

5.2. Action Log

Discussion Jonathan Morgan, Health Board Chair

 5.2 Board Action Log UHB 27 March 2025.pdf (3 pages)

5.3. Matters Arising not contained within the Action Log

Discussion Jonathan Morgan, Health Board Chair

5.4. Board Assurance Framework

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

 5.4a BAF Cover Paper March 2025 HB.pdf (4 pages)

 5.4b Appendix 1 BAF Report March 2025.pdf (55 pages)

5.5. Board Committee and Advisory Group Highlight Reports

Discussion Committee Chairs

5.5.1. CTMUHB Audit, Risk & Assurance Committee 13 February 2025

Discussion Patsy Roseblade, Independent Member/Committee Chair

 5.5.1 ARAC Highlight Report February 2025 UHB 27 March 2025.pdf (6 pages)

5.5.2. Mental Health Act Monitoring Committee 19 February 2025

Discussion Geraint Hopkins, Independent Member and Vice Chair of the Mental Health Act Monitoring Committee

 5.5.2 MHAM Committee Meeting 19 February 2025 Highlight Report UHB 27 March 2025.pdf (4 pages)

5.6. Audit Wales Structured Assessment and Audit Letter

Discussion Audit Wales

 5.6a CTM Structured Assessment UHB 27 March 2025.pdf (38 pages)

5.7. Annual Board Effectiveness Self-Assessment

Decision Jonathan Morgan, Health Board Chair

- 📄 5.7a Annual Board Effectiveness Self Assessment Cover Paper UHB 27 March 2025.pdf (4 pages)
- 📄 5.7b Appendix 1 Annual Board Effectiveness Review UHB 27 March 2025.pdf (10 pages)
- 📄 5.7c Appendix 2 CTMUHB Review of Corporate Governance Code UHB 27 March 2025.pdf (14 pages)
- 📄 5.7d Appendix 3 CTM IM Scrutiny Toolkit UHB 27 March 2025.pdf (21 pages)

11:20 - 12:20
60 min

6. DELIVERING OUR PLAN

6.1. Approval of the Integrated Medium Term Plan 2025 - 2028 and Approval of the Budget for 2025/2026

Decision Linda Prosser, Executive Director of Strategy & Transformation & Sally May, Executive Director of Finance

- 📄 6.1a IMTP report for Board UHB 27 March 2025.pdf (5 pages)
- 📄 6.1b 2025 - 2028 CTMUHB Plan - Draft v2 UHB 27 March 2025.pdf (87 pages)
- 📄 6.1c Enabling actions summary review UHB 27 March 2025.pdf (20 pages)

6.2. Integrated Performance Dashboard (Quality, People & Operational Performance)

Discussion Linda Prosser, Executive Director of Strategy & Transformation

- 📄 6.2 HB Integrated Performance Dashboard UHB 27 March 2025.pdf (39 pages)

6.3. Financial Performance Report Month 11

Discussion Sally May, Executive Director of Finance

- 📄 6.3 M11 Finance Report FINAL UHB 27 March 2025.pdf (22 pages)

12:20 - 12:30
10 min

7. OUR POPULATION/WORKING WITH OTHERS

7.1. Subsidy Control

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

- 📄 7.1a Subsidy Control for Board UHB 27 March 2025.pdf (7 pages)
- 📄 7.1b Appendix 1 - SC -Principles Assessment UHB 27 March 2025.pdf (10 pages)

12:30 - 12:50
20 min

8. STRATEGIC PLANNING

8.1. National Digital Cellular Pathology Business Case

Decision Melanie Barker, Deputy Director of Allied Health Professions and Health Science / Clinical Director of Healthcare Science

- 📄 8.1a Digital Cellular Pathology BC Final UHB 27 March 2025.pdf (8 pages)
- 📄 8.1b Digital Cellular Pathology BJC UHB 27 March 2025.pdf (79 pages)

8.2. CTM Learning Academy

Decision Greg Dix, Executive Director of Nursing/Deputy CEO

- 📄 8.2 CTM Learning Academy UHB 27 March 2025.pdf (6 pages)

9. CONSENT AGENDA

9.1. FOR APPROVAL

9.1.1. Unconfirmed Minutes of the meeting held on 30 January 2025

Decision Jonathan Morgan, Health Board Chair

 9.1.1 Unconfirmed Minutes Public Board Meeting 30 January 2025 Final UHB 27 March 2025.pdf (17 pages)

9.1.2. Amendments to Model Standing Orders

Decision Cally Hamblyn, Assistant Director of Governance & Risk

 9.1.2a Amendment to SOs UHB 27 March 2025.pdf (5 pages)

 9.1.2b Appendix 1 -Table of SOs Amendments to Board UHB 27 March 2025.pdf (2 pages)

9.1.3. Major Incident Plan and Site Specific Procedures - Update Report

Decision Linda Prosser, Executive Director of Strategy & Transformation

 9.1.3a Major Incident Plan UHB 27 March 2025.pdf (6 pages)

 9.1.3b Draft Overarching MI Procedure v4 UHB 27 March 2025.pdf (116 pages)

9.2. FOR NOTING

9.2.1. Non-Routine Board Business (Forward Plan)

Information Cally Hamblyn, Assistant Director of Governance & Risk

 9.2.1 Non Routine Board Business Forward Plan 2025 UHB 27.03.2025.pdf (3 pages)

9.2.2. Annual Cycle of Business

Information Cally Hamblyn, Assistant Director of Governance & Risk

 9.2.2 CTMUHB Board Cycle of Business UHB 27 March 2025.pdf (4 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 27 March 2025.pdf (4 pages)

 9.2.3b ODC Highlight Report 30.01.25 UHB 27 March 2025.pdf (6 pages)

 9.2.3c RTSC Committee Highlight Report 5.2.2025 UHB 27 March 2025.pdf (4 pages)

 9.2.3d Hosted Bodies ARAC Highlight Report UHB 27 March 2025.pdf (6 pages)

 9.2.3e Clinical Advisory Group Highlight report March 25 UHB 27 March 2025.pdf (4 pages)

 9.2.3f Highlight Report 13 March 2025 (SDC) UHB 27 March 2025.pdf (5 pages)

9.2.4. Audit Wales Annual Audit Report

Information Audit Wales

 9.2.4a 2025 Outline Audit Plan UHB 27 March 2025.pdf (11 pages)

 9.2.4b CTMUHB 2025 Outline Audit Plan UHB 27 March 2025.pdf (11 pages)

9.2.5. Highlight Report from the Joint Commissioning Committee (JCC)

Information Cally Hamblyn, Assistant Director of Governance & Risk

 9.2.5 Highlight Report JCC 21 January 2025 UHB 27 March 2025.pdf (7 pages)

9.2.6. Shared Services Partnership Committee Assurance Report

Information Cally Hamblyn, Assistant Director of Governance & Risk

12:55 - 13:00 **10. CLOSE OUT BUSINESS**

5 min

Information Jonathan Morgan, Health Board Chair

10.1. Any Other Business

Information 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?

13:00 - 13:00 **11. Private/Closed Session Business**

0 min

Information Jonathan Morgan, Health Board Chair

The following item will be considered in the In Committee session following the public session:

- Strategic Vision for Llantrisant Health Park and Regional Endoscopy Plan

13:00 - 13:00 **12. Date and Time of the Next Meeting**

0 min

Information Jonathan Morgan, Health Board Chair

Thursday 29 May 2025 at 9:00am

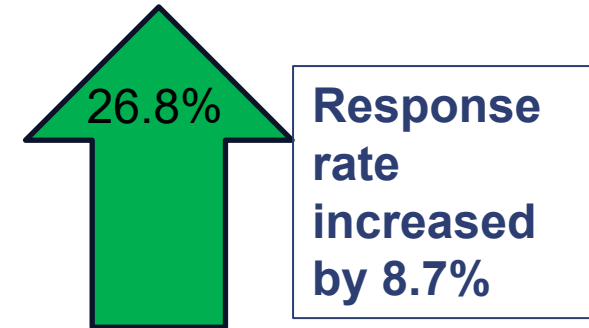
(Agenda Item 3.2)	27.03.25	CTMUHB Public Board Meeting	Staff Survey Results 2024 and People Plan

Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	N/a
Prepared By:	Rebecca Watkins	Related Health and Care Standard	Governance, Leadership & Accountability
Presented By:	Hywel Daniel	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No
Approving Executive Sponsor:	Hywel Daniel	Are there any Legal Implications /Impact.	No
Report Purpose	For Discussion	Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Engagement undertaken to date:	Executive Management Board, Staff Q&A, Leadership forum, LPF, LNC, Inspire, EDI working group, Care Group SLTs, Staff roadshows underway	Link to Strategic Goals	Inspiring People, Improving Care

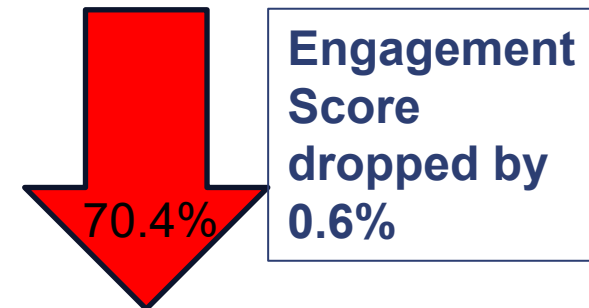
Staff Survey 2024: Headlines

The NHS Wales Staff Survey closed in December, with headline results released in February 2025.

CTM response rate increased from **18.1%** to **26.8%** this year, representing a staggering **3,560 staff voices**. Our staff engagement score has **dropped by 0.6%** from **71%** in 2023 to **70.4%**. This is a similar theme across other similar sized Health Boards and Trusts in Wales, with CTM having the smallest drop. However, CTM has the lowest engagement score for similar sized Health Boards and Trusts.



Further analysis of the sub-themes and free-text comments will follow as the data is made available. For now, we need to **share our headline results** transparently and promptly, respond to staff feedback **swiftly** and **keep the conversation alive**.



Responsibility for **improving engagement sits with us**, as a leadership team. Our intent is to implement a Directorate led approach, that enables more consistent and **locally owned action planning**. The People Directorate will provide support, but accountability and ownership for improving engagement in your area sits within local leadership teams.

Staff Survey 2024: The 10 Themes

The Staff Survey consists of 10 themes. Overall, our **scores have increased on 9 out of 10** themes, as shown below. The only theme that has decreased is Staff Engagement. It is important to recognise these improvements but note that we still have a long way to go. CTM remains the **lowest performing Health Board in 7 out of the 10** themes.

Please note: This is based on high level data. Further analysis of sub-themes, raw comments and negative scores is required, once the data is available.

1. We champion flexible working



Overall improvement of **3.4%** which may be due to the development of a new Lateral Moves Policy and improvements in the Flexible Working Policy.

2. We nurture healthy working environments



Overall improvement of **2.1%**. However, this theme is one of our three lowest scoring areas.

3. Patient safety



There has been an overall improvement of **5.3%** in 2024. However, this is also one of our three lowest scoring areas.

4. Morale



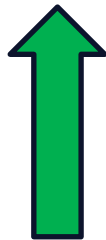
Overall improvement of **1.4%**. However, this theme is one of our three lowest scoring areas.

5. We are continuously learning & improving



Overall improvement of **1.8%**.

6. We are all able to speak up



Overall improvement of **1.2%**.

7. We recognise everyone's contribution



Overall improvement of **1%**.

8. We are stronger together



Overall improvement of **0.9%**.

9. We are compassionate & inclusive



Overall improvement of **0.3%**.

10. Staff Engagement



Overall decline of **0.2%**.

Staff Survey 2024: A Closer Look

Overall
decline
of
0.2%.



Staff Engagement Theme: The staff engagement theme is the only theme where our results decreased. However, this theme determines our overall staff engagement score. The staff engagement theme consists of the following 7 questions. The table shows the positivity score in 2023 versus 2024. There are three questions where our positivity score has decreased since last year, highlighted in red. It is worth remembering that at the time the staff survey was live, we were dealing with the critical incident at PoW, which may have impacted results.

Question	2023 positivity score	2024 positivity score	Annual Trend
I look forward to going to work	46.5%	48.2%	Increased
I am enthusiastic about my job	64.8%	62.5%	Decreased
I am happy to go the extra mile at work when required	80.4%	75.7%	Decreased
I am able to make improvements in my area of work	55.3%	59.1%	Increased
I would recommend my organisation as a place to work	50.5%	53.7%	Increased
I am proud to tell people I work for my organisation	51.4%	56.0%	Increased
I am involved in deciding on changes introduced that affect my work/area/team/department	50.8%	45.6%	Decreased
OVERALL STAFF ENGAGEMENT THEME SCORE	57.1%	56.9%	Decreased

Please note - Despite only scoring less on **three** areas, these three areas have seen a larger drop in percentage which is why our overall Staff Engagement has dropped slightly.

Staff Survey 2024: Areas of Focus

The three themes within the Staff Survey with the lowest positivity results were **Morale**, **Nurturing Healthy Working Environments** and **Patient Safety**. These all increased since 2023, but remain our lowest scoring areas. These will require a dedicated organisational focus. We will be engaging with people further about next steps via a series of roadshows. This activity will supplement (not replace) Directorate level discussions and action plans to address local Staff Survey results.



Further analysis and comparison will be undertaken as the data becomes available, to identify additional hot-spots and areas of focus within sub-themes.

Staff Survey 2024: Free text comments

Over 850 free text comments were submitted as part of the Staff Survey, covering a multitude of themes.

Staffing, Management and Wellbeing, came out as the strongest themes by far.

Further analysis is underway and the free-text comments will be shared with Care Groups to provide further insights and inform action plans.



Theme	Staffing	Management	Wellbeing	Training and Development	Work- Life Balance	Comms	Work environment	Pay and Benefits	BH&D
No. of mentions	456	301	204	89	84	60	59	37	33

Staff Survey: Progress since 2023

Staff Survey 2023: Key Areas for improvement	Improvement / Decline when compared to 2024 results
Work-life balance Stressors and work pressures	Overall improvement of up to 6.5% on these areas, however further work is required as still only around half of respondents answer in a positive light. Why? The implementation of the new Flexible Working Policy and Lateral Moves policy may have had a positive impact in this area.
Negative experiences at work including work related stress and attending work despite being unwell Burnout	Overall improvement of up to 10% in these areas since 2023, but the results remain low. Why? During the 2023 staff survey, many people were involved in OCP which is likely to have impacted negatively on results. In response to the 2023 results, support was shared around self-care and basic needs, presenteeism and how teams can promote a wellness culture.
Experience of bullying, harassment and discrimination (BH&D) Reporting BH&D	Instances of BH&D relating to patients/carers/etc have increased. This is concerning, but may be due in part to the increased response rate from clinical areas in 2024. Slight improvement in figures relating to Manager/colleague, however anything over zero is unacceptable.

Progress has been made since 2023 but further improvement is required, in particular around BH&D, which links to one of the 2024 priority themes around Patient Safety and Speaking Up.

Staff Survey 2024: Next steps

- This year we have much earlier access to the CTM results, plus results broken down by Care Group and by Directorate.
- Free-text comments have also been released by HEIW. Further analysis is required but raw comments will be shared with Care Groups during March, to provide qualitative insights.
- We are sharing the data that we have as transparently and promptly as possible, so we can respond quickly to any initial feedback or questions staff have.
- To date, the Employee Experience Lead has attended 7 of the Care Groups to discuss their results and initiate local action planning. This year, each Directorate / Care Group is responsible for developing and sharing a meaningful action plan, in response to their own survey results.
- The Executive Director for People will embed this accountability by writing to Care Groups to request sight of action plans and progress updates.
- In addition to local action plans, the CTM People Plan will be refreshed to address some of the cross-cutting themes within the Staff Survey that cannot be resolved locally. We will be holding engagement sessions to seek staff input into our revised People Plan during March and April 2025.

Staff Survey 2024- Refreshing our People Plan

Based on insights to date, we are proposing to streamline the current 10 people priorities into 3 broad People Plan themes:

- **Leadership and Culture**

A workplace where you can belong, feel safe and healthy at work, with great management and leadership support.

- **Becoming an Employer of Choice**

A workplace to feel proud of, and where your contribution is valued. We have a reputation as a great place to work, train and grow via fulfilling and exciting career pathways.

- **Right size and shape, now and for the future.**

We have the right number of people, with the right skills to enable you to get your work done safely. We innovate and future-proof our services, introducing new skills for new models of care.

Throughout March and April we are holding a variety of engagement sessions with staff to discuss the Staff Survey results and gather their views about how we can address these via our People Plan. We will **test, develop and refine** the core themes above.

These engagement sessions will **supplement (not replace)** Directorate engagement and local action planning. A full communications and engagement plan is attached.

Recommendation:

The Board is asked to:

- Note the 2024 Staff Survey results
- Endorse the intended approach for prompt and transparent sharing of the data, supported by local action planning, plus a refresh of our CTM People Plan

Contents of report

This report contains information on the results of the 2024 NHS Wales Staff Survey for Cwm Taf Morgannwg University Health Board, including:

- 1. Survey response rate
- 2. Staff Engagement Index score
- 3. Summary of responses by theme and sub-theme
- 4. Summary of responses by question
- 5. Equality, diversity and inclusion (EDI) information on respondents

For information

The 2024 NHS Wales Staff survey was open to all employees in NHS Wales for the 2 month period of between 1st October 2024 and 29th November 2024. The questions in the survey are organised by 10 themes and 20 sub-themes.

Data source

The data presented in this report has been provided by IQVIA Inc., the organisation responsible for delivering the 2024 and 2023 NHS Wales Staff Surveys. The data is stored, and has been collected from, the Health Education and Improvement Wales (HEIW) data warehouse.

Methodology

To ensure the anonymity of survey respondents, the data in section 5 of this report has been suppressed for instances of less than 10 responses. For example, where less than 10 people with a particular characteristic completed a survey, the number and % of people completing a survey with this particular characteristic is not shown. Any blank responses to questions have also been excluded from the analysis.

Positivity scores have been calculated for each theme and sub-theme, and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document therefore relates to Health Board organisations. The organisations included in this benchmark group are: Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB, and Swansea Bay UHB.

Contact details: This report has been developed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Please contact HEIW.ATeam@wales.nhs.uk with any queries or feedback.



1. Survey response rate

3560 people employed at Cwm Taf Morgannwg University Health Board completed the survey in 2024. This equates to a response rate of **26.8%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.



2. Staff Engagement Index score

Cwm Taf Morgannwg University Health Board achieved a **Staff Engagement Index score of 70.4%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.



Table 1: Responses to Staff Engagement Index questions in the 2024 survey for Cwm Taf Morgannwg University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
Ability to contribute towards improvements at work		
23a) I am able to make improvements in my area of work.	59.1%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	45.6%	47.9%
Intrinsic psychological engagement		
22a) I look forward to going to work.	48.2%	51.2%
22b) I am enthusiastic about my job.	62.5%	65.7%
22c) I am happy to go the extra mile at work when required.	75.7%	78.7%
Staff advocacy and recommendation		
23b) I would recommend my organisation as a place to work.	53.7%	56.4%
23c) I am proud to tell people I work for my organisation.	56.0%	60.0%

About the Staff Engagement Index

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a 5-point scale (with 1 representing the least positive response, and 5 the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases. More information on how the Staff Engagement Index score is calculated is available on page 1 of this report.

3. Summary of responses by theme and sub-theme

Table 2: Positivity scores by theme in 2024 for Cwm Taf Morgannwg University Health Board (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	52.9%	54.8%
Patient safety	57.0%	58.7%
Staff engagement	56.9%	59.6%
We are all able to speak up	64.9%	66.3%
We are compassionate and inclusive	68.0%	70.1%
We are continuously learning and improving	63.6%	64.5%
We are stronger together	66.9%	69.4%
We champion flexible working	57.5%	61.8%
We nurture healthy working environments	56.8%	58.0%
We recognise everyone's contribution	59.8%	62.4%

Table 3: Positivity scores by theme in 2024 and 2023 for Cwm Taf Morgannwg University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	51.4%		54.0%	-2.5%
	2024	52.9%	1.4% ▲	54.8%	-2.0%
Patient safety	2023	51.7%		53.1%	-1.4%
	2024	57.0%	5.3% ▲	58.7%	-1.7%
Staff engagement	2023	57.1%		60.3%	-3.2%
	2024	56.9%	-0.2% ▼	59.6%	-2.7%
We are all able to speak up	2023	63.7%		65.7%	-2.0%
	2024	64.9%	1.2% ▲	66.3%	-1.4%
We are compassionate and inclusive	2023	67.6%		69.7%	-2.0%
	2024	68.0%	0.3% ▲	70.1%	-2.1%
We are continuously learning and improving	2023	61.8%		64.0%	-2.2%
	2024	63.6%	1.8% ▲	64.5%	-0.9%
We are stronger together	2023	66.0%		68.4%	-2.4%
	2024	66.9%	0.9% ▲	69.4%	-2.5%
We champion flexible working	2023	54.1%		57.9%	-3.8%
	2024	57.5%	3.4% ▲	61.8%	-4.2%
We nurture healthy working environments	2023	54.7%		56.3%	-1.6%
	2024	56.8%	2.1% ▲	58.0%	-1.1%
We recognise everyone's contribution	2023	58.8%		61.6%	-2.8%
	2024	59.8%	1.0% ▲	62.4%	-2.6%

Table 4: Positivity scores by theme and sub-theme for Cwm Taf Morgannwg University Health Board (*with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations*)

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	55.4%		57.4%	-2.1%
		2024	55.9%	0.5% ▲	57.8%	-1.9%
	Thinking about leaving	2023	52.0%		54.3%	-2.3%
		2024	54.2%	2.2% ▲	56.1%	-2.0%
	Work pressure	2023	42.9%		46.6%	-3.7%
		2024	45.1%	2.3% ▲	47.2%	-2.0%
Patient safety	No related sub-theme	2023	51.7%		53.1%	-1.4%
		2024	57.0%	5.3% ▲	58.7%	-1.7%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	53.1%		56.0%	-2.9%
		2024	51.6%	-1.5% ▼	53.9%	-2.3%
	Intrinsic psychological engagement (Motivation)	2023	63.9%		65.6%	-1.8%
		2024	62.1%	-1.8% ▼	64.9%	-2.7%
	Staff Advocacy and recommendation (Advocacy)	2023	50.9%		56.4%	-5.5%
		2024	54.3%	3.4% ▲	57.5%	-3.2%
We are all able to speak up	Autonomy and control	2023	71.1%		72.3%	-1.3%
		2024	70.5%	-0.6% ▼	71.9%	-1.5%
	Raising concerns	2023	56.4%		59.0%	-2.7%
		2024	59.4%	3.0% ▲	60.7%	-1.3%
We are compassionate and inclusive	Compassionate culture	2023	68.6%		70.4%	-1.8%
		2024	68.8%	0.2% ▲	70.6%	-1.8%
	Compassionate Leadership	2023	63.7%		66.5%	-2.8%
		2024	65.1%	1.4% ▲	69.0%	-3.9%
	Diversity and Equality	2023	58.9%		62.4%	-3.5%
		2024	61.9%	3.0% ▲	64.3%	-2.3%
	Inclusion	2023	71.7%		73.2%	-1.4%
		2024	70.4%	-1.4% ▼	71.6%	-1.2%
We are continuously learning and improving	Development	2023	58.4%		60.3%	-1.9%
		2024	59.9%	1.5% ▲	60.8%	-0.9%
	PDR/Appraisal	2023	69.5%		71.8%	-2.2%
		2024	71.8%	2.3% ▲	72.0%	-0.1%
We are stronger together	Line management	2023	62.4%		65.8%	-3.3%
		2024	64.6%	2.1% ▲	68.4%	-3.9%
	Team working	2023	68.9%		70.5%	-1.6%
		2024	68.7%	-0.2% ▼	70.1%	-1.4%
We champion flexible working	Support for work-life balance	2023	54.1%		57.9%	-3.8%
		2024	57.5%	3.4% ▲	61.8%	-4.2%

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	Burnout	2023	24.5%		27.0%	-2.5%
		2024	29.7%	5.3% ▲	30.9%	-1.1%
	Health and safety climate	2023	39.6%		42.5%	-2.9%
		2024	42.5%	2.9% ▲	43.7%	-1.1%
	Negative experiences	2023	86.6%		86.9%	-0.2%
		2024	86.0%	-0.7% ▼	87.1%	-1.1%
We recognise everyone's contribution	No related sub-theme	2023	58.8%		61.6%	-2.8%
		2024	59.8%	1.0% ▲	62.4%	-2.6%

4. Summary of responses by question

Table 5: Percentage of people that responded positively and negatively to likert scale questions included in the 2024 survey for Cwm Taf Morgannwg University Health Board, with questions organised by theme

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
Morale				
02a) I have unrealistic time pressures.	2023	26.2%	27.6%	34.4%
	2024	30.1%	28.9%	29.8%
02b) I am able to meet all the conflicting demands on my time at work.	2023	48.9%	51.2%	16.4%
	2024	51.1%	51.5%	15.1%
02c) I have adequate supplies, materials and equipment to do my work.	2023	55.2%	59.2%	15.5%
	2024	54.5%	58.1%	17.3%
02d) There are enough staff at this organisation for me to do my job properly.	2023	26.9%	31.3%	42.7%
	2024	31.6%	34.2%	36.5%
04a) My immediate manager (line manager) encourages me at work.	2023	66.1%	69.6%	16.2%
	2024	68.0%	71.7%	14.9%
14a) I always know what my work responsibilities are.	2023	82.2%	81.2%	9.8%
	2024	80.4%	81.6%	9.6%
14d) I have a choice in deciding how to do my work.	2023	64.3%	67.2%	16.0%
	2024	69.2%	71.8%	13.9%
15f) Relationships at work are strained.	2023	46.2%	47.3%	28.9%
	2024	45.2%	47.3%	28.5%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%	54.2%	26.3%
	2024	45.6%	47.9%	28.6%
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	55.2%	56.5%	19.0%
	2024	55.7%	57.1%	20.0%
24b) I often think about leaving this organisation.	2023	45.6%	47.0%	32.2%
	2024	47.3%	48.4%	28.9%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	51.0%	53.0%	22.5%
	2024	53.9%	56.0%	21.2%
24d) As soon as I can find another job, I will leave this organisation.	2023	57.8%	61.1%	16.1%
	2024	61.0%	63.9%	15.9%
Patient safety				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	41.7%	43.7%	12.0%
	2024	49.6%	52.2%	14.1%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	71.6%	73.9%	8.3%
	2024	72.4%	76.5%	10.5%

13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	53.2%		53.0%	12.9%	
	2024	56.7%		57.7%	15.5%	
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	42.6%		42.8%	20.7%	
	2024	48.4%		48.8%	22.5%	

Staff engagement

22a) I look forward to going to work.	2023	46.3%		50.7%	15.9%	
	2024	48.2%		51.2%	17.3%	
22b) I am enthusiastic about my job.	2023	64.8%		66.8%	9.4%	
	2024	62.5%		65.7%	10.2%	
22c) I am happy to go the extra mile at work when required.	2023	80.7%		80.0%	4.7%	
	2024	75.7%		78.7%	5.9%	
23a) I am able to make improvements in my area of work.	2023	56.4%		58.5%	16.0%	
	2024	59.1%		60.6%	16.6%	
23b) I would recommend my organisation as a place to work.	2023	50.9%		55.2%	20.4%	
	2024	53.7%		56.4%	18.6%	
23c) I am proud to tell people I work for my organisation.	2023	52.3%		58.8%	15.4%	
	2024	56.0%		60.0%	14.1%	
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%		54.2%	26.3%	
	2024	45.6%		47.9%	28.6%	

We are all able to speak up

14a) I always know what my work responsibilities are.	2023	82.2%		81.2%	9.8%	
	2024	80.4%		81.6%	9.6%	
14b) I am trusted to do my job.	2023	87.9%		87.5%	4.6%	
	2024	87.2%		86.9%	4.8%	
14c) There are frequent opportunities for me to show initiative in my role.	2023	71.8%		72.6%	11.9%	
	2024	71.6%		72.5%	12.1%	
14d) I have a choice in deciding how to do my work.	2023	64.3%		67.2%	16.0%	
	2024	69.2%		71.8%	13.9%	
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	70.4%		73.4%	10.7%	
	2024	72.7%		74.5%	10.8%	
14j) I would feel secure raising concerns about unethical behaviour.	2023	74.9%		76.7%	10.8%	
	2024	73.4%		75.7%	12.3%	
14k) I am confident my organisation would address my concern.	2023	48.8%		51.3%	20.1%	
	2024	53.2%		53.5%	20.5%	
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	52.4%		55.8%	21.2%	
	2024	56.3%		58.5%	19.8%	
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	37.9%		40.1%	25.4%	
	2024	43.4%		43.6%	25.0%	
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%		54.2%	26.3%	
	2024	45.6%		47.9%	28.6%	

We are compassionate and inclusive

01h) I feel valued by my team.	2023	65.7%		67.4%	17.6%	
	2024	65.5%		67.1%	18.8%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.0%		75.3%	12.7%	
	2024	71.3%		73.0%	15.8%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	64.3%		66.9%	17.3%	
	2024	64.9%		69.3%	15.9%	
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	67.1%		69.8%	15.9%	
	2024	68.4%		71.4%	16.3%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.6%		65.5%	16.9%	
	2024	64.4%		67.9%	16.8%	
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2023	59.4%		62.9%	12.6%	
	2024	62.2%		64.8%	11.7%	
15c) The people I work with are understanding and kind to one another.	2023	74.2%		75.4%	9.8%	
	2024	72.6%		73.8%	10.1%	
15d) The people I work with are polite and treat each other with respect.	2023	74.7%		76.3%	9.2%	
	2024	72.8%		73.8%	9.2%	
16a) People here are compassionate towards colleagues when they face problems.	2023	75.5%		76.5%	8.4%	
	2024	73.7%		75.7%	8.5%	
16b) People here give good support to colleagues who are distressed.	2023	75.6%		77.5%	8.4%	
	2024	76.2%		77.5%	8.6%	
16c) People here are compassionate in the way they behave towards patients/ service users.	2023	81.9%		83.4%	3.1%	
	2024	81.4%		83.5%	4.8%	
16d) People here take effective action to help patients/service users in distress.	2023	82.0%		82.9%	2.5%	
	2024	81.0%		83.1%	4.4%	
17a) Care of patients / service users is my organisation's top priority.	2023	62.6%		67.2%	13.9%	
	2024	64.3%		67.3%	13.4%	
17b) My organisation acts on concerns raised by patients / service users.	2023	60.3%		63.3%	7.8%	
	2024	62.2%		64.2%	9.7%	
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2023	53.4%		54.1%	18.6%	
	2024	53.4%		55.3%	18.8%	
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	52.4%		55.8%	21.2%	
	2024	56.3%		58.5%	19.8%	

We are continuously learning and improving

18a) This organisation offers me challenging work.	2023	70.0%		71.2%	7.0%	
	2024	68.8%		71.3%	8.4%	
18b) There are opportunities for me to develop my career in this organisation.	2023	48.4%		51.6%	25.8%	
	2024	51.0%		51.7%	23.3%	
18c) I have opportunities to improve my knowledge and skills.	2023	65.8%		67.6%	15.5%	
	2024	67.1%		68.2%	14.2%	

18d) I feel supported to develop my potential.	2023	53.2%		55.3%	21.7%	
	2024	54.7%		56.0%	21.1%	
18e) I am able to access the right learning and development opportunities when I need to.	2023	54.1%		55.7%	19.9%	
	2024	55.7%		56.2%	18.7%	
We are stronger together						
01a) The team I work in has a set of shared objectives.	2023	71.4%		75.1%	12.0%	
	2024	73.4%		75.4%	13.1%	
01b) The team I work in often meets to discuss the team's effectiveness.	2023	60.0%		62.7%	26.4%	
	2024	59.0%		63.6%	25.7%	
01c) Team members trust each other.	2023	65.4%		67.1%	17.5%	
	2024	65.4%		66.3%	18.1%	
01d) Team members understand each other's roles.	2023	69.2%		70.8%	16.5%	
	2024	70.3%		70.4%	17.0%	
01e) Team members take time out to reflect and learn.	2023	48.8%		52.2%	26.9%	
	2024	52.7%		54.2%	24.5%	
01f) Team members are able to communicate closely with each other to achieve the team's objectives.	2023	68.0%		69.7%	15.7%	
	2024	68.1%		69.6%	16.8%	
01g) I enjoy working with the colleagues in my team.	2023	80.8%		81.4%	5.7%	
	2024	78.4%		79.7%	9.6%	
01h) I feel valued by my team.	2023	65.7%		67.4%	17.6%	
	2024	65.5%		67.1%	18.8%	
01i) I feel able to ask other members of this team for help when I need it.	2023	82.9%		83.7%	7.5%	
	2024	79.8%		81.7%	10.2%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.0%		75.3%	12.7%	
	2024	71.3%		73.0%	15.8%	
01k) Team members work well with other teams.	2023	71.0%		70.8%	10.8%	
	2024	70.3%		71.7%	12.6%	
04a) My immediate manager (line manager) encourages me at work.	2023	66.1%		69.6%	16.2%	
	2024	68.0%		71.7%	14.9%	
04b) My immediate manager (line manager) gives me clear feedback on my work.	2023	58.8%		62.7%	20.3%	
	2024	61.8%		65.2%	19.2%	
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.	2023	54.7%		57.0%	26.3%	
	2024	56.5%		60.2%	23.6%	
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.	2023	64.7%		68.3%	17.9%	
	2024	67.7%		71.2%	16.8%	
04e) My immediate manager (line manager) values my work.	2023	68.6%		71.3%	13.3%	
	2024	69.4%		73.0%	13.8%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	64.3%		66.9%	17.3%	
	2024	64.9%		69.3%	15.9%	

04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	67.1%		69.8%	15.9%	
	2024	68.4%		71.4%	16.3%	
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.	2023	66.7%		69.7%	15.6%	
	2024	68.1%		71.5%	15.6%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.6%		65.5%	16.9%	
	2024	64.4%		67.9%	16.8%	

We champion flexible working

14e) I am satisfied with the opportunity for flexible working patterns.	2023	54.6%		59.1%	24.2%	
	2024	58.5%		63.8%	21.4%	
14f) My organisation is committed to helping me balance my work and home life.	2023	47.8%		51.5%	27.3%	
	2024	53.0%		56.0%	22.3%	
14g) I achieve a good balance between my work life and my home life.	2023	54.8%		57.3%	25.0%	
	2024	57.0%		59.7%	22.4%	
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.	2023	64.3%		68.1%	17.2%	
	2024	66.0%		71.0%	15.6%	

We nurture healthy working environments

02a) I have unrealistic time pressures.	2023	26.2%		27.6%	34.4%	
	2024	30.1%		28.9%	29.8%	
02b) I am able to meet all the conflicting demands on my time at work.	2023	48.9%		51.2%	16.4%	
	2024	51.1%		51.5%	15.1%	
02c) I have adequate supplies, materials and equipment to do my work.	2023	55.2%		59.2%	15.5%	
	2024	54.5%		58.1%	17.3%	
02d) There are enough staff at this organisation for me to do my job properly.	2023	26.9%		31.3%	42.7%	
	2024	31.6%		34.2%	36.5%	
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	72.4%		72.6%	25.4%	
	2024	73.4%		75.9%	24.9%	
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	78.3%		79.4%	16.7%	
	2024	81.6%		81.7%	15.0%	
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	77.4%		76.4%	18.5%	
	2024	78.8%		78.0%	18.1%	
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	90.0%		89.9%	9.2%	
	2024	88.6%		90.7%	10.7%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	94.1%		94.7%	4.9%	
	2024	95.4%		95.5%	3.8%	

11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	81.4%		82.3%	17.2%	
	2024	70.5%		73.2%	27.8%	
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	91.1%		91.2%	8.2%	
	2024	91.0%		92.4%	8.2%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	99.2%		99.3%	0.3%	
	2024	98.7%		99.2%	0.6%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	99.0%		98.8%	0.7%	
	2024	98.5%		99.0%	0.7%	
20a) How often, if at all, do you find your work emotionally exhausting?	2023	18.1%		18.8%	44.6%	
	2024	19.7%		21.0%	35.3%	
20b) How often, if at all, do you feel burnt out because of your work?	2023	23.4%		26.0%	41.2%	
	2024	28.6%		30.8%	31.7%	
20c) How often, if at all, does your work frustrate you?	2023	14.3%		15.5%	47.3%	
	2024	22.0%		20.3%	35.9%	
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	28.6%		31.9%	37.1%	
	2024	37.3%		39.6%	27.9%	
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	16.8%		17.6%	49.0%	
	2024	20.7%		21.7%	37.2%	
20f) How often, if at all, do you feel that every working hour is tiring for you?	2023	42.9%		48.3%	24.8%	
	2024	51.2%		54.8%	18.4%	
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?	2023	30.2%		32.0%	33.6%	
	2024	30.1%		30.2%	33.1%	
21a) My organisation takes positive action on health and wellbeing.	2023	45.1%		46.6%	19.6%	
	2024	48.4%		49.4%	18.8%	
We recognise everyone's contribution						
04e) My immediate manager (line manager) values my work.	2023	68.6%		71.3%	13.3%	
	2024	69.4%		73.0%	13.8%	
15a) I get recognition for good work.	2023	54.6%		57.3%	22.3%	
	2024	55.3%		58.4%	21.6%	
15b) The organisation values my work.	2023	44.0%		47.9%	24.1%	
	2024	47.6%		49.6%	22.3%	
15e) The people I work with show appreciation to one another.	2023	70.5%		72.0%	10.2%	
	2024	68.9%		70.5%	10.8%	

Table 6: Number and percentage of responses to each question for Cwm Taf Morgannwg University Health Board. %s are rounded so may not add up to 100%.

Question and response	Total responses	%	
01a) The team I work in has a set of shared objectives.			
Strongly agree	854	24%	
Agree	1742	49%	
Neither agree nor disagree	477	13%	
Disagree	264	7%	
Strongly disagree	201	6%	
01b) The team I work in often meets to discuss the team's effectiveness.			
Strongly agree	747	21%	
Agree	1342	38%	
Neither agree nor disagree	540	15%	
Disagree	518	15%	
Strongly disagree	391	11%	
01c) Team members trust each other.			
Strongly agree	935	26%	
Agree	1381	39%	
Neither agree nor disagree	586	17%	
Disagree	385	11%	
Strongly disagree	255	7%	
01d) Team members understand each other's roles.			
Strongly agree	880	25%	
Agree	1604	45%	
Neither agree nor disagree	450	13%	
Disagree	389	11%	
Strongly disagree	211	6%	
01e) Team members take time out to reflect and learn.			
Strongly agree	590	17%	
Agree	1279	36%	
Neither agree nor disagree	810	23%	
Disagree	547	15%	
Strongly disagree	320	9%	
01f) Team members are able to communicate closely with each other to achieve the team's objectives.			
Strongly agree	883	25%	
Agree	1528	43%	
Neither agree nor disagree	534	15%	
Disagree	341	10%	
Strongly disagree	254	7%	

Question and response	Total responses	%	
01g) I enjoy working with the colleagues in my team.			
Strongly agree	1370	39%	
Agree	1411	40%	
Neither agree nor disagree	424	12%	
Disagree	144	4%	
Strongly disagree	198	6%	
01h) I feel valued by my team.			
Strongly agree	525	30%	
Agree	635	36%	
Neither agree nor disagree	278	16%	
Disagree	171	10%	
Strongly disagree	162	9%	
01i) I feel able to ask other members of this team for help when I need it.			
Strongly agree	1356	38%	
Agree	1470	42%	
Neither agree nor disagree	352	10%	
Disagree	163	5%	
Strongly disagree	199	6%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.			
Strongly agree	508	29%	
Agree	754	43%	
Neither agree nor disagree	228	13%	
Disagree	149	8%	
Strongly disagree	131	7%	
01k) Team members work well with other teams.			
Strongly agree	963	27%	
Agree	1530	43%	
Neither agree nor disagree	606	17%	
Disagree	250	7%	
Strongly disagree	196	6%	
02a) I have unrealistic time pressures.			
Always	172	10%	
Often	355	20%	
Sometimes	710	40%	
Rarely	410	23%	
Never	123	7%	
02b) I am able to meet all the conflicting demands on my time at work.			
Always	210	12%	
Often	693	39%	
Sometimes	596	34%	

Question and response	Total responses	%	
Rarely	210	12%	
Never	58	3%	
02c) I have adequate supplies, materials and equipment to do my work.			
Always	371	21%	
Often	593	34%	
Sometimes	498	28%	
Rarely	224	13%	
Never	82	5%	
02d) There are enough staff at this organisation for me to do my job properly.			
Always	175	10%	
Often	385	22%	
Sometimes	565	32%	
Rarely	375	21%	
Never	271	15%	
03a) How many hours a week are you contracted to work?			
30 or more hours	2933	83%	
I am a bank worker	60	2%	
Up to 29 hours	532	15%	
03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call.			
0 Hours	2448	70%	
11 or more hours	279	8%	
6-10 hours	273	8%	
Up to 5 hours	517	15%	
03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.			
0 Hours	1745	50%	
11 or more hours	129	4%	
6-10 hours	315	9%	
Up to 5 hours	1335	38%	
04a) My immediate manager (line manager) encourages me at work.			
Strongly agree	563	32%	
Agree	644	36%	
Neither agree nor disagree	303	17%	
Disagree	138	8%	
Strongly disagree	127	7%	

Question and response	Total responses	%	
04b) My immediate manager (line manager) gives me clear feedback on my work.			
Strongly agree	960	27%	
Agree	1230	35%	
Neither agree nor disagree	674	19%	
Disagree	392	11%	
Strongly disagree	287	8%	
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.			
Strongly agree	898	25%	
Agree	1105	31%	
Neither agree nor disagree	706	20%	
Disagree	465	13%	
Strongly disagree	371	10%	
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.			
Strongly agree	1164	33%	
Agree	1241	35%	
Neither agree nor disagree	550	15%	
Disagree	293	8%	
Strongly disagree	303	9%	
04e) My immediate manager (line manager) values my work.			
Strongly agree	587	33%	
Agree	644	36%	
Neither agree nor disagree	298	17%	
Disagree	120	7%	
Strongly disagree	126	7%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.			
Strongly agree	542	31%	
Agree	609	34%	
Neither agree nor disagree	341	19%	
Disagree	139	8%	
Strongly disagree	143	8%	
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.			
Strongly agree	581	33%	
Agree	630	36%	
Neither agree nor disagree	271	15%	
Disagree	136	8%	
Strongly disagree	153	9%	
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.			
Strongly agree	1220	34%	

Question and response	Total responses	%	
Agree	1194	34%	
Neither agree nor disagree	577	16%	
Disagree	253	7%	
Strongly disagree	301	8%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.			
Strongly agree	561	32%	
Agree	580	33%	
Neither agree nor disagree	334	19%	
Disagree	144	8%	
Strongly disagree	154	9%	
05a) Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?			
Don't know	938	26%	
No	501	14%	
Prefer not to say	179	5%	
Yes	1927	54%	
05b) In the last 12 months have you sought a progression opportunity in your workplace?			
Don't know	163	5%	
No	2057	58%	
Prefer not to say	202	6%	
Yes	1120	32%	
05d) In the coming 12 months would you consider applying for a progression opportunity in your workplace?			
Don't know	667	19%	
No	1309	37%	
Prefer not to say	149	4%	
Yes	1420	40%	
06a) In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?			
No	3080	88%	
Prefer not to say	180	5%	
Yes	258	7%	
07a) In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?			
No	2908	86%	
Prefer not to say	258	8%	
Yes	221	7%	
08a) In the last 12 months have you personally experienced discrimination at work from other colleagues?			
No	3002	87%	

Question and response	Total responses	%	
Prefer not to say	235	7%	
Yes	201	6%	
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public			
1-2	492	14%	
3-5	218	6%	
6-10	83	2%	
More than 10	75	2%	
Prefer not to say	61	2%	
Never	2562	73%	
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders			
1-2	293	8%	
3-5	120	3%	
6-10	62	2%	
More than 10	48	1%	
Prefer not to say	121	3%	
Never	2854	82%	
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues			
1-2	403	12%	
3-5	132	4%	
6-10	45	1%	
More than 10	50	1%	
Prefer not to say	105	3%	
Never	2737	79%	
09d) The last time you experienced harassment or bullying at work, did you or a colleague report it?			
Don't know	101	6%	
No	909	54%	
Yes, a colleague reported it	93	6%	
Yes, I reported it	572	34%	
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users			
1-2	263	7%	
3-5	79	2%	
6-10	20	1%	
More than 10	16	0%	
Prefer not to say	24	1%	

Question and response	Total responses	%	
Never	3129	89%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues			
1-2	86	2%	
3-5	31	1%	
6-10	11	0%	
More than 10	5	0%	
Prefer not to say	28	1%	
Never	3361	95%	
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?			
1-2	539	15%	
3-5	231	7%	
6-10	71	2%	
More than 10	140	4%	
Prefer not to say	61	2%	
Never	2486	70%	
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?			
Don't know	44	4%	
No	510	52%	
Yes, a colleague reported it	54	5%	
Yes, I reported it	374	38%	
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public			
1-2	178	5%	
3-5	63	2%	
6-10	25	1%	
More than 10	24	1%	
Prefer not to say	28	1%	
Never	3224	91%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders			
1-2	10	0%	
3-5	7	0%	
6-10	2	0%	
More than 10	2	0%	
Prefer not to say	26	1%	

Question and response	Total responses	%	
Never	3480	99%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues			
1-2	14	0%	
3-5	7	0%	
6-10	3	0%	
More than 10	1	0%	
Prefer not to say	26	1%	
Never	3464	99%	
12d) The last time you experienced physical violence at work, did you or a colleague report it?			
Don't know	16	5%	
No	91	31%	
Yes, a colleague reported it	33	11%	
Yes, I reported it	156	53%	
13a) In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?			
No	1939	60%	
Prefer not to say	213	7%	
Unknown	1	0%	
Yes	1079	33%	
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.			
Strongly agree	428	14%	
Agree	1053	35%	
Neither agree nor disagree	1082	36%	
Disagree	268	9%	
Strongly disagree	152	5%	
13c) My organisation encourages us to report errors, near misses or incidents.			
Strongly agree	826	26%	
Agree	1454	46%	
Neither agree nor disagree	540	17%	
Disagree	195	6%	
Strongly disagree	136	4%	
13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.			
Strongly agree	570	19%	
Agree	1174	38%	
Neither agree nor disagree	855	28%	
Disagree	318	10%	
Strongly disagree	157	5%	

Question and response	Total responses	%	
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.			
Strongly agree	468	15%	
Agree	1013	33%	
Neither agree nor disagree	892	29%	
Disagree	444	15%	
Strongly disagree	243	8%	
14a) I always know what my work responsibilities are.			
Strongly agree	555	31%	
Agree	871	49%	
Neither agree nor disagree	178	10%	
Disagree	124	7%	
Strongly disagree	46	3%	
14b) I am trusted to do my job.			
Strongly agree	1478	42%	
Agree	1611	45%	
Neither agree nor disagree	283	8%	
Disagree	99	3%	
Strongly disagree	70	2%	
14c) There are frequent opportunities for me to show initiative in my role.			
Strongly agree	1059	30%	
Agree	1475	42%	
Neither agree nor disagree	577	16%	
Disagree	276	8%	
Strongly disagree	154	4%	
14d) I have a choice in deciding how to do my work.			
Strongly agree	458	26%	
Agree	767	43%	
Neither agree nor disagree	299	17%	
Disagree	164	9%	
Strongly disagree	82	5%	
14e) I am satisfied with the opportunity for flexible working patterns.			
Strongly agree	961	27%	
Agree	1110	31%	
Neither agree nor disagree	712	20%	
Disagree	395	11%	
Strongly disagree	362	10%	
14f) My organisation is committed to helping me balance my work and home life.			
Strongly agree	769	22%	
Agree	1102	31%	

Question and response	Total responses	%	
Neither agree nor disagree	875	25%	
Disagree	437	12%	
Strongly disagree	350	10%	
14g) I achieve a good balance between my work life and my home life.			
Strongly agree	740	21%	
Agree	1275	36%	
Neither agree nor disagree	726	21%	
Disagree	470	13%	
Strongly disagree	321	9%	
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.			
Strongly agree	1149	32%	
Agree	1190	34%	
Neither agree nor disagree	649	18%	
Disagree	292	8%	
Strongly disagree	262	7%	
14i) I would feel secure raising concerns about unsafe clinical practice.			
Strongly agree	1126	32%	
Agree	1442	41%	
Neither agree nor disagree	580	16%	
Disagree	213	6%	
Strongly disagree	170	5%	
14j) I would feel secure raising concerns about unethical behaviour.			
Strongly agree	1110	31%	
Agree	1485	42%	
Neither agree nor disagree	506	14%	
Disagree	256	7%	
Strongly disagree	180	5%	
14k) I am confident my organisation would address my concern.			
Strongly agree	702	20%	
Agree	1175	33%	
Neither agree nor disagree	931	26%	
Disagree	413	12%	
Strongly disagree	309	9%	
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)			
Strongly agree	568	16%	
Agree	1632	46%	
Neither agree nor disagree	925	26%	
Disagree	267	8%	

Question and response	Total responses	%	
Strongly disagree	146	4%	
15a) I get recognition for good work.			
Strongly agree	576	16%	
Agree	1384	39%	
Neither agree nor disagree	820	23%	
Disagree	526	15%	
Strongly disagree	238	7%	
15b) The organisation values my work.			
Strongly agree	453	13%	
Agree	1229	35%	
Neither agree nor disagree	1064	30%	
Disagree	539	15%	
Strongly disagree	251	7%	
15c) The people I work with are understanding and kind to one another.			
Strongly agree	906	26%	
Agree	1661	47%	
Neither agree nor disagree	612	17%	
Disagree	241	7%	
Strongly disagree	115	3%	
15d) The people I work with are polite and treat each other with respect.			
Strongly agree	916	26%	
Agree	1660	47%	
Neither agree nor disagree	635	18%	
Disagree	217	6%	
Strongly disagree	109	3%	
15e) The people I work with show appreciation to one another.			
Strongly agree	869	25%	
Agree	1557	44%	
Neither agree nor disagree	715	20%	
Disagree	272	8%	
Strongly disagree	108	3%	
15f) Relationships at work are strained.			
Strongly agree	312	9%	
Agree	695	20%	
Neither agree nor disagree	934	26%	
Disagree	1044	29%	
Strongly disagree	554	16%	
16a) People here are compassionate towards colleagues when they face problems.			
Strongly agree	850	24%	

Question and response	Total responses	%	
Agree	1762	50%	
Neither agree nor disagree	629	18%	
Disagree	195	6%	
Strongly disagree	107	3%	
16b) People here give good support to colleagues who are distressed.			
Strongly agree	899	25%	
Agree	1793	51%	
Neither agree nor disagree	534	15%	
Disagree	203	6%	
Strongly disagree	102	3%	
16c) People here are compassionate in the way they behave towards patients/ service users.			
Strongly agree	1067	30%	
Agree	1799	51%	
Neither agree nor disagree	488	14%	
Disagree	94	3%	
Strongly disagree	74	2%	
16d) People here take effective action to help patients/service users in distress.			
Strongly agree	1079	31%	
Agree	1769	50%	
Neither agree nor disagree	513	15%	
Disagree	82	2%	
Strongly disagree	71	2%	
17a) Care of patients / service users is my organisation's top priority.			
Strongly agree	797	23%	
Agree	1478	42%	
Neither agree nor disagree	787	22%	
Disagree	336	10%	
Strongly disagree	138	4%	
17b) My organisation acts on concerns raised by patients / service users.			
Strongly agree	643	18%	
Agree	1554	44%	
Neither agree nor disagree	991	28%	
Disagree	249	7%	
Strongly disagree	94	3%	
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.			
Strongly agree	521	15%	
Agree	1366	39%	
Neither agree nor disagree	983	28%	

Question and response	Total responses	%	
Disagree	470	13%	
Strongly disagree	193	5%	
17d) I feel safe to speak up about anything that concerns me in this organisation.			
Strongly agree	287	16%	
Agree	708	40%	
Neither agree nor disagree	423	24%	
Disagree	232	13%	
Strongly disagree	118	7%	
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.			
Strongly agree	435	12%	
Agree	1097	31%	
Neither agree nor disagree	1118	32%	
Disagree	578	16%	
Strongly disagree	305	9%	
18a) This organisation offers me challenging work.			
Strongly agree	678	19%	
Agree	1754	50%	
Neither agree nor disagree	806	23%	
Disagree	215	6%	
Strongly disagree	82	2%	
18b) There are opportunities for me to develop my career in this organisation.			
Strongly agree	466	13%	
Agree	1337	38%	
Neither agree nor disagree	908	26%	
Disagree	543	15%	
Strongly disagree	281	8%	
18c) I have opportunities to improve my knowledge and skills.			
Strongly agree	615	17%	
Agree	1753	50%	
Neither agree nor disagree	659	19%	
Disagree	332	9%	
Strongly disagree	169	5%	
18d) I feel supported to develop my potential.			
Strongly agree	534	15%	
Agree	1400	40%	
Neither agree nor disagree	855	24%	
Disagree	483	14%	
Strongly disagree	261	7%	

Question and response	Total responses	%	
18e) I am able to access the right learning and development opportunities when I need to.			
Strongly agree	515	15%	
Agree	1454	41%	
Neither agree nor disagree	902	26%	
Disagree	445	13%	
Strongly disagree	217	6%	
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?			
Can't Remember	108	3%	
No	749	21%	
Yes	2673	76%	
19b) If yes, to what extent do you agree with the following statements? It helped me to improve how I do my job.			
No	899	34%	
Yes, definitely	506	19%	
Yes, to some extent	1264	47%	
19c) It helped me agree clear objectives for my work.			
No	562	21%	
Yes, definitely	811	30%	
Yes, to some extent	1292	48%	
19d) It left me feeling that my work is valued by my organisation.			
No	763	29%	
Yes, definitely	791	30%	
Yes, to some extent	1111	42%	
20a) How often, if at all, do you find your work emotionally exhausting?			
Always	308	9%	
Often	939	27%	
Sometimes	1589	45%	
Rarely	488	14%	
Never	207	6%	
20b) How often, if at all, do you feel burnt out because of your work?			
Always	299	8%	
Often	819	23%	
Sometimes	1401	40%	
Rarely	725	21%	
Never	286	8%	
20c) How often, if at all, does your work frustrate you?			
Always	330	9%	
Often	936	27%	
Sometimes	1483	42%	

Question and response	Total responses	%	
Rarely	562	16%	
Never	214	6%	
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?			
Always	326	9%	
Often	656	19%	
Sometimes	1229	35%	
Rarely	902	26%	
Never	413	12%	
20e) How often, if at all, do you feel worn out at the end of your working day/shift?			
Always	457	13%	
Often	854	24%	
Sometimes	1481	42%	
Rarely	550	16%	
Never	180	5%	
20f) How often, if at all, do you feel that every working hour is tiring for you?			
Always	223	6%	
Often	426	12%	
Sometimes	1067	30%	
Rarely	1169	33%	
Never	634	18%	
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?			
Always	381	11%	
Often	788	22%	
Sometimes	1299	37%	
Rarely	704	20%	
Never	359	10%	
21a) My organisation takes positive action on health and wellbeing.			
Strongly agree	329	9%	
Agree	1373	39%	
Neither agree nor disagree	1154	33%	
Disagree	462	13%	
Strongly disagree	199	6%	
21b) In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?			
No	2678	76%	
Yes	832	24%	
21c) During the last 12 months have you felt unwell as a result of work-related stress?			
No	2124	60%	

Question and response	Total responses	%	
Yes	1396	40%	
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?			
No	1440	41%	
Yes	2102	59%	
21e) Have you felt pressure from your manager to come to work?			
No	1660	79%	
Yes	437	21%	
22a) I look forward to going to work.			
Always	441	12%	
Often	1264	36%	
Sometimes	1219	34%	
Rarely	457	13%	
Never	154	4%	
22b) I am enthusiastic about my job.			
Always	891	25%	
Often	1317	37%	
Sometimes	961	27%	
Rarely	272	8%	
Never	89	3%	
22c) I am happy to go the extra mile at work when required.			
Always	1383	39%	
Often	1279	36%	
Sometimes	645	18%	
Rarely	144	4%	
Never	65	2%	
23a) I am able to make improvements in my area of work.			
Strongly agree	469	13%	
Agree	1623	46%	
Neither agree nor disagree	861	24%	
Disagree	423	12%	
Strongly disagree	164	5%	
23b) I would recommend my organisation as a place to work.			
Strongly agree	493	14%	
Agree	1407	40%	
Neither agree nor disagree	982	28%	
Disagree	411	12%	
Strongly disagree	247	7%	
23c) I am proud to tell people I work for my organisation.			
Strongly agree	597	17%	
Agree	1376	39%	

Question and response	Total responses	%	
Neither agree nor disagree	1057	30%	
Disagree	315	9%	
Strongly disagree	181	5%	
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.			
Strongly agree	147	12%	
Agree	390	33%	
Neither agree nor disagree	303	26%	
Disagree	197	17%	
Strongly disagree	140	12%	
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.			
Strongly agree	721	20%	
Agree	1240	35%	
Neither agree nor disagree	852	24%	
Disagree	400	11%	
Strongly disagree	305	9%	
24b) I often think about leaving this organisation.			
Strongly agree	313	9%	
Agree	697	20%	
Neither agree nor disagree	832	24%	
Disagree	923	26%	
Strongly disagree	733	21%	
24c) I will probably look for a job at a new organisation in the next 12 months.			
Strongly agree	258	7%	
Agree	482	14%	
Neither agree nor disagree	872	25%	
Disagree	981	28%	
Strongly disagree	900	26%	
24d) As soon as I can find another job, I will leave this organisation.			
Strongly agree	231	7%	
Agree	325	9%	
Neither agree nor disagree	804	23%	
Disagree	977	28%	
Strongly disagree	1154	33%	

5. Equality, diversity and inclusion (EDI) information on respondents

This section of the report provides demographic information on people employed at Cwm Taf Morgannwg University Health Board that completed a survey in 2024. This includes a breakdown of the number and percentage of people who completed a survey in 2024 by the following characteristics:

- Age
- Gender
- Gender reassignment
- Sexual orientation
- Ethnicity
- Religion
- Disability
- Neurodiversity

Table 7: Number and percentage of responses to survey questions related to equality, diversity and inclusion (EDI) characteristics, for people employed at Cwm Taf Morgannwg University Health Board that completed a survey in 2024

Question and response	Total responses	%	
25) What best describes your gender?	3529		
Female	2555	72%	
Male	700	20%	
Non-binary	12	0%	
Prefer not to say	244	7%	
Prefer to self describe (please specify)	18	1%	
26) Is this the same as the sex you were assigned at birth?	3512		
No	22	1%	
Prefer not to say	182	5%	
Yes	3308	94%	
27) Which of the following terms best describes your sexual orientation?	3519		
Asexual	48	1%	
Bisexual	75	2%	
Gay or lesbian	90	3%	
Heterosexual or Straight	2964	84%	
Prefer not to say	302	9%	
Prefer to self-describe (please specify)	40	1%	
28) Age	3539		
16-20	15	0%	
21-30	524	15%	
31-40	795	22%	
41-50	871	25%	
51-65	1025	29%	
66+	29	1%	
Prefer not to say	280	8%	
29) Which race or ethnicity best describes you?	3535		
Another race or ethnicity – please identify	16	0%	
Arabic	10	0%	

Question and response	Total responses	%	
Asian / British Asian: Bangladeshi	12	0%	
Asian / British Asian: Chinese	17	0%	
Asian / British Asian: Indian	71	2%	
Asian / British Asian: Other	32	1%	
Asian / British Asian: Pakistani	15	0%	
Black / British Black: African	24	1%	
Black / British Black: Caribbean	<10	<10	
Black / British Black: Other	<10	<10	
Mixed Race: Asian & White	<10	<10	
Mixed Race: Black & White	10	0%	
Mixed Race: Other	205	6%	
Prefer not to say	249	7%	
Traveller: Gypsy or Roma	<10	<10	
Traveller: Irish	<10	<10	
White: British (British / Engl	<10	<10	
White: British (British / English / Northern Irish / Scottish / Welsh)	2662	75%	
White: European	157	4%	
White: Irish	29	1%	
30) What do you consider your religion to be?	3501		
Buddhist	12	0%	
Christian	1260	36%	
Hindu	26	1%	
Jewish	<10	<10	
Muslim	34	1%	
No religion	1693	48%	
Prefer not to say	397	11%	
Prefer to self-describe (please specify)	64	2%	
Sikh	<10	<10	
31) Do you have an impairment that can affect day-to-day activities, this can be either a physical or hidden disability?	3524		
No	2749	78%	
Prefer not to say	328	9%	
Yes	447	13%	
33) Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia)	3481		
No	2863	82%	
Prefer not to say	285	8%	
Yes	333	10%	

Consulting staff on CTM's draft People Plan 2025 - 2030

Communication and Engagement Plan - February 2025

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BACKGROUND

What is a People Plan?

A People Plan is a strategic framework that summarises how an organisation intends to manage its workforce to achieve its goals and objectives. A People Plan is aligned with the organisation's overall business strategy to ensure the right people are in the right place to drive success, and the workforce is equipped to meet challenges and opportunities as they arise. It outlines how an organisation will attract, develop, retain and engage its people to create a high-performing culture.



CTM's People Plan

CTM is in the process of revising and simplifying our People Plan for 2025-2030, to ensure it aligns with CTM2030 and supports the achievement of our strategic goals. To achieve our goals, we know we need to focus on building healthier communities, integrated community services and our acute clinical services plan. In short, health needs are changing and we need to change too. We know we will need more people working differently in a fair and inclusive culture.

Our People Plan activity of late has been stop-start. CTM currently has 10 people priorities, but limited definitive action plans, prioritised deliverables or success measures underneath these. The 10 priorities are valid and reasoned, but would benefit from being streamlined to focus efforts, recognising that if everything is a priority then nothing is.

Now is an opportune moment to refresh our People Plan, in response to our recent 2024 Staff Survey results which captured the views of 3,560 staff. Based on an evidence review, alongside initial 1-1 consultations, and insights from the Staff Survey, three core themes have been proposed, which could frame our revised People Plan. These are:

- Leadership and Culture
- Becoming and Employer of Choice
- Right size and shape, now and for the future

Throughout the coming months, we will be seeking broad staff input and feedback into our People Plan. We will combine this engagement activity with discussions around the Staff Survey results, to provide a golden thread. We want to understand what really matters to people, plus what is currently missing and whether the language resonates. We will test, develop and refine the core themes for our People Plan, and the delivery plans that will sit underneath these.

AIMS AND OBJECTIVES

Engaging staff in the development of our People Plan not only ensures the plan is tailored to their needs, it also strengthens the relationship between staff and leadership. We received our Staff Survey results in February 2025 and want to ensure we maximise this opportunity, by taking swift action on the back of the Survey feedback and translating this feedback into People Plan deliverables. **This activity does not negate or replace the need for local engagement activity and action planning, in response to Care Group staff survey results.** However, by engaging staff in the development of our organisation wide People Plan, we will be able to:

- **Inform:** our staff will know what a People Plan is, and how this fits in with the feedback they provided in the Staff Survey. They will understand how CTM's People Plan - and its deliverables - have progressed since its previous iteration.
- **Align:** connecting the new People Plan to CTM strategies, change programmes and improvement activity, such as how we will be responding to the Staff Survey 2024 results, and how this links with CTM 2030, IMTP, Acute Clinical Service Plan and Care Group Plans on a Page.
- **Increase buy-in and ownership:** when staff are involved in the creation of a People Plan, they feel a sense of ownership and commitment to it. They are more likely to understand the 'why' behind any changes and actively contribute to making the plan a success.



- **Improve relevance:** Our people know their own needs, challenges, and experiences better than anyone else. Involving them will ensure our new plan addresses real issues and is aligned with what people actually want from the workplace
- **Benefit from diverse perspectives:** People at different levels and from various departments and backgrounds bring different perspectives to the table. These diverse insights can help us identify gaps or opportunities that we – the People Directorate alone - may not have considered.
- **Encourage innovation:** Staff may come up with creative and innovative ideas that we might not have thought of. This could lead to fresh approaches to delivering our core priorities.
- **Enhance engagement:** Involving people in the process shows that we value their input and that we are invested in their well-being and career growth. This can increase overall engagement, as people feel they have a say in decisions that affect them directly.
- **Foster trust and transparency:** Co-creating a plan with staff builds trust between leadership and teams. It shows that we are transparent about our intentions and we are open to feedback and collaboration. It also demonstrates that we are living by our values- that 'we listen, learn and improve'.

AUDIENCE

This table outlines the key stakeholders we need to ensure are targeted through our Communication and Engagement plan. The points outlined within each column (Think, Feel and Do) can be utilised in targeted messaging to these groups, alongside the broader messaging (see 'Key messages' below) where needed.

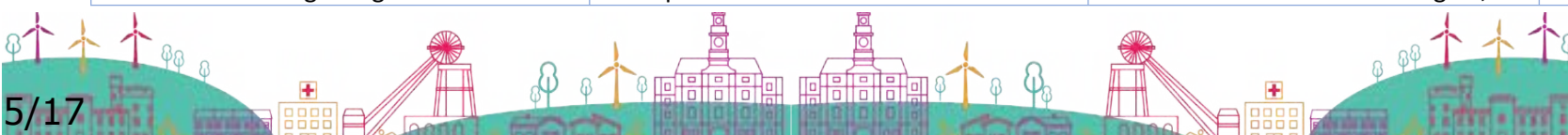
Stakeholder	Think	Feel	Do (your call to action)
Executive / Senior Leadership Team / Board We want our ELT / SLT and Board to see the engagement process as a valuable, forward-thinking move that leads to better outcomes for CTM and a more engaged, empowered workforce. We need to secure early and ongoing buy-in and require our Leaders to promote and support team members' attendance at the engagement sessions, and to individually sponsor activities within the People Plan.	<i>Empowered by collaboration</i> - involving staff is a strategic move that taps into the collective intelligence of CTM, leading to more innovative and effective solutions. <i>Positive organisational impact</i> - the process itself will contribute to improved engagement, retention, and performance, which directly impacts CTM's success.	<i>Confidence in the input from our staff</i> - that staff perspectives and feedback are valuable and can provide actionable insights that leadership might not always see from the top down. <i>Pride in living up to our values</i> - CTM is fostering a culture of openness and trust, which will strengthen relationships between leadership and staff. We are demonstrating that we living by our value that 'we listen, learn and improve.'	<i>Support and champion the process</i> - actively back the process and show commitment to involving staff. Make sure resources are allocated to support the engagement efforts. <i>Model behaviour</i> - demonstrate active listening and openness to feedback, in line with our values. <i>Hold yourself accountable</i> - help ensure the final plan aligns with the insights gathered from staff. Be willing to individually sponsor engagement sessions and sponsor elements within the plan itself- People Directorate cannot deliver this alone.



Stakeholder	Think	Feel	Do (your call to action)
Managers Our people managers are key in translating strategy into action. We want our managers to feel that they're not just passive recipients of a top-down strategy but active contributors who can influence how the People Plan will shape the culture and success of their teams. Their support and involvement will be key in making sure the plan is effective and sustainable.	<i>Positive impact on their teams</i> - involving staff in the development of the People Plan will result in initiatives that directly improve their team's engagement, productivity, and overall satisfaction. <i>Clarity in expectations</i> - the process of engaging staff will lead to a clearer, more realistic, and actionable plan, helping them manage and develop their people more effectively. <i>Support from leadership</i> - that leadership truly values their role in the process and is committed to creating a plan that is not only top-down but also reflects the needs of those on the ground.	<i>Empowered and supported</i> - they have the opportunity to contribute to shaping a people strategy that directly impacts their teams, and that leadership is listening to their insights and feedback. <i>Confidence in the process</i> - the development of the People Plan will support positive outcomes, both for CTM and for the people they manage. They should feel that it's a process they can trust and support. <i>Hopeful for positive change</i> – we need to signal hope and excitement at a time of radical, and constant, change. The collaboration sessions will signal that change is coming, whilst also helping to generate ideas for positive changes in ways of working that improve engagement, retention and overall well-being.	<i>Actively engage</i> - be proactive in gathering feedback from teams and ensuring teams are participating in the development of the plan. Share your own insights and concerns based on frontline experience. <i>Facilitate communication</i> - act as a bridge between leadership and teams, ensuring information flows both ways. Communicate the purpose and importance of the engagement process to teams in a way that motivates participation. <i>Be open to feedback</i> - encourage and model a culture of openness where staff feel safe to provide honest feedback.
People Directorate / Heads of People The People Directorate are central to the process of developing - and implementing - the People Plan. The People Directorate must have the resources, time, and tools to support management of the engagement process and translate feedback into actionable	<i>A strategic opportunity</i> - this is a chance to align People initiatives with the real needs of our people and CTM's long-term goals. It's a way to create a more inclusive, and people-focused strategy that will have a direct impact on retention, satisfaction, and organisational performance.	<i>Empowered and informed</i> - by engaging a wide cross-section of staffgroups, the People Directorate is better equipped to build a People Plan that is grounded in real feedback, and are empowered to create initiatives that have a lasting impact.	<i>Drive the process</i> - take an active role in facilitating the engagement process, ensuring that it is well-structured and that the right channels are in place to gather valuable insights from staff. The Heads of People should help lead and cascade focus groups, surveys etc <i>Analyse and interpret data</i> - once feedback is collected, the Heads of



Stakeholder	Think	Feel	Do (your call to action)
plans.	<i>Value in staff feedback</i> - the feedback and insights gathered from staff will provide critical data for shaping policies, processes, and development programs. This is a valuable opportunity to address gaps and areas of improvement we may not have seen before. <i>Support for organisational change</i> - involving people in this process is key to driving meaningful change. The People Plan will be better received by the workforce if we are able to incorporate their voices into it, leading to smoother implementation. <i>Clarity in expectations</i> – the plan will be simplified and prioritised. This will help drive targeted activity within the People Directorate, to ensure we are focussing our collective efforts on the areas of maximum benefit.	<i>Pride in building a positive culture</i> - this process is a significant step toward building a workplace culture where people feel valued and heard, which is core to the People Directorate’s mission of fostering staff engagement and well-being. <i>Confidence in collaboration</i> – the People Directorate should feel confident that this collaborative approach with staff, leadership, and line managers will strengthen relationships across the organisation.	People should take ownership of helping to analyse the data, identifying trends, and translating those insights into actionable recommendations for the People Plan. <i>Collaborate with leadership</i> - work closely with the Executive Leadership Team to ensure that the feedback aligns with organisational goals and values. The Heads of People play an important role in shaping the People Plan while making sure it reflects the real needs of the workforce. <i>Support Line Managers</i> – The Heads of People should partner with line managers to ensure tools and resources line managers need to foster staff engagement are in place
Trade Union partners We want our Trade Union colleagues to feel like genuine partners in the process, with their role seen as integral to ensuring the People Plan is both fair and aligned with the needs of the workforce. Their buy-in and support will help ensure smooth implementation, particularly when it comes to gaining trust and	<i>A transparent, collaborative approach</i> - involving individuals in shaping the People Plan is a sign of good faith and transparency from management, demonstrating a willingness to listen to and incorporate staff concerns and feedback. <i>Mutual benefits</i> - the process will result in a People Plan that benefits both	<i>Confident in the process</i> - they are being heard and respected as key partners in shaping the future of our workplace, and that the process will be fair and inclusive. <i>Secure in representation</i> - by being engaged in the process, the Trade Unions can ensure the People Plan takes into account worker’s rights,	<i>Actively participate</i> - engage constructively in discussions about the People Plan, offering insights on behalf of members and providing valuable feedback from a worker’s perspective. <i>Encourage engagement</i> - help facilitate participation by encouraging members to share their feedback and ideas.



Stakeholder	Think	Feel	Do (your call to action)
participation. Engaging our Trade Unions in the development of the People Plan is an important piece of the puzzle, as they represent staff interests.	individuals and CTM —fostering a more productive, satisfied, and engaged workforce, which also helps the organisation succeed. <i>A respectful dialogue</i> - their input and the input of the workforce will be valued, and that the process is genuinely about creating a fair and balanced plan that addresses staff needs without neglecting CTM's broader goals. This does not mean that we can achieve everything for everyone however. We will need to focus efforts on areas of biggest impact and be transparent about our delivery plans and success measures.	well-being, and interests, contributing to a fair and balanced environment. <i>Hopeful for positive change</i> - the collaboration will lead to positive changes that improve working conditions, professional development opportunities, and overall well-being, aligning with the core interests of the unions.	<i>Provide constructive feedback</i> - offer thoughtful, actionable recommendations to help shape the People Plan, ensuring that it addresses key concerns around fair treatment, job security, career development, compensation, and well-being. <i>Collaborate with the Heads of People and leadership</i> - ensure the People Plan reflects a balance of both organisational needs and employee/worker rights, and that any negotiated and prioritised outcomes are included in the final plan.
Staff EDI and Wellbeing Networks Engaging our Staff Networks is crucial for ensuring that our People Plan is truly inclusive and representative of a diverse workforce. Staff Networks can act as trusted ambassadors who ensure the voices of their members are heard and valued.	<i>An inclusive, thoughtful approach</i> - engaging staff, including diverse groups, is a positive step toward creating an equitable and inclusive workplace. They should see this as an opportunity to address any gaps or challenges that specific groups may face and ensure these needs are woven into the People Plan. <i>Genuine commitment to diversity and inclusion</i> - leadership is committed to making real, tangible improvements in the workplace for all groups, and that their voice is not just welcomed but actively sought after in shaping the	<i>Valued and respected</i> - their perspectives, as representatives of different communities, are essential to the process and their contributions are helping to create a plan that supports all staff, not just the majority group. <i>Proud of the process</i> - this process is fostering a truly inclusive culture and that their input will have a direct, meaningful impact on CTM's approach to things like recruitment, development, well-being, and culture.	<i>Actively contribute</i> - share insights from respective networks, ensuring that the needs, concerns, and priorities of the community are included in the People Plan. Be proactive in offering ideas for how CTM can better support these groups. <i>Engage communities</i> - help spread the word about the engagement process within their networks, encouraging people to share their feedback and participate. <i>Collaborate with Leadership and the People Directorate</i> - work closely with leadership and the Heads of People to



Stakeholder	Think	Feel	Do (your call to action)
	People Plan. <i>Empowered by the opportunity</i> - their feedback and perspectives are being taken seriously in the planning process and that this is a chance to create positive, lasting change for their members and the wider organisation.	<i>Excited about the possibilities</i> - they're optimistic about the potential for positive change, feeling like they're playing a critical role in creating a workplace that's better for everyone, with a People Plan that reflects diversity and supports all staff equitably.	ensure that the People Plan truly reflects the diverse needs of CTM and that inclusion is embedded in every aspect of the plan. Help identify any blind spots or areas where the plan could be improved.
Our people Engaging a broad cross-section of staff from different locations, professional backgrounds and with different tenures is vital to ensure our People Plan is truly inclusive and representative of a diverse workforce.	<i>Empowered</i> - staff feedback and perspectives are being taken seriously. This is a chance to co-develop our People Plan and create positive, lasting change for CTM. <i>2 way feedback loop</i>- this is an opportunity to understand more detail about the Staff Survey results, build upon those, and turn them into tangible actions.	<i>Nothing about us, without us</i>- our people know they have a voice and that their feedback is valued by CTM. This is our People Plan, created by us, for us. <i>Excited about the possibilities</i> – appreciative of the scale of change ahead, but optimistic about the future. <i>Walking the talk</i>- our people can see that we are living by our values; 'we listen, learn and improve.'	<i>Participate</i>- actively contribute and share your views and constructive feedback about how we can combine efforts and work together to make CTM a great place to work. <i>Be ambitious, yet realistic</i>- we cannot deliver everything, for everyone. We are working within financial, legislative and resource constraints, so we should strive to innovate, but need to be realistic about what is achievable.
Strategic Development Committee (SDC) The SDC will act as the governance board for the People Plan, approving the final products and holding us to account for delivery. We want SDC to see the engagement process as a valuable, forward-thinking move that leads to better outcomes for	<i>Empowered by collaboration</i> - involving staff is a strategic move, aligned with our values, that taps into the collective intelligence of CTM, leading to more innovative and effective solutions. <i>Positive organisational impact</i> - the process will contribute a more rounded People Plan and the engagement activity itself will contribute to improved	<i>Confidence</i> – the end products are reflective of valuable staff perspectives, which may otherwise have acted as blind-spots. <i>Pride in our values</i> - CTM is fostering a culture of openness and trust, which will strengthen relationships between leadership and staff. We are demonstrating that we are living by	<i>Support and champion the process</i> - actively back the process and show commitment to involving staff. <i>Model behaviour</i> - demonstrate active listening and openness to any feedback, in line with our values.



Stakeholder	Think	Feel	Do (your call to action)
CTM and a more engaged, empowered workforce.	engagement, retention, and performance, which directly impacts CTM's success.	our value that 'we listen, learn and improve'	<i>Hold ourselves accountable</i> - help ensure the final plan aligns with the insights gathered from staff.

KEY MESSAGES

It is important to communicate our key messages clearly and effectively so people understand both the purpose and the value of their involvement. These key messages need to be communicated regularly throughout the engagement process—before, during, and after -so that people understand what has been learned and how feedback is being used. If certain areas of feedback cannot be addressed, we should explain the reasoning. People need to see not just the “why” but also the “how” and “what next” to feel fully invested. This key messaging can be used alongside the points outlined within each Think, Feel, Do stakeholder column (see ‘Audience’ above) to support delivery of targeted messaging to the identified groups.

Theme	Message(s)
We value your input. This is about you—your development, your well-being, your workplace	<i>"Your voice matters. We want to hear from you to ensure the People Plan truly reflects your needs, priorities, and experiences."</i> <i>"The People Plan is about creating a work environment where you can thrive. Your feedback will help us focus on what truly matters to you, from development opportunities to work-life balance and beyond."</i> <i>"We've had an incredible response rate to the Staff Survey this year– 3,560 people shared their views. Now we want to take that to the next level to ensure the priorities within our People Plan truly reflect your feedback, and that the actions we take will have a real impact."</i>
This is a collaborative effort. We are in this together	<i>"This is not just an HR initiative; this is about all of us. Together, we can create a workplace that reflects our values and supports every one of us."</i> <i>"We're building this plan together, with your help. This isn't just something coming from the top down, or that HR can deliver alone—it's a shared effort to create a better workplace for everyone."</i>



Theme	Message(s)
We are committed to positive change	<i>"We're serious about making meaningful changes to improve our workplace culture, support your growth, and ensure everyone feels valued. Your input will help guide the direction of this change."</i> <i>"We know that there is a lot of change on the horizon. This presents us with both challenges and opportunities from both a workforce and individual perspective. We want to be on the front-foot and are committed to making positive and innovative changes; your feedback will help shape this."</i>
We're listening, we're acting	<i>"We're committed to not just listening to your feedback, but also acting on it. We've listened to the Staff Survey feedback and now we want to translate that into actions within our People Plan. Your insights will directly shape the decisions we make, and we will keep you informed about how your input is making a difference."</i>
Your diversity of perspectives is crucial	<i>"We value the diversity of experiences, backgrounds, and perspectives in our workforce. By involving everyone, we can create a People Plan that works for everyone, no matter who you are or what role you play."</i>
This is an opportunity to shape the future. We are focused on the long-term	<i>"Now is your chance to have a direct impact on the future of our workplace. By sharing your thoughts and ideas, you're helping to create a better environment for everyone."</i> <i>"This is about building something sustainable that supports both your immediate needs and the long-term goals of CTM. Your feedback will help create a plan that lasts and evolves with us."</i>
This does not replace the need for local discussions and action planning.	<i>"The staff survey data sits with our teams – therefore once the data has been shared it is your team's responsibility to ensure that you understand your results and agree and embed local action plans- this is what will make a real difference. The People Plan will sit above the local action plans, and capture some of our longer term, CTM wide themes and focus areas."</i> <i>"We all have a responsibility in listening to the views of the staff through numerous ways, not only via the Staff Survey. These sessions are another way to hear your views and seek your input- this will be an ongoing conversation."</i>

COMMUNICATION CHANNELS

When engaging staff in the development of our new People Plan, a variety of channels is crucial to ensure accessibility, reach, and engagement across different groups, including staff who self-select and volunteer their participation as well as staff who are not traditionally as forthcoming.

The channels and products listed below can also be used to simultaneously engage staff in the dissemination of our Staff Survey 2024 results, along with agreeing targeted actions and next steps via the development of our People Plan. The People Plan will encapsulate the overarching activities we are taking to respond to our Survey results.



We will also be considering the following areas when communicating Staff Survey results

- Celebration of areas with highest response overall
- Most improved Care Group response rate and sharing of local areas of best practice
- Identify and respond to lowest performing/ most declined/ lowest against national average/ lowest against peers
- Celebration of highest performing/ most improved/ highest above national average/ highest amongst peers
- You said, we did

Channel	Target audience	Detail	Date	Mode/ Location	Owner
Intranet article	All staff	To summarise the Staff Survey results and explain that we want to use this to inform the development of our People Plan; call to action inviting staff to get involved and sign up to engagement sessions.	Various points as needed. w/c 17 Feb (tbc) - Launch article with link to CTM staff survey results, supported by video update from Exec.	Digital- SharePoint site	Comms to publish final articles.
Staff update	All staff	Includes a short summary and link through to news articles that have already been published on the intranet.	Every other Thursday 20 Feb - all staff email with CTM staff survey results attached.	Digital- PDF newsletter circulated by email to all staff and published on the intranet	Comms to publish final articles.
Staff Facebook group	All staff	Includes a short summary and link through to news articles that have already been published on the intranet.	Various points as required to signal headlines	Digital- Facebook	Submitted posts approved by the Comms Team
Email distro lists	All line managers	To provide lines-to-take and call to action for line managers, and encourage release at engagement events	Various points as needed	Digital- Email	L&D team have an all-manager mailing list.
Staff Q and A	All staff	30-minute call. Recording is shared on the intranet following each call	Monthly	Digital- Teams	Comms team finalise the agenda and circulate the diary marker



		Update staff on what they can expect, engage staff and encourage participation.	12 Feb - initial high level staff survey results shared and details of next steps		
Roadshows (teams)	All staff (by sign up)	Share key themes from staff survey results. Socialise and test proposed themes within the People Plan, followed by a Q&A / feedback session. The chat bar and / or a live poll could be used to gather instant feedback.	Dates tbc- multiple sessions during March/ April	Teams	
Roadshows (in person)	Frontline staff (by sign up)	Share key themes from staff survey results. Socialise and test proposed themes within the People Plan, followed by a Q&A / feedback session.	Dates tbc- multiple sessions during March/ April.	In person- Key CTM locations eg RGH PoW PCH KH	OD/ L&D team to design events. Exec sponsor to open each event. Comms team to support sign-up process.
Staff Survey focus group	Staff survey leads	To support with the alignment of the People Plan and dissemination of the staff survey results	Monthly Tbc February / March	Teams	Employee Experience Lead
Staff Networks EDI Networks: • Race Equality Network (REN)	Network members	To reach diverse voices and engage networks with the dissemination of the staff survey results and alignment of the People Plan and	Monthly Joint Chairs Meeting, led by EDI lead - 24 Feb, 26 Mar WEN have a Teams channel for posting		EDI Lead Staff Network Chairs Wellbeing Team



• Women's Equality Network (WEN) • ACCESS Disability • LGBTQ Support / wellbeing networks: • Men's Health • Veterans • Carers Wellbeing activists / Menopause Champions			messages and meet monthly (mixture of face to face and Teams) REN have a WhatsApp group for posting messages to members Wellbeing activist development session – 5 May		
Care Group Senior Leaders Meeting(s)	Care Group SLT	Paginated staff survey reports shared with Care Group SLTs Subsequent SLT discussion to discuss outcomes and feedback generated.	Care Group reports shared w/c 10 Feb February- Rebecca Watkins to attend Care Group SLT meetings to discuss individual staff survey results and next steps. April – follow up session at Care Group SLT to share outcomes from wider staff engagement sessions and update on the proposed people plan.	Teams/ Hybrid	Heads of People/ Employee Experience Lead/ DD People
Leadership Group	All leaders	1 hour call	Next meeting(s) – 26 Feb, 26 Mar	Teams	Comms team finalise the agenda and circulate the diary marker



Inspire	Cohort of senior leaders	Whole day development session	Next session 6 March	In person	AD leadership and culture
OMB	Operational Management Board	Brief an overview of the comms and engagement plan and the proposed 3 core themes. Request OMB support to release staff to attend engagement sessions.	Next meeting – 19 March 16 April	Teams/ Hybrid	COO
Professional forums eg Ward Manager forum HoN	Professional groups	Presentation of the People Plan and goals of the engagement process, followed by a Q&A / feedback session.	TBC	In-person or Teams	AD/DD Nursing
Board consultation	Independent Members (IMs)	1-1s with IMs Jonathan Morgan Kath Palmer Rachel Rowlands Dilys Jouvenat Hayley Proctor	End March	Teams	DD People
ELG/ EMB	Exec members	Present comms and engagement plan for sign off	Weekly- Mondays 10 and 17 Feb. Subsequent updates as required	Yr Hyb	ED People
TU Monthly Meeting	Trade Unions (AfC)		Next meeting(s) – 26 Feb 26 March	Teams	DD People



Local Negotiating Committee	Invited list of People Directorate Senior Leaders and Trade Union partners (M&D)	1 hour teams/ in person meeting	Next meeting – 11 Mar - Hayleigh Jones to attend to cover Staff Survey and People Plan engagement	Teams/ Hybrid (PoW)	Medical ED
Local Partnership Forum	Invited list of People Directorate Senior Leaders and Trade Union partners (AfC)	Half day in-person meeting	Next meeting – 18 March – Rebecca Watkins to attend to cover Staff Survey and People Plan engagement	Yr Hyb	ED People/ Chair TUS
Strategic Development Committee	Invited list of Senior Leaders and IMs	Present the comms and engagement plan and an overview of the findings generated from engagement to date.	Next meeting- 3 April	Teams	DD People
Staff check-ins	All staff	Further staff listening opportunities/ check-ins at 6/12/18 months	Launch People Plan- June Check-in opportunity- December	Teams	

These engagement events will inform and shape the development of our People Plan and associated products. Analysis and insights from the Staff Survey free-text comments will be incorporated once these have been made available (date tbc). The revised People Plan will be brought to **Executive Management Board for sign off on 26 May**, with a view to publishing in June 2025.



PRODUCTS AND TOOLS

This table outlines the products and support tools that are under development, in order to deliver the key messaging:

Product	Use	Owner
Paginated Staff Survey Reports	Paginated reports will be available for all areas of the hierarchy within the Staff Survey. These reports will be available on the intranet for all to view	Employee Experience Lead
Staff Survey- Manager's Guide	Briefing on the importance of staff engagement and taking action on the results	Employee Experience Lead
Staff Survey- Manager Script	We have developed a script for managers so that they are all sharing the same information and all staff hear the same messages	Employee Experience Lead
Staff survey- Team workshop guide	Tools for managers to have discussions with the teams on the results for their area/ what works well and what improvements are required	Employee Experience Lead
Online survey / feedback form eg Microsoft form	To be shared as part of digital comms for staff who would like to provide their own feedback directly. Interactive version eg Teams polling, can also be used for live polling during online sessions	Head of EE and involvement
Microsoft booking form(s)	To track sign-ups to roadshows, webinars or focus groups. To be shared as part of any digital comms for staff who would like to attend	Head of EE and involvement
FAQs	To be attached to the digital comms to provide more detailed information about the Staff Survey and emerging People Plan. Can be updated as needed and shared with the infographic (below)	People Directorate
Infographic(s)	To cover what the People Plan is, how it fits with Staff Survey/CTM2030/IMTP/Values/4 goals etc. Can be shared with the FAQs as additional information (above)	Comms team to design
Video	Short video which can be shared as part of the digital communications and / or used to introduce face to face meetings	CEO and/ or ED People to record a short video. Filmed by the Comms team
Graphic(s)	To be used on the SharePoint carousel (directing to the intranet article) and FB post	Comms team to design
Slide Deck	Generic explainer and call to action that can be used during roadshows	People Directorate
Poster/flyer	Generic explainer and call to action for targeting frontline staff at roadshows etc. Can also be sent with a request for teams to print and display locally	Comms team to design. Can be printed out locally (as per the staff survey flyers)
Banner	For display at any roadshow or other in person events	Comms team to design and arrange printing. Budget TBC

POTENTIAL RISKS AND MITIGATIONS



Risks	Mitigations
Staff may not participate or provide meaningful feedback.	Ensure the process is engaging and accessible by using multiple feedback channels. The benefits of participation should be clearly communicated and emphasise how their input will influence the outcome.
The feedback from staff could be overwhelming, diverse, or conflicting, making it difficult to consolidate and prioritise actions.	Use structured methods to analyse feedback (categorizing responses, identifying key themes etc). Have clear criteria for prioritising feedback based on impact and feasibility.
Staff may be sceptical or resistant to the People Plan, particularly if they feel that leadership has not been transparent or accountable in the past.	Ensure the process is transparent from the start—communicate why it’s happening, how input will be used, and what the intended outcomes are. Provide updates regularly and follow through on commitments to build trust.
We promise more than we can realistically deliver, leading to disappointment and loss of trust.	Set realistic expectations from the outset. Be clear about what can be achieved and the timeline. Where feedback can’t be acted on immediately, explain why and provide a roadmap for future action.
Certain staff groups (e.g. part-time workers, remote teams, or those in frontline roles) may be underrepresented in the engagement process.	Actively ensure diverse representation by reaching out to all staffgroups, using accessible feedback methods, and promoting inclusive participation. Use data and staff networks to identify underrepresented groups.
Staff may feel overwhelmed or fatigued by too many engagement activities, and the previous ‘stop-start’ activity on the People Plan, leading to disengagement or low-quality feedback.	Keep the feedback process concise, focused, and meaningful. Ensure that engagement activities are well-spaced out and clearly communicate the purpose behind each step. Allow individuals to provide feedback in ways that fit their schedule and preferences.
Departments or senior leaders may have different priorities or perspectives on what should be included in the People Plan, leading to internal conflict or delays.	Foster alignment through discussions and planning sessions between leadership, Heads of People, and key stakeholders. Establish clear decision-making processes and criteria to resolve conflicts constructively



EVALUATION

Measurement	Success criteria
Response rate	How many individuals engaged with the process (e.g., completed surveys, attended focus groups, participated in meetings)?
Diversity of participants	Did we reach a broad, diverse cross-section of people (in terms of departments, roles, tenure, seniority, and demographic factors such as gender, race, disability, etc.)?
Engagement quality	Did participants provide thoughtful, constructive feedback? Or were responses generally superficial?
Actionability	Was the feedback gathered actionable? How much of the feedback was incorporated into the final People Plan?



Agenda Item

3.3

CTM Health Board

Annual Equality Report 2023-2024

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Alex Grand ED&I Strategic Lead Lisa Whiteman, Head of OD and Inclusion
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel, Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal) undertaken to date		
Committee / Group / Forum Individuals	Date	Outcome
EDI Working Group	17/09/2024	For information
Executive Management Board	24/02/2025	Endorsed
Operational Delivery Committee	06/03/2025	Endorsed for Board Approval via Chairs Urgent Action request

Acronyms / Glossary of Terms	
SEP	Strategic Equality Plan
EDI	Equality, Diversity and Inclusion

1. Situation /Background

The Annual Equality Report is a statutory requirement each year, providing a summary of our equality activity for that reporting period. A summary of our EDI activity and achievements in 2023-2024 includes reviewing and improving infrastructure of our Staff Networks, developing a combined Equality and Welsh Language Impact Assessment, further developing education and learning, as well as significant work undertaken by our services and public health team.

2. Specific Matters for Consideration

The statutory reporting deadline is the 31 March 2025 and, whilst this is being presented later than previous years, we are confident in both the report and our ability to meet legislative requirements.

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Growing 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 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))	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

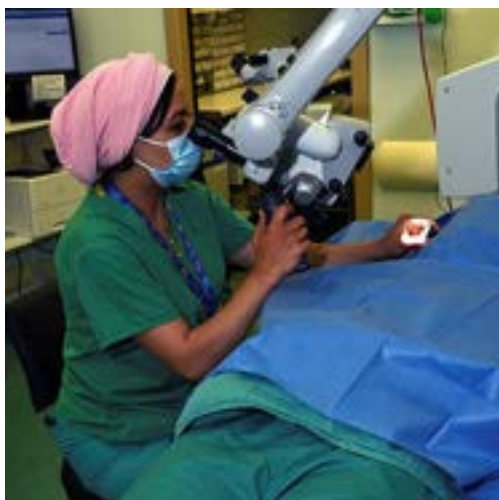
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a statutory requirement, summarising of activity and achievements
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: This is a statutory requirement, summarising of activity and achievements
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	This is a statutory requirement, summarising of activity and achievements	
Enw da / Reputational	Yes (Include further detail below)	
	Positive outcomes for staff and a more equitable workplace.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

The Board are being asked to APPROVE the Annual Equality Report for 2023/2024.

5. Next Steps

Will be published in line with statutory requirements following Board approval.



CWM TAF MORGANNWG
UNIVERSITY HEALTH BOARD

Annual Equality Report

2023/24



Foreword

I am proud to present our Annual Equality Report for 2023/24, marking a year of progress and commitment to fostering an inclusive and diverse Cwm Taf Morgannwg University Health Board.

This report reflects our highlights: our work ensuring that every member of our team, and every patient we serve, benefits from an environment where fairness, respect, and opportunity are at the forefront.

We have implemented strategic initiatives that have not only improved workplace inclusivity but have also enhanced our ability to deliver exemplary healthcare to the communities we serve across Wales. I invite you to explore the insights and achievements which show our dedication to equality and the vibrant diversity that strengthens our community.

Our Board members are committed to creating an inclusive environment and our Executive Team are active contributors, championing our Staff Networks and leading key strategic workstreams to actively support these agendas.

As we continue to evolve and deliver our Strategic Equality Plan, please get in touch if you have comments for us on how we can continue to improve.

Hywel Daniel,
Executive Director for People



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Our Health Board

Cwm Taf Morgannwg University Health Board provides primary, community, hospital and mental health services to the 450,000 people living in three County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

The Health Board currently employs 11,156.23 whole-time equivalent (WTE) staff as of 31 March 2024, with a headcount of 12,789.

Approximately 78% of our workforce live within the Health Board's footprint with a gender split of 81.16% female: 18.84% male. Around 40% of our workforce⁽¹⁾ works part-time. Out of the total female workforce, 46% work part-time compared with 16%⁽¹⁾ of the male workforce.

At CTMUHB, providing great health care to our community is our number one priority. Our 65 – 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated one in four people in Wales will be aged 65 and over.

These projections will have significant implications for the way in which we design and provide our increasingly integrated health and social care services, so that we can help the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

(1) Data correct as of 1 November 2023



Our vision and values

Our CTM 2030: Our Health, Our Future Strategy sets the vision and provides the framework for decision-making and priority development within the Health Board, setting the strategic direction for all areas of our work.

The Strategic Equality Plan sits within this framework and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that equality and diversity issues touch on many aspects of our work.



[Click here to access
CTMUHB SEP 2024/28](#)



[Click here to access
CTM2030 Community Hub](#)

Our values and behaviours help inform the decisions we make and how we treat each other. They help us work better together; improve service user and patient care and outcomes, serve our communities and build a culture we can be proud of. With all of us living up to our values and behaviours at every opportunity, we can achieve three things:

- We won't just know the values and behaviours, we'll feel supported and empowered by them;
- We'll inspire change in everyone's hearts, minds and actions; and
- We'll make things better for our colleagues, our organisation, our patients and service users and our community.



**WE LISTEN,
LEARN AND
IMPROVE**



**WE TREAT
EVERYONE WITH
RESPECT**



**WE ALL WORK
TOGETHER AS
ONE TEAM**

Legal requirements

Under the Public Sector Equality Duty, public authorities must:

- Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Equality Act 2010;
- Treat people who share a protected characteristic and those who do not equally; and
- Encourage good relations between people who share a protected characteristic and those who do not.



As well as the general duty, we must meet the specific duties which are set out in the Equality Act 2010 (Statutory Duties) and the (Wales) Regulations 2011. These duties came into force in Wales on 6 April 2011 and include:

- Developing Strategic Equality Plans which include our equality objectives;
- Involving the public and our partners from protected groups when developing plans and policies and shaping services;
- Completing appropriate equality impact assessments;
- Collecting and publishing information about equality, employment and differences in pay;
- Promoting equality-based staff training;
- Considering equality when buying services and agreeing contracts;
- Publishing our Annual Equality Report;
- Reviewing our equality plans and objectives to make sure they are current; and making sure people can access the information we provide.

At a glance: key achievements

For our people, we:

- Consulted widely on and subsequently developed our Strategic Equality Plan 2024-2028
- Reviewed and improved the infrastructure of and support for our Staff Networks



- Developed a combined Equality and Welsh Language Impact Assessment and impact assessed in excess of 30 new and refreshed policies.
- Delivered cultural competency workshops to key corporate and service teams.
- Strengthened a broad programme of organisation change and redesign by developing an 'Inclusive Thinking and Practice as a Leader' workshop.



- Developed an EDI Communication and Engagement Plan, including participation in and recognition of Black History Month, Sensory Loss Awareness Month, International Women's Day, Ramadan, Eid and Hiraeth.
- Continued to invest in our own team's knowledge, skills and network development
- Encouraged completion of awareness training, meeting the Welsh Government target of 85%.

For our communities, service users and patients, we:



- Co-designed and facilitated a workshop on employment opportunities and application guidance with the Valleys Ethnic Minority Support Group.
- Further established the CTM2030 Community Leaders' Network for developing and building new relationships and partnerships between us and the voluntary and community sector.
- Worked in with Community Voluntary Councils to deliver a regional engagement series, to determine the core issues affecting women's health.
- Co-designed a new 24/7 Alcohol Care Service for people living with Alcohol dependency and highlighted a campaign called 'Drymester' which promotes a zero tolerance to alcohol during pregnancy
- Partnered with 'Business Education Together', Merthyr Tydfil County Borough Council's new partnership forum for supporting the attainment and employment opportunities for children and young people living in Merthyr Tydfil.
- Delivered integrated education and awareness campaigns with the CTM Regional Partnership Board to engage people with protected characteristics around their health and wellbeing, including support for people with Learning Disabilities and people living with dementia.
- Became the first Health Board in Wales to develop and recruit into the post of Clinical Director of Healthcare Science ensuring an equal and strong voice in helping us shape our future services.
- Were recognised in the Welsh Experience National Awards for being a "Listening and Learning" organisation.



Our Strategic Equality Plan (SEP) 2024/28

Between April and mid-July 2023, we consulted broadly across our workforce, communities, service users and partners to determine our priorities for the next 4 years.

Themes emerged around:

- Service Delivery.
- Development and Implementation of the Strategic Equality Plan.
- Workforce, including flexible working and education/awareness.

Underpinning each of these themes, we identified the need to improve how we integrate equality, diversity and inclusion across everything we do. We also need to get better at acknowledging when we're achieving equality, diversity or inclusion outcomes indirectly through other work.

We have aligned our key strategic equality objectives with our wider CTM2023 Strategy, the SEP was approved by our Board in March 2024 with the following focus areas:



Services

Improving the experience and health outcomes for our patients, ensuring equal access to the services that they need.



People

Improving staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which everyone can thrive.



Community

Making sure under-represented groups and marginalised communities are involved at the outset of design and delivery of services.



Infrastructure

Ensuring equality, diversity and inclusion is embedded into the way CTMUHB operate and delivers its service.

Development and Supported Internships

In addition to specific workshops spanning wellbeing, inclusive leadership and cultural competence, we have:

- Achieved the Welsh Government target of 85% or more of our people having completed Treat Me Fairly core training.
- Increased the number of people participating in the Paul Ridd Learning Disabilities awareness training by nearly 10% - over a thousand course completions this year alone.
- Supported over 100 colleagues to complete an Autism Awareness learning program in its first year.

Supported Internships (previously known as Project Search)



In collaboration with partners Bridgend College, Merthyr College, and Elite Supported Employment, the Learning & Development team have been offering Supported Internships for four years, providing placements for young people with a learning difficulty and/or Autism, to gain work experience within different departments.

Over the course of a year and with the support of a Tutor from the college and Job Coach from Elite, the Supported Intern is provided with practical experiences of the working world, gaining confidence to work independently.

During this year's Supported Internship Graduation, Andrea Wayman CEO for Elite Supported Employment presented Cwm Taf Morgannwg with an Engage to Change Employer Award, recognising the team for the work they have done in providing these opportunities to young people from our communities.

Meet Evan

In September 2023, having graduated from a Supported Internship, Prince Charles Hospital Pharmacy was pleased to welcome Evan to the team as the first ever Supported Apprentice in Cwm Taf Morgannwg University Health Board and NHS Wales.

As part of the apprenticeship, Evan will be fully supported by the Learning and Development team and training provider (Talk Training) to complete a Customer Service Level 2 qualification alongside his permanent role.

The qualification not only supports Evan in acquiring new skills to carry out his role, but we hope starts him on a life-long journey of continuous professional and personal development



Promoting diversity in the workplace: key campaigns

Hiraeth



This initiative is designed to honour Welsh culture and enhance awareness of Welsh Language Services throughout our Health Board.

Through various activities and initiatives, we've worked to instigate a cultural shift where every individual feels a sense of belonging. By integrating the campaign into broader inclusion initiatives, such as Women's History Month and OD&I events, we strengthen our commitment to diversity and equity in the broadest sense.

Our desired outcomes include not only an increase in the use of Welsh language in the workplace and higher participation rates in internal language courses, but also measurable engagement metrics and changes in confidence levels. Ultimately, we seek to create a workplace where every individual, regardless of background, feels valued and respected and this is reflected in the services and care we offer our patients.

Cultural Competence



Our commitment to diversity and inclusivity extends to us working towards accreditation by the Diverse Cymru Cultural Competence Certification Scheme.

This initiative aligns well with our aim to create a workplace in which everyone can thrive. By prioritising cultural competence, we strengthen relationships with our patients, foster innovation, and ensure compliance with legal and ethical standards. Completion of the certification process will not only demonstrate our commitment to diversity but also provide a framework for continuous improvement in cultural competence.

The certification scheme focuses on enhancing awareness, knowledge, and skills in working effectively with diverse populations.

Moving forward, we will continue to monitor and evaluate the progress of these initiatives, striving to create a workplace that reflects our values.

Staff networks and wellbeing

We have appointed Executive Sponsors to each of our Staff Networks.

This year, we celebrated Staff Network Week with an awareness, education and engagement session on anti-racism, pronouns, and gender inequality, leading inclusively and reasonable adjustments. Since that week, we have seen an increase in engagement and attendance at inclusion events.



ACCESS is an acronym that stands for: Access Considerate Care Experience Services Support. We welcome staff with a range of accessibility needs: Neurological; sensory; physical and anyone with a special interest in others with these protected characteristics and our network has been established to a positive and safe culture where everyone can thrive.



The **Women's Equality Network** supports the organisation in gaining a greater understanding of gender equality issues through members' lived experiences. These may intersect with people who share protected characteristics and backgrounds – an intersectional disadvantage.



The **Race Equality Network** supports Cwm Taf Morgannwg University Health Board's ambition to develop a positive and safe culture where all colleagues in CTM can flourish, and thrive and where everyone can be at their best.



Ffrindiau LGBTQ+ Network (Ffrindiau means 'Friends' in Welsh) was originally founded in 2017 and represents the lesbian, gay, bisexual, trans, and minority sexual orientations, gender identities, expressions, and sex characteristics both within Cwm Taf Morgannwg University Health Board and our hosted organisations.

Wellbeing

As a Health Board, we are acutely aware of the pressures and challenges faced by our workforce, both in and outside of work. Our Employee Wellbeing team provides emotional, physical and financial wellbeing services to all staff at CTMUHB.

The team provides an evidenced-based, stepped care preventative and interventive approach to promote positive emotional staff wellbeing and supports those staff who may be struggling. In response to a Wellbeing Survey, we launched a new Navigating Tough Times initiative: The impact of stress workshop in October 2023 and Navigating Tough Times eight-week therapy course for people struggling with stress and burnout in November 2023.

Average referral rates to the Employee Wellbeing Service in the period February 2023 to January 2024 were over 55 per month. Our clinical outcome data demonstrates that, on average, 71% of staff report a decrease in their levels of distress.

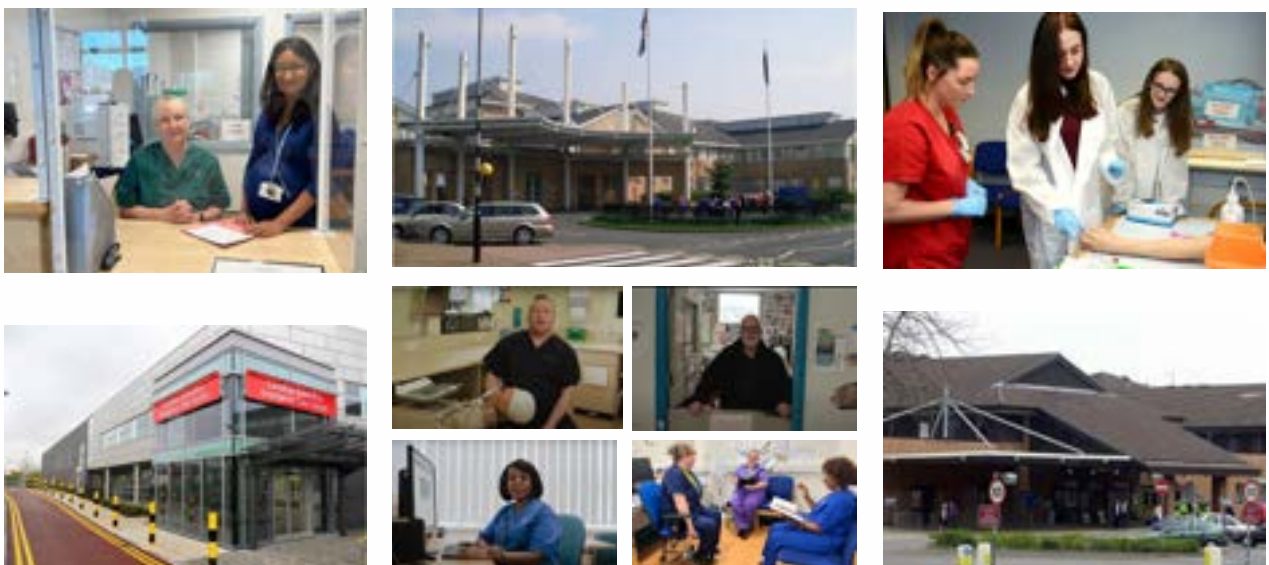


In addition, the team have:

- Developed new training for managers and updated our Wellbeing Supporter training package.
- Facilitated the Big Team Challenge, encouraging colleagues to increase physical activity.
- Supported Menopause Roadshows and met with over 180 colleagues.
- Undertaken a comprehensive literature review relating to staff wellbeing and employee experience.

The second year of the Strategic Equality Plan will continue to see collaboration across the organisation and progressing towards an inclusive culture within CTMUHB: one in which everyone can thrive. We will strive to make EDI integral to how we all work, growing our relationships with partners, communities and the wider NHS in Wales to build capability and resilience.

We will continue to review and mature our plan, improving how data supports and evidences our work. We also develop more awareness and education of EDI across teams and services. To help, we will continue to promote awareness, provoke thinking and provide challenge through Equality and Welsh Language Impact Assessments (EWLIAs), listening to our staff, service users and other stakeholders to ensure decisions are considered, and change is meaningful.



Acknowledgements

We would like to acknowledge and thank the hard work of all of our colleagues in Cwm Taf Morgannwg University Health Board. This includes the support from our Staff Networks, Executive team and Board, Public Health and Corporate Nursing teams. An additional thank you to Diverse Cymru and our colleagues across NHS Wales for their ongoing teamwork and support.

Contact us



OD&I_CTM@wales.nhs.uk



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Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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

This report provides an update to the Board on relevant matters in my capacity as Chair of the Health Board. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.

This overarching report also highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

In the past few weeks the Cabinet Secretary for Health and Social Care publicly confirmed the improvements and outcomes we have secured in recent months. Our Child and Adolescent Mental Health Services has been de-escalated from level 3 (enhanced monitoring) to level 1 (routine arrangements), and in planned care and cancer we have been de-escalated from level 4 (targeted intervention) to level 3 (enhanced monitoring).

We all know that our system continues to face significant demands and risks to the sustainability of services. We know there is rightly a high level of public interest in how quickly we provide treatment to those who have been waiting too long. In recognising these challenges I don't want us to forget the enormous strides we have taken to improve a range of services resulting in positive outcomes for our population. I know I speak for the whole Board in thanking all our staff for their effort and creativity in continuing to deliver for our patients and their families.

In addition to the recognition of what we have achieved I am excited by our ambition for this year, to make progress in setting out a new model for primary and community care, designing an Acute Clinical Services Plan that improves patient outcomes and improves efficiency along with progressing at pace the Llantrisant Health Park, and investing in local services to help people live healthier lives. These actions help us to meet our CTM2030 strategy in building a healthcare system that is more aligned to creating services closer to people, delivering innovation at scale, and improving population health.

In support of this I want to thank all Board members for the collective effort in building our IMTP 2025 – 2028 and our budget priorities for this coming year which will support the ambition of the Board across a range of activities, not least the need to make a transformational shift in digital. We have an ambitious and exciting year ahead!

2.2 Independent Member Update

I am delighted to advise the Board that following the recent recruitment process for an Independent Member, the Cabinet Secretary has approved the appointment of Neil Mesher as an Independent Member of Cwm Taf Morgannwg University Health Board. Neil has accepted the position, with an agreed start date of 1 April 2025.

Neil has been a Non-Executive Director at Cardiff-based MyHealthChecked since 2017, and at Life Sciences Wales since 2023. I would like to congratulate Neil on his appointment and I am sure you will all be looking forward to welcoming Neil to the Board.

2.3 Associate Board Member Update

Anne Morris' term as Chair of the Stakeholder Reference Group and as an Associate Member of this Board ends on 30 April 2025. I would like to take this opportunity to place on record my thanks to Anne for her service to the Health Board and the communities which we serve and wish her well for the future.

The Stakeholder Reference Group met on 14 March 2025 to elect a new Chair. I am pleased to advise that Cllr Paul Deenik was elected to this position. As per the Standing Orders, pending Board approval, which is set out in a separate paper, Paul will become an Associate Board Member.

During my time as Chair, we have been pleased to have the service of three Associate Board members: Anne, Lisa and Sally. It has recently been brought to my attention that our Standing Orders allow us to have four Associate Board Members. I would like us as a Board to recruit a fourth Associate Board Member and for that person to come from a Primary Care background with sufficient expertise and authority in that area and add value to our Board discussions. The Corporate Governance team have worked with officials at Welsh Government and have received Cabinet Secretary approval to go ahead and recruit for a fourth Associate Board Member. I hope to update you all on the progress of this recruitment in the coming months.

2.4 Board Development Session – 20 February 2025

The Board Development session covered the following:

- **Development of IMTP 2025-2028** – The Board Development session focussed primarily on the development of the Health Board's Integrated Medium Term Plan (IMTP) for 2025 – 2028 and the budget for 2025/26. The Board discussed a plan to address the requirements set out in the planning framework and the challenges the Health Board face in the next financial year.
- **Board Member Tour of Princess of Wales Hospital** – Board Members were invited to attend a tour of the Princess of Wales

Hospital site to review progress being made to repair the hospital roof.

2.4 Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- Leadership Group
- CTMUHB Public Board Meeting and In Committee Board Meeting
- Visit to Princess of Wales Hospital (POW)
- Introductory meeting with Pippa Britton, Public Health Wales
- Meeting with Julian John, MIND
- WNHSC Management Committee Meeting
- Regional Partnership Board (RPB) Leadership Forum
- Social Prescribing Working Group
- CTM Regional Partnership Board
- Visit to Cae Fadde with South Wales Police Commissioner
- Public Health Wales Advocacy Meeting
- Independent Member Interviews
- Director of Strategy and Transformation Interviews
- Climate Emergency Leadership Day
- CEMT NHS Service Delivery Planning Day
- Meet with Internal Audit
- Meet with Dave Thomas, Audit Wales
- Local Partnership Forum
- Ministerial Visit to Princess of Wales Hospital (POW)
- Bevan Commission Summit
- Independent Member Appraisal Meetings

Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

- **Renewal Lease to an existing Lease between Cwm Taf Morgannwg University Health Board and Rhondda Cynon Taf County Borough Council** - relating to Land at the Former Ambulance Station Site, Brynteg Terrace, Trealaw.
- **Section 33 National Health Service (Wales) Act 2006 Partnership Agreement between Cwm Taf Morgannwg**

University Health Board and Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council and Bridgend County Borough Council - relating to Integrated Community Equipment Services (ICES).

- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and BECT Building Contractors Ltd whose Registered Office is at Unit 22 Waterside Business Park, Cardiff, CF3 2ET** - relating to refurbishment works of x-ray room (following removal of x-ray machine and services by others) and two changing rooms at the Radiology Department at Ysbyty Cwm Rhondda.
- **Consultancy Agreement between Cwm Taf Morgannwg University Health Board and James & Nicholas LLP of Grove House, Grove Place, Port Talbot, SA13 1XA** - relating to roof replacement and various works at Princess of Wales Hospital refurbishments of Wards at Ysbyty George Thomas and Ysbyty Cwm Cynon.
- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd whose registered office is Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL** - relating to the electrical periodic inspection and addressing of subsequent remedial issues at Princess of Wales Hospital as identified within the "Specification for Electrical Systems" at the Princess of Wales Hospital
- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and PJ Saunders Limited whose registered office is Unit 9 The Beeches Industrial Estate, Talbot Green, CF72 9DY** - relating to upgrade to radiology suite and associated works to support installation of new x-ray machine at Maesteg Community Hospital.

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

3.2 Chairs Urgent Action – Charter for Families Bereaved by Public Tragedy

Under Chairs Urgent Action, issued via email on the 10 March 2025, the Board were asked to approve the Charter for Families Bereaved by Public Tragedy, following recommendation that the CTMUHB adopts the charter as a public body and a category one responder under the Civil Contingencies Act (2004).

The Board resolved the following:

- **APPROVE** the adoption of the Charter for Families Bereaved by Public Tragedy.



4. Assessment

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

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

<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1** Members of the Board are asked to:
- 5.2 NOTE** the report.
- 5.3 RATIFY** the Affixing of the Common Seal as captured in section 3.1
- 5.4 RATIFY** the Chairs Urgent Action taken to APPROVE the Charter for Families Bereaved by Public Tragedy



Agenda Item

4.1.1

CTM Health Board

Stakeholder Reference Group Chair

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Stakeholder Reference Group	14/03/2025	Endorsed

Acronyms / Glossary of Terms	
SRG	Stakeholder Reference Group

1. Situation / Background

- 1.1 The Stakeholder Reference Group's (SRG) role is to provide independent advice on any aspect of LHB business. This may include:
- Early engagement and involvement in the determination of the LHB's overall strategic direction;
 - Provision of advice on specific service proposals prior to formal consultation; as well as
 - Feedback on the impact of the LHB's operations on the communities it serves.
- 1.2 The tenure of the chair will cease at the end of April 2025 and the SRG was informed of the requirement to appoint a new chair. Expressions of interest/nominations were requested from the group.

2. Specific Matters for Consideration

- 2.1 An extraordinary meeting of the SRG was held on Friday 14th March to consider the nominations received for the chair of the group.
- 2.2 The group received a single nomination for Paul Deenik, Town Council Representative to take up the role of chair and a description from the nominee of their background and interest in the role was shared with Members.
- 2.3 There was unanimous support from members present at the meeting for the nomination received. For a number of colleagues who were not able to be present at the meeting, a follow up e-mail was issued requesting confirmation from these members that they were happy to support the nomination.
- 2.4 From both the Extra Ordinary meeting held on the 14 March 2025 and the subsequent follow up email, endorsement was received from 12 out of 32 voting members, which equates to one third of the membership.

3. Key Risks / Matters for Escalation

- 3.1 This update is provided to the Board for the Board's consideration of the nomination for SRG chair and confirmation that this has been endorsed.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:



Link to CTMUHB Strategic Goal(s)	
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well If more than one applies please list below: All strategic areas may be considered by the SRG.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: All domains of quality may apply to the items considered by the SRG.
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): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for this item, however the SRG has a role in ensuring access and

	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	equality issues are considered.
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 requested to consider the process for confirming a new chair for the SRG and to ENDORSE this appointment.

6. Next Steps

- 6.1 Subject to Board endorsement, a recommendation will be submitted to the Cabinet Secretary seeking their approval on this nomination.
- 6.2 Once approval has been received from the Cabinet Secretary the new chair will take up their role in May 2025.



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	
ACCIA	Advisory Committee on Clinical Impact Awards
ACSP	Acute Clinical Services Plan
CAMHS	Child and Adolescent Mental Health Services
IQPD	Integrated Quality, Performance and Delivery
PPL	Private Public Limited

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

In line with the NHS Wales oversight and escalation arrangements, the Cabinet Secretary considers the status of each Health Board at least twice a year via a tripartite meeting (Welsh Government, Health Inspectorate Wales and Audit Wales). Following the recent meeting, held in February, the Cabinet Secretary announced a positive change to our status on 12 March via his Senedd statement.

I am pleased to inform the Board that our Child and Adolescent Mental Health Services (CAMHS) has been de-escalated to 'routine arrangements'. This follows an extensive programme of work aimed at reducing the part 1a, 1b and part 2 waiting times and I am pleased to report this has been sustained for a number of months and compliance remains above our trajectory. I would like to thank our Mental Health and Learning Disabilities care group for their efforts in achieving this critical milestone and the improvements this will bring for patients and families in CTM.

In addition, I am delighted to report that planned care and cancer services have also been de-escalated from 'targeted intervention' to 'enhanced monitoring'. This follows a targeted programme of work, led by the Planned Care care group focused on key specialties with the largest number of long-waiting patients for elective treatments/procedures and diagnostics and treatment for cancers. This significant achievement has been delivered despite the disruption to the elective care programme caused by the critical incident at Princess of Wales hospital which has reduced our theatre capacity significantly across the Health Board. I would like to thank the Care Group and Gethin Hughes for their hard work and commitment to achieving this improvement.

A summary of our revised status is summarised in the table below:

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	No change
Performance: Planned Care	Targeted Intervention	Enhanced Monitoring

Performance: Cancer	Targeted Intervention	Enhanced Monitoring
Performance: Urgent and Emergency Care	Targeted Intervention	No change
Performance: Child and Adolescent Mental Health Services	Enhanced Monitoring	Routine Arrangements

Going forward, the key focus will be aimed at reducing waiting times in our emergency departments and driving down the delays in handover of patients from ambulances into our hospital departments with an aim of reducing this level of escalation. With regard to Planning and Finance, Welsh Government have fed back that organisations' escalation in this area will be reviewed again in May/June once the plans for the coming financial year have been submitted and reviewed.

In line with the escalation framework, our performance improvement programme of work for planned care and cancer will be monitored via monthly Integrated Quality, Performance and Delivery (IQPD) and urgent and emergency care will be the sole focus of the oversight meetings with Welsh Government colleagues.

2.2 National Clinical Impact Awards

The Advisory Committee on Clinical Impact Awards (ACCIA) advises health ministers on the award of clinical impact awards to consultants working in the NHS. These awards, which are applied for by consultants, are designed to recognise exceptional performance, excellence in clinical care, research, innovation and contribution to the clinical community.

I am pleased to inform the Board that two of our clinicians have been awarded Clinical Impact Awards for the work they have delivered in the CTM area and across Wales.

Dr Sinan Eccles, Consultant in Respiratory Medicine, has been recognised for his work leading the Lung Cancer Wales pilot which has demonstrated a significant impact on the early diagnosis and therefore treatment of lung cancers across all of Wales. Sinan has been instrumental in delivering this pilot in CTM and leading the work across Wales to adopt this vital screening programme.

Ms Zoe Barber, Consultant Breast Surgeon, is recognised for her efforts in centralising Breast services and the huge impact this has had on improving the quality of service whilst significantly reducing waiting times for our population.

I congratulate both Zoe and Sinan on their achievements and thank them for their continued efforts to improve care and outcomes for our patients.

2.3 Acute Clinical Services Plan update

As part of our CTM 2030 strategy we are developing our Acute Clinical Services Plan (ACSP). This plan will consider the future model of services for our hospitals including our community hospitals and acute mental health facilities. It will change and improve the way we provide NHS services in Cwm Taf Morgannwg, making sure we use our resources, expertise and support to our staff to provide safe, effective care so that we can meet the needs of all those in our communities in the future.

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

Since the last update, we have successfully procured support from Private Public Limited (PPL) who are supporting the health board to consider potential future models for our acute medical services, which are a critical aspect of our ACSP. PPL representatives have been working closely with members from the Unscheduled Care Group to understand how our services currently run and consider the emergency changes as part of the work to the roof at POW to inform the potential future service reconfiguration.

CTM has also successfully appointed to the role of ACSP Programme Director, with Dr Atif Ali commencing the role at the start of February 2025. Atif has a wealth of experience of undertaking similar large transformational programmes in both the UK and abroad. His focus to date has been centred on refreshing the governance arrangements and establishing a timeline for delivery for the programme.

2.4 Linda Prosser, Executive Director of Strategy and Transformation

As colleagues will be aware, in April, Linda Prosser will be retiring from the NHS following a distinguished 45 year career. Linda, a physiotherapist by background, has served as our Executive Director of Strategy and Transformation since 2021, following an extensive career across NHS organisations in England. Today marks Linda's last board meeting before she retires from the NHS in April.

I would like to express my thanks to Linda for the significant contribution she has made to the Board, the executive team and the wider organisation during her time with CTM. She has also played an important role in developing our relationships with key partners in local authorities, the voluntary sector and neighbouring health boards. We have all benefited significantly from Linda's expertise, experience and skill and we will all miss her when she leaves.

On behalf of the entire organisation, I want to extend our gratitude and wish Linda a long and happy retirement.

2.5 Executive Director of Strategy and Transformation role

I am pleased to say that following an extensive recruitment process, we have appointed Claire Thompson to the post of Executive Director of Strategy and Transformation. Claire is currently the Chief Officer, Improvement and Partnerships, at Great Western Hospitals NHS Foundation Trust and has worked in strategy, commissioning and operational roles for many years around the Bristol area. Claire brings a wealth of experience to this role and we look forward to her joining CTM later this year.

2.6 Seren awards

I've been pleased to present two further Seren of the Month Awards since my last report to the Board.

Most recently, in January, our winner was Martyn Bird, Health Care Assistant.

Martyn was nominated for his dedication to patient care, their experience and demonstration of our CTM values in all aspects of his work.

"Martyn has been a Health Care Assistant for many years, he is very much loved by patients and staff. The care and kindness Martyn shows to everyone especially the patient's goes above and beyond surpassing all his duties. Martyn would spend time with the patients speaking to them and when needed giving reassurance when they are stressed or worried. Even though Martyn's duties are quite intense, Martyn would never show this to the patient and rush them, he will always stay and talk to them until they are put at ease.

It is known that quite often if the patient is in need of something in particular for example toiletries or squash, when Martyn comes on duty the following day these items appear on the patient's locker, he just gives them to the patient and not tell everyone what he has done if it was not for the patient sometimes telling the staff how kind Martyn is nobody else would know.

Martyn will always help and assist his work colleagues, if he can see that they are busy and he is available he will just join in with them without them asking for help. Martyn would never differentiate Nursing staff to all other staff on the ward, he will help and assist everyone from helping issue the dinners out to patient's and It has been known that the domestics were short staffed and was late bringing the linen trolley around. Martyn was seen pushing a linen trolley from downstairs to the ward so that there was enough bedding to keep the patient comfortable. These are just a few acts of kindness that Martyn shows in his everyday working life."

December's Seren winner was Alexandra Thomas, Chief Biomedical Scientist.

Alexandra was nominated for her hard work, dedication and commitment recognised by many of her colleagues.

"The last few months have been a difficult period for Microbiology, in particular the Virology service. Alex has worked extremely hard to maintain a safe service for our patients, picking up extra work, covering for colleagues during their absence and turning up every day with a positive, can-do mindset. She has been supportive and kind to all of her colleagues and has been the glue that has kept everyone together through a challenging year. Thank you Alex, you are amazing."

I congratulate Martyn and Alexandra on their awards and thank them for their contributions to our organisation.

3. Key Risks / Matters for Escalation

There are no key risks or matters for escalation.

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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb 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: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

Agenda Item

4.3

CTM Health Board

Princess of Wales Hospital Roof Incident – Internal Review

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts, Director of Corporate Governance / Board Secretary
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
A commitment to undertake this work was given at the November 2024 Board meeting.	28/11/2024	Commitment to work being undertaken given by CEO and Chair.

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
POWH	Princess of Wales Hospital

1. Situation /Background

- 1.1 On 14 June 2018, the then Cabinet Secretary for Health and Social Services, Vaughan Gething MS, announced that from 1 April 2019 the responsibility for providing healthcare services for people in the Bridgend County Borough Council area would move from the former Abertawe Bro Morgannwg University Health Board (ABMUHB) to the former Cwm Taf University Health Board (CTUHB).
- 1.2 At the date of the transfer on 1 April 2019, the two former health boards: ABMUHB and CTUHB ceased to exist. These were replaced with two new health boards: Swansea Bay UHB, serving the populations of the City and County of Swansea and Neath Port Talbot County Borough Council; and Cwm Taf Morgannwg University Health Board which serves the populations of the County Boroughs of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.
- 1.3 As agreed by both the legacy health boards, a Joint Transition Board (JTB) was established as a committee of each health board to oversee the implementation of the boundary change.
- 1.4 The membership of the JTB included the Chairs and Chief Executives of each health board, an Independent member from each health board, Executive Directors and key officers as required. Colleagues from Bridgend County Borough Council (CBC) were also represented on the group, and a representative from the Wales Audit Office (WAO) also attended in an observer capacity.
- 1.5 Part of the JTB role was to oversee the transfer of assets (including estates) from ABMUHB into a newly formed Cwm Taf Morgannwg University Health Board.
- 1.6 The biggest and most significant asset being transferred was the Princess of Wales Hospital which had been built during the 1980s to replace the former Bridgend General Hospital. POWH had been officially opened in June 1986, so was already over 30 years old at the time of the transfer.
- 1.7 As part of this review I have reviewed the Legacy Statement presented to the JTB at its meeting on 23 April 2019. With respect to the POWH estate the following issues were noted:
 - Fire Safety Enforcement Notice issued on 27 December 2018 for First Floor Theatres in PoWH. Exchange of correspondence between ABMUHB and CTUHB CEOs prior to 31 March 2019 citing that there were plans to complete all actions within the Enforcement Notice by the 31 March 2019.
 - Separately a survey completed as a requirement of the Enforcement Notice also identified the omission of fire dampers in the Theatre ventilation systems and formed part of the rectification works.

- Fire Safety Inspection visit on 28 March 2019 identified fire safety risks in the Endoscopy/Lung Function Department at POWH relating to the fire detection system and fire resisting doors.
 - HSE Improvement Notice issued on 25 January 2019 following the investigation of an electrical safety incident in October 2017 on Ward 18, POWH in relation to a dynamic air mattress. Target compliance date is 29 March 2019. A letter dated 29 March 2019 to HSE confirmed an action plan was in place.
- 1.8 Following the transfer, a fire incident in the POWH kitchens revealed that the hospital's fire alarm system was not functioning effectively and urgent work was required to address this
- 1.9 During 2019/20, the CTMUHB's fire safety team, estates and service users began to address actions identified on the Fire Enforcement Notice including below ceiling compartmentation, storage, staff training, and other operational issues to reduce the risk as low as practical. Outstanding requirements relate to the more complex above ceiling fire compartmentation requirements and a programme board has been in place and working to develop a deliverable and approvable scheme.
- 1.10 At the time of transfer there was no reference made to any significant concerns regarding the condition of the POWH roof in the legacy report presented to the JTB in April 2019.

2. The POWH Roof

- 2.1 Despite not being mentioned in the Legacy Report, prior to the transfer of the POWH, a four- facet survey of POWH had been conducted in January 2019. This was undertaken by ABMUHB and the survey report was shared with the new CTMUHB.
- 2.2 This survey appears to have incorrectly identified the Phase 1 roof as dating to 1990, but the available source records show that commissioning was in 1985. The Phase 1 roof was identified within the significant, rather than high, risk category and the detailed schedules references that the 'rough finish concrete tile roof covering' has 'external moss build up' which may leave tiles 'prone to capillary action'. It also notes that 'all rain water goods are blocked and prone to failure, with damage to the associated soffits'; again, this is included as a significant, rather than high, risk.
- 2.3 As part of the review I discussed with the Executive Director of Finance and Estates issues around the original design of the roof and what original documentation was available to review from the 1980s. Unfortunately, it transpires that the Estates team, despite their best efforts are unable to locate original drawings or other prime documentation from the time of

hospital's design and construction. This limits the full understanding of what was known at the time of construction about the issues recently identified.

- 2.4 It is also noted that the Princess of Wales Hospital came into the Health Board into a Capital and Estates Team that was largely led by staff working within the former Cwm Taf region of the Health Board and that there had also been some difficulty in retaining a Head of Estates on the Princess of Wales Hospital site.
- 2.5 Following the transfer, some significant issues emerged that had not been identified through the four-facet survey. Including the issue in relation to the fire alarm system as described in paragraph 1.8 as well as issues with the water supply on site.
- 2.6 The legacy backlog maintenance figure for POWH at that time was circa £20m (£32m including on costs) with a further £10m (£17m including on costs) for years 2020-24.

3. CTMUHB Spend

- 3.1 Since CTMUHB took on responsibility for POWH in April 2019, the health board has invested approximately £13 million in the site, prioritising those high risk works that were most critical to safety and had been highlighted in the Legacy Report. This included works to the fire alarm systems electrical infrastructure, ventilation and essential support systems. During 2024-25, the health board's plan was to spend an additional £4.5m above the discretionary allocation (EFAB and targeted backlog) prior to the emerging roof replacement programme.
- 3.2 The health board has also spent approximately £15m capital updating vital service equipment and digital infrastructure in the Bridgend area since the transfer, this has included fire alarm, electrical, ventilation and essential support systems updating systems and ensuring that legacy systems are harmonised with those of the former Cwm Taf locations.
- 3.3 Owing to the ongoing challenges currently being faced by the public finances everywhere, capital funding for NHS Wales organisations has been constrained over recent years. Any major capital schemes (classified as anything over £1m) are also subject to a separate Welsh Government business case approval and allocation process.
- 3.4 The health board operates three acute care district general hospitals as well as 11 other hospital sites which include community hospitals and other settings at which different levels of clinical services are provided, so its estate is significant. The total annual Discretionary Capital allocation for the entirety of the health board estate and digital schemes is only between £8m-£10m per annum and the health board has a challenging job of

carefully planning and prioritising its limited discretionary capital allocation across the entirety of its estate.

4. Surveys

- 4.1 Following some water ingress issues during the winter of 2023/24, the health board commissioned a non-intrusive roof survey. Surveyors were instructed to carry out a visual inspection of the roofs at the Princess of Wales Hospital site in Bridgend, and to advise on their condition, defects and recommendations for repair. The survey reported in April 2024.
- 4.2 The survey identified urgent works to roofs within the site, with some flat roofed areas and modular buildings being identified as a priority. An element of these works was incorporated into the health board's Capital Plan following approval of additional Welsh Government Capital funds to address high risk backlog maintenance.
- 4.3 It is important to recognise that the POWH was built in phases, with a mixture of tiles pitched roofs and flat roofed structures. In terms of the Phase 1 tiled roof, the survey identified some issues arising from deficiencies in long term maintenance. The survey also highlighted that the roof tiles used usually have a manufacturer's guarantee of 25 years from the date of installation and the life expectancy is considered to be in the region of a further 10-15 years, depending on the location, exposure and orientation. As Phase 1 was completed in 1985, the roof tiles are in the region of 40 years old and therefore technically are reaching the end of their useful life. Due to their age, the surface coating has deteriorated, exposing the concrete content of the tile to the elements.
- 4.4 The April 2024 report states:

The remedial works required, and the timescales will depend on the extent of the defects to the roof coverings and whether or not physical water penetration is currently occurring.

1. *Areas with no or minimal moss coverings to the external tiles – no immediate remedial works unless water penetration currently occurring. In the long-term, allow to replace;*
2. *Areas with medium moss covering and moss balls – leave as is unless water penetration is occurring. In the medium-term clean excessive moss carefully where scaffold access is provided for repairs to rainwater goods and future cleaning of rainwater goods;*
3. *Areas with heavy moss coverings – replace tiles in the short-term where scaffold access is available for repairs and cleaning of rainwater goods. The following areas are identified as the most urgent:-*

- (a) Y Bwthyn Newydd;
- (b) Day Care;
- (c) Pathology;
- (d) Children's Ward;
- (e) Cardiac;
- (f) Occupational Therapy (facing circulation road)

In the medium/long-term (5-10 years) we are of the opinion that further deterioration of the roof tiles will occur and a planned programme of replacement is recommended for all remaining pitched roofs.

We would recommend that an overlapping concrete tile with a smooth surface is utilised in order to reduce the suitability of the tile surface for moss growth and bird nesting.

- 4.5 Replacement of the roof tile sections was set in a 5–10-year timeline and the survey did not identify the significant deterioration in the roof battens. This was because it was a non-intrusive survey.
- 4.6 Non-intrusive surveys are recommended as an effective and agile way of surveying sensitive buildings where noise, damage and dust are not feasible and are widely used in hospital settings. The option for an intrusive survey does exist but the health board has consistently undertaken non-intrusive surveys which is the usual practice also applied by other NHS organisations across the UK. Alternatively, an intrusive survey would have included cutting into the roof itself and potentially causing more disruption so the risks and benefits of doing so would need to be carefully weighed up.
- 4.7 The health board's Capital Plan for 2024-25 included £0.5m for the most urgent remedial works, with a further £0.5m request also lodged against any available WG slippage funds.
- 4.8 Ongoing issues in September 2024 with rain water entering the building prompted a full structural survey of the roof of the main building. The health board received a detailed report on 9 October 2024 which revealed serious deterioration to the Phase 1 roof that will require a substantial programme of replacement.
- 4.9 On this occasion, the issues identified were found to be more serious than water ingress and blocked gutters. Much of the roof of the hospital was constructed 40 years ago (Phase 1), and techniques and materials have improved considerably in that time. The most striking detail identified by this most recent survey being that the roof design did not provide for ventilation and this has led to the wooden roof battens, which support the concrete roof tiles, rotting. The structural survey identified that large portions of the roof coverings are unrestrained and not fixed as originally designed.

- 4.10 The roof was constructed using tiles that are reaching the end of their usual life. The previous April 2024 roof survey had suggested a timeframe of a further 5-10 years for replacement but as previously described that survey was not intrusive and did not therefore identify the batten loss/decay under the roof tiles.
- 4.11 Consequently, the health board was not aware of the significant issues with the Phase 1 roof integrity prior to the work that was undertaken to investigate the autumn 2024 leaks.
- 4.12 The extent of the deterioration of the roof battens, beneath the tiles, was only identified when it was necessary to lift these tiles. It is the roof integrity issue, linked to rotting of the battens, and associated safety risks which prompted the urgent decant.
- 4.13 The tiled roof has a low pitch and a lower tile overlap than would be expected in a modern construction resulting water ingress where tile damage has occurred over time.
- 4.14 The Structural Survey report says:

The structure that supports the concrete roof tiles has become weakened due to the wholesale decaying of the roof battens; this is likely to have occurred over a forty-year period due to the non-existence of ventilation within the roof construction. There is a real possibility that the concrete tiles could collapse and fall through the roof void. This risk is magnified going into winter, as there is a possibility of an imposed wind and snow loads on to the roof."

There is no barrier between the concrete roof tiles and the clinical spaces below other than a 40-yearold membrane, if a tile becomes dislodged and falls through the roof void, there is nothing to stop the tile landing in a clinical/non- clinical area other than the membrane and the suspended ceiling. If one tile were to fall, it would be conceivable that this would be followed by a sequential collapse of tiles. These tiles are structured by their self-weight, relying on support from roofing battens and a plastic clip system that is no longer functioning.

We would recommend that an action plan is urgently developed to remedy this scenario going into the winter, it is a fact that large portions of the roof coverings are unrestrained and not fixed as originally designed. In addition to this, the risk to the perimeter of the building also needs to be considered. There is a risk of the tiles becoming dislodged and falling into the public thoroughfares. Localised uplift or gusting during the winter period, or a prolonged deluge of rain or a substantial snow load could dislodge these tiles and instigate a collapse.

- 4.15 The report recommended that an action plan should be urgently developed to mitigate the risks identified going into the winter months, because large portions of the roof coverings are unrestrained and not fixed as originally designed. The report further noted the risks to the perimeter of the building also needed to be considered. The report identified a risk of the tiles becoming dislodged and falling into the public thoroughfares. Moreover, localised uplift or gusting during the winter period, or a prolonged deluge of rain or a substantial snow load could also dislodge these tiles and instigate a collapse.
- 4.16 The Estates and Capital team rapidly developed a capital business case for submission to Welsh Government for the replacement of roof covering, Fire Enforcement Notice and Electrical upgrades at Princess of Wales Hospital.
- 4.17 The full Board considered this business case at an in committee session on 31 October 2024. The business case was received in closed session due to commercial sensitivities. The business case was approved at this meeting for onwards submission to Welsh Government for approval.
- 4.18 Subsequently, Cabinet Secretary was granted and the health board has entered into a contract for the works and works are now on-going.

5. Risk Management

- 5.1 Estates risks at the health board have been managed at an operational level, being identified, assessed, and escalated in accordance with the well-established approach to risk management. The Risk Management Strategy allows pertinent risks to then be escalated through to the Corporate Risk Register if rated greater than 15.
- 5.2 Prior to the issues raised as a result of the roof at POWH, the Organisational Risk Register did not highlight any specific risks pertaining to estates. Whilst risks have been routinely captured and recorded at an operational level, significant estates risks have not been given board level priority reflective of the significance/ materiality.
- 5.3 In March 2024, the Welsh Government, recognising the limited funding available for NHS Wales bodies, wrote to each body looking for information regarding the risks each body faced with respect to estates. In an attempt to ensure that the limited resources were directed to areas which pose the highest risk to business continuity and to ensure healthcare services are not interrupted or affected in any way.
- 5.4 The health board sent its submission back into Welsh Government in March 2024. The submission of risks included 36 risks specific to the POWH site. This included a risk around the roof which was set out as follows:

Significant roofing issues have been experienced over the last number of months affecting patient care and impacting bed management.

If the issues and defects that have been experienced recently continue then this will seriously affect patient care and bed flow, it will also present a H&S risk to patients from falling ceiling tiles.

5.5 The mitigating action was described as:

Temporary repair works undertaken to address worst areas. Significant issues were experienced in November 2023 where a number of patient bed spaces were affected and were unable to be used. Which resulted in increased bed pressures.

5.6 At that time the first 2024 of the POWH roof was underway.

5.7 On examining the risk register submitted at the time the health board identified higher risks scored risks for that time including the importance of addressing the ongoing fire notice. Following a review of the audit of the fire safety arrangements by an authorised inspector on 25 November 2024, the Enforcement Notice, dated 5th April 2019 and numbered EN4/19 has now been withdrawn.

5.8 The health board has also sought to address issues with relation to the electrical supplies to the maternity and neonatal units for which funding had been approved and has resulted in the temporary closure of those services in the autumn of 2024.

5.9 During the 2024-25 financial year, the health board has received additional capital allocations from Welsh Government. The Estates Funding Advisory Board (EFAB) funding is a Government targeted improvement programme intended to assist NHS organisations in Wales with investment to improve compliance, infrastructure, physical condition, Health and Safety risk and decarbonisation. CTM were awarded circa £7m and an additional £5.7m to address backlog and high risk issues.

6. Board and Committee Oversight

6.1 The condition of estates remains an ongoing issue across NHS Wales, as highlighted in several Health Inspectorate Wales (HIW) inspection reports. Health Boards throughout Wales, including CTMUHB, have a significant maintenance backlog and there are concerns that environmental issues are having an impact on patient experience and safety and these should be taken into account by health bodies going forward.

- 6.2 Specific concerns about the management of the Princess of Wales Hospital site were also raised at the HIW summit held in November 2024. HIW have questioned whether there is appropriate corporate governance in place to mitigate the risks associated with the NHS estate.
- 6.3 In 2022, Audit Wales raised concerns over the lack of Board oversight in relation to estates in the CTMUHB Structured Assessment, making the following recommendation:
- There is currently insufficient Board-level oversight of the condition of the estate and other significant related risks. The Health Board, therefore, should:*
- a) ensure there is regular reporting on estates-related performance indicators and risks to the Planning, Performance, and Finance Committee; and*
 - b) establish a clear process for ensuring appropriate cross-referral of estate issues which may have a significant health and safety impact with the Quality and Safety Committee.*
- 6.4 In its most recent report it states that this recommendation is complete and concludes that:
- The Planning, Performance & Finance (PP&F) Committee became responsible for oversight of the Health Board's estate last year. Our work this year indicates that the committee received an update on Estates performance at its meeting in February 2024.*
- 6.5 As part of this review I have revisited the information which was presented to the PP&F Committee in February 2024 and August 2024.
- 6.6 The most recently published (2022/23) National Estates Condition and Performance Indicators which measure the percentage of the estate which is in a reasonable standard and fall within estate code category B or above is noted in the table below. It shows the Cwm Taf Morgannwg reported position as a comparator against the other Health Board's in Wales.

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	94	94	84	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	68	74	64	74	93
CARDIFF & VALE UNIVERSITY HEALTH BOARD	55	86	87	69	97
CWM TAF MORGANNWG UHB	97	83	97	100	96
HYWEL DDA UNIVERSITY HEALTH BOARD	88	89	67	90	99
POWYS TEACHING LHB	67	80	72	71	86
SWANSEA BAY UNIVERSITY HEALTH BOARD	77	82	91	87	97
VELINDRE UNIVERSITY NHS TRUST	55	95	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	56	93	93	40	99

6.7 As can be seen from the diagram the health board's position compares favourably to other NHS Wales bodies in Wales, notwithstanding there remain issues to address.

6.8 Within the reports presented, the PP&F Committee were also apprised of issues specific to the Bridgend area within the report as follows:

Despite spending circa £20M which is a significant proportion of the available discretionary capital on the Bridgend hospitals since the formation of CTM several of the key emerging risks relate to issues at Princess of Wales and Glanrhyd Hospitals such as roofs, fire compartmentation and engineering infrastructure. Detailed survey work is presently on going on these sites, the conclusion of which will be reported at a future committee once all major issues are risk assessed and prioritised.

6.9 With the restructuring of Board Committees from January 2025 the responsibility for the monitoring of estates performance will transfer to the new Strategic Development Committee (SDC).

6.10 The restructuring of the committees also allows an opportunity to revisit how estates and facilities are discussed and where issues should be brought given different levels of interest at the SDC, Operational Delivery Committee (ODC) and the Health, Fire and Safety Sub Committee.

6.11 At Board level there has been a commitment to develop a strategic risk around estates and capital which will form part of the Board Assurance Framework (BAF). At the time of writing this remains in development but the intention is to recognise two distinct risks in this area:

Failure to:

- *Maintain a safe and fit for purpose estate infrastructure;*
- *Develop a fit for the future estate to reflect our future clinical service model*

6.12 The future and nature of the health board's estate will be an integral part of how the Health Board plans to deliver its services into the future.

6.13 The Board held a full discussion on the works at POWH at its November 2024 meeting, including referencing the work being undertaken on this review.

6.14 The Chair stated that it will be important for the Board to consider the rest of the Health Board's estate to determine whether there are any similar unknown underlying issues.

6.15 A full de-brief of how the critical incident was managed was also produced and shared with the Operational Delivery Committee in January 2025.

6.16 The health board is also fully co-operating with the Welsh Government Critical Review into this incident.

7. Conclusion and Reflections

7.1 The underlying issues with respect to the roof were not identified or communicated to CTMUHB at the time of transfer.

7.2 The review has also identified issues both with the accuracy (incorrect dates in the four facets survey) and the completeness (unable to locate original drawings) of the documentation in relation to the transfer of estates.

7.3 The health board prioritised those areas which had been brought to its attention during the transition and flagged as significant areas of risk at POWH. This included fire and electrical safety.

7.4 The underlying issues around lack of ventilation in the roof, which resulted in rotten battens could not have been identified at an earlier date without a full intrusive survey, which due to their disruptive nature are not normally viewed as suitable for hospital sites.

- 7.5 The health board has faced significant capital funding constraints but has made significant investment in the Bridgend area since 2019, while trying to balance issues it faces in respect of its estate and maintenance across the whole of the CTMUHB footprint.
- 7.6 There is currently a sharper focus on the visibility and corporate governance and oversight of estate issues both at a national level from HIW and Audit Wales and at a health board level. HIW have raised concerns across Wales and Audit Wales now plan to some focussed work on estates. Within the health board there was significant discussion at the November 2024 Board meeting in terms of the issues with the roof and the further commitments made at the January 2025 in terms of developing the strategic risks around estates and devoting a Board briefing session to discuss estates more substantively.
- 7.7 There are a number of reflections from which the health board can draw on as a result of this review:
- Retaining and safe storage of records and prime documentation – The review highlights that important documentation relating to POWH is no longer available. Further work may also be required to determine what other records are no longer available and a clear strategy on digitalising records, where possible, is taken forward.
 - Corporate memory of estates issues - There is less corporate memory with relation to the estates in that part of the Health Board's footprint – and consideration needs to be given whether further work is required to identify issues with assets from that area given the Health Board lacks the same amount of corporate memory that it has for its others sites from the legacy Cwm Taf area.
 - Adviser management - It transpires that information in a survey produced for a former Health Board and passed on to CTMUHB included inaccurate information. It remains important that appropriate quality assurance and review is performed for any estates based work which is undertaken by a contracted third party to ensure the accuracy of information.
 - Corporate Governance and Oversight - The Board has made a commitment to have further discussions on estates issues in the near future including a stocktake of its current estate to establish whether there are other underlying issues. These discussions as well as a consideration of estate risks management and visibility, will be held over the coming months, demonstrating the increasing importance the Board attaches to the effective management of its estate.
 - Future plans - As the Board looks to deliver its services in different ways in the future it will be important that it develops a holistic approach to its

management of estates. Such an approach could include space and environmental efficiency as well as real estate which could lead to increased opportunities to maximise outcomes.

8. 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	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<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? / Quality</i>	Yes: ☐	No: ☒
	Outcome:	Owing to the urgent nature of this item this a quality impact assessment has not taken place.

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
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: Given the urgency of the item it is not deemed necessary on this occasion.
Cyfreithiol / Legal	Yes (Include further detail below) The health board will now be required to use the funding allocated to it in line with the terms of the approval letter which has been allocated to the health board in under the Cabinet Secretary's authority in accordance with Section 58a of the Government of Wales Act 2006.	
Enw da / Reputational	Yes (Include further detail below) Failure to undertake the works in accordance with the terms of the approval including within agreed funding limits and	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) The requirements of the works have been set out and will now be closely monitored by the Programme Board.	

9. Recommendations

9.1 The Board is asked to:

- **NOTE** the review, including the conclusions and reflections.
- **SUPPORT** any further work required to address the issues raised – both internally and by outside stakeholders such as Welsh Government and Audit Wales.

Board Action Log

the action originated from	reference	Reference Page Number	m 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-nov-24	Open	In progress Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, this item will now be presented to the Board meeting taking place on 29 May 2025
25.07.2024	7,3		Board Assurance Framework	Review the risk score of Strategic Risk 5 - Delivery of a digital and information infrastructure to support organisational transformation.	Director of Digital	Director of Digital	26-sep-24	Open	Proposed for Closure Completed. While some reports have been withheld (likely to never be shared) the risk has been reviewed and the Director of Digital has advised he is content with the current level
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	In progress

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	In progress Focussed discussion taking place at the Board Development session being held on the 15 May 2025 in relation to the Board Assurance Framework, with particular focus being placed on Estates risks Further updates on progress on the works being undertaken at the Princess of Wales Hospital to be scheduled into the forward work programme
30.01.2025	3,1	Page 3	Listening & Learning Story	Multi-agency thematic review action plan to be shared with Board Members once it had been submitted to and accepted by the inspectorate.	Mental Health & Learning Disabilities Care Group Nurse Director	Chief Operating Officer	To be confirmed	Open	In progress Awaiting confirmation from the Care Group Nurse Director as to when this plan will be shared.
30.01.2025	5,4	Page 7	Board Assurance Framework	Focussed discussion on Estates and Capital risks to be held at the May 2025 Board Development session.	Assistant Director of Governance & Risk	Director of Corporate Governance/ Board Secretary	15.05.2025	Open	In progress Focussed discussion taking place at the Board Development session being held on the 15 May 2025 in relation to the Board Assurance Framework, with particular focus being placed on Estates risks
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	In progress The Chief Operating Officer has advised that this update will be presented to the May 2025 Board meeting
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	In progress The Chief Operating Officer has advised that this update will be presented to the July 2025 Board meeting
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	To be confirmed	Open	In progress This is in the process of being considered by the Executive Director of Strategy & Transformation
30.01.2025	6,5	Page 15	Primary Care & Community Development	Consideration to be given to including a GP in the Board structure, either as an Associate Member or as a co-opted Member	Assistant Director of Governance & Risk	Director of Corporate Governance/ Board Secretary	27.03.2025	Open	Proposed for Closure Update on next steps has been included in the Chairs Report which is on the agenda for the March 2025 meeting

Board Action Log

the action originated from	reference	Reference Page Number	m Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
25.07.2024	8,1		Integrated Performance Dashboard	Contact K Palmer outside the meeting to discuss the visibility at Board of the learning disability service.	Chief Operating Officer	Chief Operating Officer	28.11.2024	Closed	Completed Discussion held with K Palmer where it was agreed that the COO would review learning Disabilities to determine the information that should be shared at Board.
26.09.2024	7,1		Integrated Performance Dashboard	Ophthalmology plan to be shared with Board members at a future meeting	Chief Operating Officer	Chief Operating Officer	30.01.2025	Closed	Completed A Briefing Plan on Ophthalmology is being presented to the Operational Delivery Committee at its meeting on the 28 January 2025. This paper has been included in the documents folder on Admincontrol for all Board Members to view for information and awareness



Agenda Item

5.4

CTM BOARD

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	Cally Hamblyn, Assistant Director of Governance & Risk
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	February / March 2025	Reviewed and signed Off
Executive Leadership Group	17 March 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 In response to a recommendation captured within the Structured Assessment Report for 2024, the mitigating action plan for each Strategic Risk now has sections to identify the impact of any mitigation and the measure of success. It is considered that this has further strengthened the robustness of the report.
- 3.2 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.
- 3.3 In addition to updates significant changes have been made as follows:
- **Strategic Risk 1a – Sufficient Capacity to meet elective demand**
the risk score has been reduced from a 20 to a 16 in March 2025. The detailed update is captured on page 3 of Appendix 1, and includes improvements such as, progress made on >104 week waits, 2 mobile endoscopy treatment rooms opening in March 2025 etc.

- **Strategic Risk 10 - Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government,** the risk score has been reviewed and decreased to a 12 in March 2025 as during Month 10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position which is why the risk score has decreased from a 16 to a 12 this period.

3.3 Further to discussion at the January 2025 Board meeting the Board Development Session scheduled for May 2025, will be dedicated to risk with particular focus on reviewing the Strategic Risks escalated to the BAF and consideration of new risks relating to Capital and Estates and the Integrated Care Model. Any updates to the BAF arising from that discussion will be reflected in either the May or July iteration of the BAF depending on timings.

3.6 Assessment

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

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

4. Recommendation

5.1 The Board is asked to:

Approve

- The updates to the BAF Report for March 2025 as captured in Appendix 1.
- The changes outlined in Section 3 of this report.

5. Next Steps

5.1 Strategic Risks captured in the BAF will be reviewed at the Board Development Session in May 2025.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
1a	Sufficient capacity to meet elective demand Click Here for Risk1a	Improving Care 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	16 (C4xL5)	Risk score reduced from a 20 to a 16 ↓
1b	Sufficient capacity to meet emergency demand Click Here for Risk1b	Improving Care 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	20 (C4xL5)	No change to risk score this period ↔
2.	Ability to deliver improvements which transform care and enhance outcomes Click Here for Risk 2	Improving Care 	Executive Dir. Of Nursing, Midwifery / Executive Medical Director	Quality, Safety & Experience Committee Strategic Development Committee	16 (C4xL4)	No change to risk score this period ↔
3.	Sufficient workforce to deliver the activity and quality ambitions of the organisation Click Here for Risk 3	Sustaining our Future 	Executive Director of People	Operational Delivery Committee Strategic Development Committee	16 (C4xL4)	No change to risk score this period. ↔
4.	Community and Partner Engagement Click Here for Risk 4	Creating Health 	Director of Communications, Engagement & Fundraising	Strategic Development Committee	12 (C4xL3)	No change to risk score this period. ↔
5.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 5	Improving Care 	Director of Digital	Operational Delivery Committee Strategic Development Committee	16 (C4xL4)	No change to risk score this period. ↔
6	Risk Closed January 2025.					
7	Culture, Values and Behaviours Click Here for Risk 7	Inspiring People 	Executive Director for People	Strategic Development Committee	12 (C4xL3)	No change to risk score this period. ↔
8	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 8	Sustaining our Future 	Executive Director of Strategy and Transformation	Strategic Development Committee	16 (C4xL4)	No change to risk score this period ↔
9	Healthy Life Expectancy Click Here for Risk 9	Creating Health 	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	No change to risk score this period ↔
10	Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government Click Here for Risk 10	Sustaining our Future 	Executive Director of Finance	Operational Delivery Committee	12 (C4xL3)	Risk score reduced from a 16 to a 12 ↓ Target score met and therefore risk proposed for closure.

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

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

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

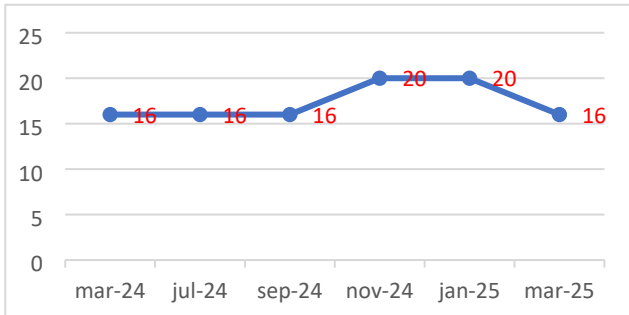
Target risk scores in *grey italic*

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

SECTION 3 – STRATEGIC RISKS

Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care			Risk score 16
Strategic Risk: Sufficient capacity to meet elective demand - (Risk No.1a)			
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

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: Risk score reduced from a 20 to a 16 in March 2025. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4 (5)	16 (20)	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i> - Progress made on >104 week 8 theatres across CTMUHB remain closed 2 mobile endoscopy treatment rooms opened 4th March 2025 4 Mobile theatres to open mid-April 2025 2 Prince Charles Hospital (PCH) theatres to open end of April 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. - The risk score has been reviewed and increased on this occasion, due to the impacts of the critical incident.				

	- 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: - Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics - Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity - GiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery - 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: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner. - 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. - Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. - 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. - Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care. - 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 - 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
- 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

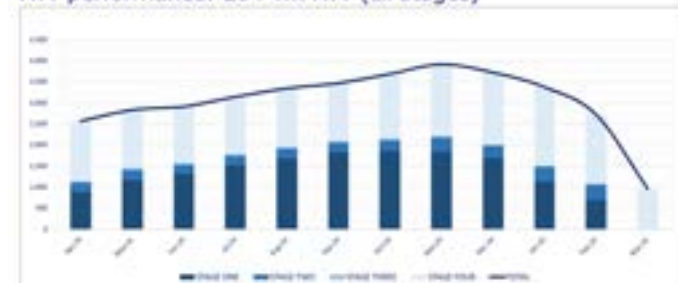
Linked National Priority Measures

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

RTT performance: 104-wk RTT (all stages)

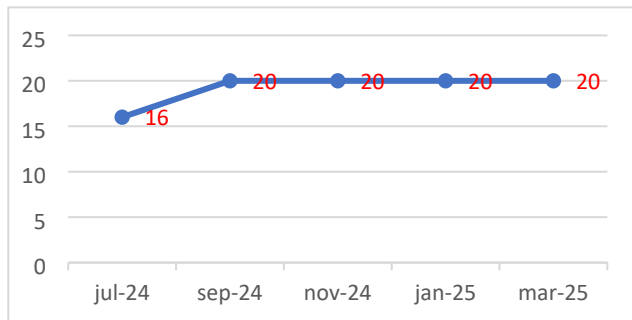


Were there any significant incidents affecting this strategic Risk this period:
Critical incident declared at Princess of Wales on 9 th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

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
~~4071~~	~~Failure to sustain services as currently configured to meet cancer targets~~ ~~De-escalated from the organisational risk register in March 2025.~~	20
~~4103~~	~~Sustainability of a safe and effective Ophthalmology service~~ ~~De-escalated from the organisational risk register in March 2025.~~	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
~~5462~~	~~Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.~~ ~~De-escalated from the organisational risk register in March 2025.~~	20
~~5821~~	~~Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUHB). New risk added to the organisational risk register in July 2024.~~ ~~De-escalated from the organisational risk register in March 2025.~~	20
5417	Paediatric dentistry – General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	20

Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care			Risk score 20
Strategic Risk: Sufficient capacity to meet emergency demand - (Risk No.1b)			
If the Health Board is unable to meet demands for services at all points in the patient journey.	Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

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 score. Risk Score Trajectory 
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>)			
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: - Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services - Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice - GiRFT/SEDIT: - Clinical Implementation Networks: Emergency Medicine All areas of the programme will focus on the following crosscutting themes: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs. - 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. - 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. - 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. - 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. - 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. - 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.
- **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

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
- 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.	• Update escalation plan for 1 Hour handover for Ambulance • Update escalation plan for 12 Hour reduction • STAMP roll out across all sites • UTC Pilot PCH • 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	• 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

- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge
- Agree improvement trajectories for 2025/26

Linked National Priority Measures

Ministerial Measures:
 Access to Timely USC Services

- 12 Hour ED Performance requires a reduction of 20% by September 2024 and an additional 20% by March 2025
- 1 Hour Ambulance Handovers require a 30% reduction on March 2024 baseline
- Improvement in 4-hour performance with a current baseline of 65%. To achieve an 80% target by March 2025,

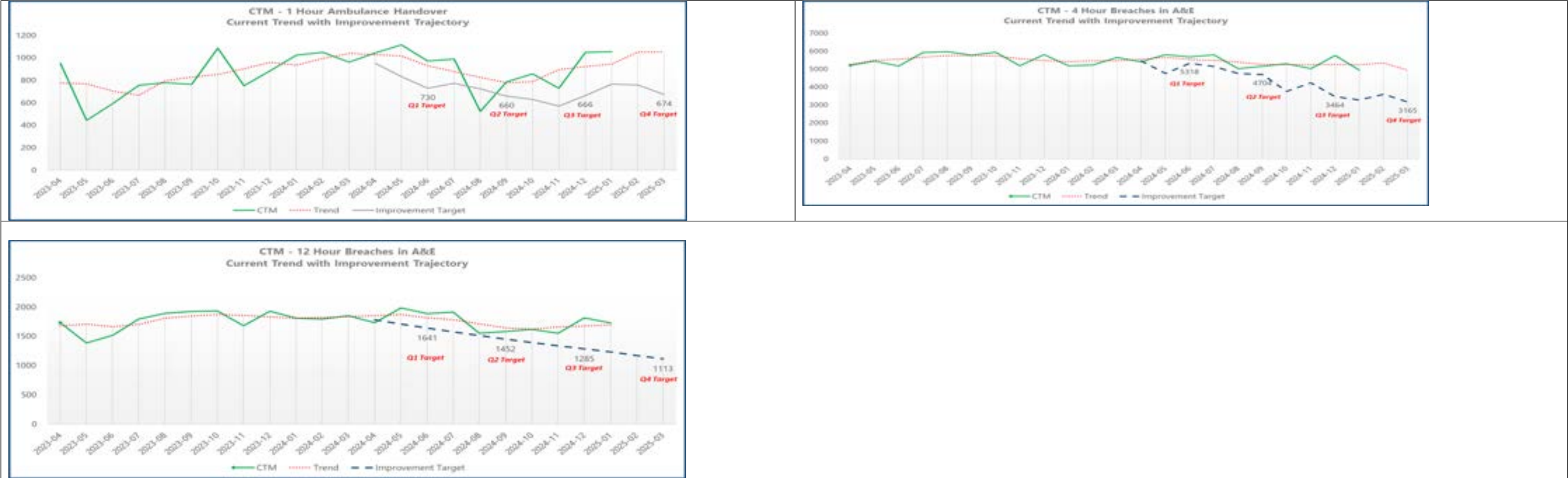
Access to Timely Planned Care Services in USC

- As per Planned Care BAF

Current Performance Highlights

Emergency Department Performance:

- Site and USC collaborative approach to the development of the One Hour 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 was extended through March. Exploring funding to extend past April 2025.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Delivery Plan and Improvement Targets, including;
 - Improvement in 4-hour handover by April 2025
 - 80% of patients handed over within 1 hour by July 2025
 - 100% of patients handed over within 4 hours by July 2025
 - 50% reduction in 12-hour ED waits by July 2025
 - Zero tolerance for patients waiting >48hours
- 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.
- 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.



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

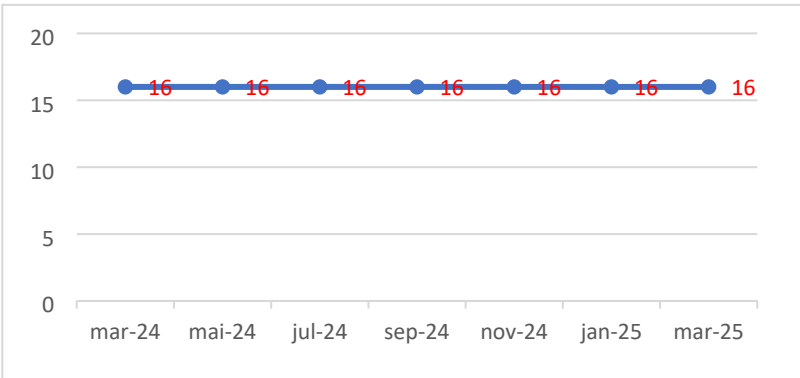
Associated Risks escalated to the Organisational Risk Register

4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
3826	Emergency Department (ED) Overcrowding	20

	Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care	Risk score 16

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

Risk Leads	- Executive Nurse Director - Executive Medical Director	Assurance committee	- Quality, Safety & Experience Committee - Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change 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 on this occasion due to the current challenges and complexities being faced by teams across all sites. ~~Detailed discussion was held in August 2023 to consider reducing the likelihood score to a 3, in response to the positive progress being made e.g. HIW AW Joint Review into Quality Governance arrangements review outcome. However, in triangulating the risk description with incidents and complaints data, and in considering the mitigation activity still underway a decision was made to retain the likelihood score at a 4. Phase 2 of the Organisational Change Process is complete however, as that structure matures and develops the risk score will remain unchanged with a review in coming months.~~ It is anticipated that the risk score may remain quite 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.e. Treat, Tolerate, Transfer etc.

It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

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. This has been completed and submitted to the Safeguarding Executive group on 21/10.24 and will now be presented to the January 2025 QSC and to Board in March 2025.~~
- Quality & Safety Framework ~~in place. approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM.~~
- 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;
- ~~Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 2023. 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.~~
- Quality Strategy. A Quality Strategy, Annual Action Plan supports the achievement of the deliverables within the Quality Strategy. ~~Update received at the Quality & Safety Committee in January 2024. Annual Quality Work Plan received in January 2024. The Action Plan was updated and presented to the Quality & Safety Committee in July 2024.~~
- Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently done 15 wards and have 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.
- ~~Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023 including the roadshow events mentioned above. The duties within the act are integral to the Quality Strategy and have been built into Board and Committee report templates from November 2023. 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 Executive as required. 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.~~

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 first bi-annual report from the forums will be received at Quality, Safety & Experience Committee in March 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. ~~Following discussion at the Board Development Session in December 2024, the revised approach to walkarounds will commence in April 2025.~~
- 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.
- 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.~~
- ~~Shared Listening and Learning Forum will meet four times per annum: 2 listening and learning events and 2 information sharing meetings, commencing in November 2024.~~
- 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" which includes past and present service users;
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out.
- 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. ~~Board in place which is being chaired by the Chair of the End of Life Strategic Group;~~
- ~~It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;~~
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- **On the back of the success of the 2023 and 2024 events, there is a 2025 Quality Improvement showcase scheduled for mid-year. Additionally, a Value Based Healthcare Showcase event is planned for March 2025.**
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Healthcare Pathways **Programme continues as exceeding expectations.** ~~–writing and establishing guidelines from primary to secondary care referrals.~~
- 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;
- ~~Related escalation Status activity;~~
- 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 **Faculties;** 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 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 is being formed and re-invigorated to enhance collaboration between primary and secondary care.**
- **Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.**

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. Executive Director of Nursing planning to present to Board in March 2025

Flow Efficiencies and Productivity

- **Reset-Fortnight- / '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 / AW – Quality Governance Arrangements Joint Review Follow-Up – August 2023:

The follow-up review found the Health Board has made significant progress in addressing the concerns and recommendations of the 2019 report. It has a stronger strategic focus on quality and patient safety, and there is greater clarity on roles and responsibilities in relation to quality and patient safety compared to 2019. The organisation's scrutiny of quality and patient safety has also improved considerably, with greater openness and transparency. There is also greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board's concerns, and complaints processes are much clearer, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning, with a series of arrangements now in place to support the sharing of learning and improvement across the organisation.

Outcome letter for the above follow up review submitted to Audit & Risk Committee in August 2024, which concluded that given their overall view that the Health Board has made good progress in addressing the outstanding recommendations and areas of further work identified, they do not propose to undertake any further formal joint follow up work in these areas. Instead, they will continue to monitor the Health Board's progress in addressing these matters through their routine audit and inspection work

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.

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;
- Community Acquired Pressure Damage / Falls Reduction Collaborative / Hydration and Nutrition Group;
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- **Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records;**
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- 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.**

- **Performance and Escalation Group (PEG) for Medical Workforce Matters.**

Qualitative Intelligence

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive & Independent Member Walkarounds. Discussed at Board Development session held on 12 December 2024. Revised process agreed for implementation from the 1 April 2025;
- 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 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 Executive governance and incident management;
- Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

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 and 10 wards have been completed.	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	To date there have been a total of 24 areas which have been accredited with a total of 3 areas have been awarded White (supportive actions have been put in place to get these areas up to Bronze level)

		Assurance for its Wards and Areas (Bronze, Silver, and Gold awards)	21 areas have been awarded Bronze (Satisfactory expected Standards)
		Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	
2. Strategy & Framework Reviews and Development Safeguarding Strategy - Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - Development of a safeguarding dashboard - Development of an IPC dashboard	Timeframes: Development of a strategy, timeframe end of quarter 3 2024. National review undertaken and final report awaited.	The Safeguarding strategy and framework gives 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.	Phase 1 of development of Safeguarding Dashboard underway. As there are multiple systems in use with data housed it is essential to scope what data is on which system and how these can amalgamate into one dashboard. There is a robust work plan which is in place 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 due to be established by June 2025.	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 Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Executive's 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 indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Executive's	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.

		Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The 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.	Our team regularly 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	To be captured in next iteration.
	Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period.	Programmes of work in improving care board are dynamically assessed and changed based on business need. The board is there to assure improvement portfolio, which includes: - Planned Care (PIT) - Six Goals - Frailty Transformation - Primary Care & Community Transformation - Mental Health & LD - Harm Free Care - Stroke - LHP SBUHB Disaggregation	Each project and programme have clear project documentation, including deliverables, workstreams and benefits. Each one has key measures of success and improvement.
	National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024; next steps currently being explored to ensure sustainability.	The Collaborative will take forward 4 key elements to support CTMUHB in its quality assurance and delivery framework. These include: - Deconditioning - Acute Deterioration - Duty of Quality Leaders Leading Quality and Safety Improvement	Measures will be determined for each workstream.
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	Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas.	Rolling programme of challenges for staff with measures around ideas, engagement and implementation.

	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.	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.	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, workforce establishment. Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme 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	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Nursing: Nursing productivity: - 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).

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

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

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

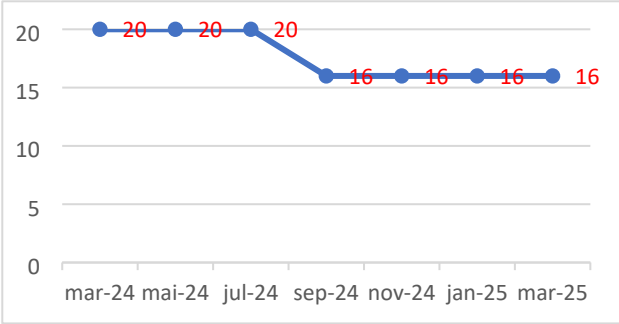
Were there any significant incidents affecting this strategic Risk this period:

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. New risk escalated March 2025. New risk escalated to the Organisational Risk Register in March 2025.	20
5903	Unfunded Continuing Care Packages / unfilled packages. New risk escalated to the Organisational Risk Register in March 2025	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4907	~~Failure to manage Redress cases efficiently and effectively~~ Risk closed on the Organisational Risk Register in March 2025.	16
4417	Management of Security Doors in All Hospital Settings	16
4908	Failure to manage Legal cases efficiently and effectively.	16
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	16
3993	~~Fire enforcement notice – POWH Theatres~~ Risk closed on the Organisational Risk Register in March 2025.	15
4691	New Mental Health Unit	15

Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value-based healthcare - Ensuring our estate is fit for the future			Risk score 20
Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation (Risk No. 3)			
If the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	Resulting in increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.	

Risk Lead	Executive Director for People	Assurance committee	- Operational Delivery Committee - Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change 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 is being explored but is expensive and not sustainable. This is a short-medium term solution while we develop alternative plans to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The 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 7.98% in December 2024, compared to 7.11% in November. The rolling 12 months sickness rate was 6.85%. Turnover reduced to 10.36 in December 2024 and again to 10.17% in January 2025. Job Planning compliance is at 34% as at end of January 2025. Agency spend at M10 is £32m.

	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, on the basis of 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 the UHB is at 73.63% as at February 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.

Current Control Measures	
Recruitment • Vacancy Scrutiny Panel. • Bank modernisation action plan which includes proactive recruitment across 12 months. • Online recruitment through Trac. • Review of the CTM ‘reducing the time to hire, ownership of the journey’ aligned to the NWSSP Recruitment Modernisation Group. • The Mental Health and Learning Disabilities Care Group are recruiting 3 doctors from ANCIPS (India) in January 2025 with their arrival due in mid-2025. CTM has also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. The posts included in this submission are those with key shortages or high levels of agency reliance. • 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. Initial focus is on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach. A schedule for this to be progressed and approved is being agreed at the next Framework meeting (Jan/Feb 2025). The Framework Group was stood down due to business continuity issues. The next meeting is on 18 March 2025. • Attraction and Resourcing Key priorities: increased social media presence, employer branding, student streamlining and attendance at careers fairs to promote CTM as an employer of choice learning to inform future events. • Actively involved in senior key critical appointments across the Health Board. • 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 launched in July 2024 to improve access for bank workers to book shifts. To date 3750 staff have migrated onto the app since July 2024. • Non-Consultant rate card was launched 19 October 2023 and Consultant rate card launched on 24 June 2024 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.	

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 25th September 2023 with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire.
- A CTM Retention Steering Group has been in place since 2023 but re-focussed during June 2024 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 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 Starting Well Survey was relaunched in January 2025 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding.
- Internal Lateral Moves Scheme for Band 5 Nurse and Midwives was launched in February 2024. The scheme was expanded to include, Band 2 Health Care Support Workers and Band 5 Midwives in December 2024. A revised timescale for Band 5 Allied Healthcare Professionals and Health Care Scientists is being worked through with service leads.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. 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

Temporary staffing solutions

- Medical Bank
- Review of Retinue M&D Bank to ensure better controls and improved active management by Retinue. **Contract due to expire on 30 April 2025, plans in place for next steps being updated by end of March 2025.**
- **Further update of the FCP and SOP underway March 2025** to address the outcomes identified by the Medical Variable Pay audit report. **There are 35** other actions to meet the audit report recommendations are in place to conclude by Marcy 2025.
- Modernised processes for Bank workers
- eRostering and Bank **KPIs developed and shared with Corporate Nursing in January 2025 as part of the Nurse Productivity Programme.**

Day-to-day management of staffing levels

- Electronic rostering
- A e-job planning cleanse was completed along with confirmed the sign off managers
- Job Planning Guide **and communication issued (agreed with the LNC) to o reduce presumed sign off period for job plans from 10 weeks to 4 weeks i to commence from 1 March 2025.**
- Medical job planning compliance to achieve **90% by June 2026.**
- Junior doctor rota monitoring. A rota monitoring paper and scheduler **has been developed and is implemented prioritising activity and meet UHB responsibilities.**
- Sickness absence management process

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: Dental, Mental Health, Perinatal, Pharmacy and Primary Care with AHPs and Genomics out for consultation. Nursing is in development. Guidance for Radiology is also available.
- The Head of Workforce Planning and Head of People Analytics are aligned to the HEIW Workforce Planning Network.
- Focussed discussions are in development with Care Groups to look at the education commissioning submission for the 20 PAs graduating in 2025.
- **SWP Audit actions in progress and reported via the audit tracker reported at the Audit and Risk Committee.**
- **Medical establishments in development to align ESR and ledger data to be agreed with CGs. Work has progressed with medical and dental establishment reporting will be agreed with Care Group during next few months. 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 UHB LPF. 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.
- Medical Workforce Productivity Programme (MWPP): Performance and Escalation Group (PEG) meeting includes data on bank usage, agency spend, waiting list initiative (WLI) usage/spend, job planning compliance and trajectories, sickness absence. The Framework meeting which reports to the PEG 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 on 8 April 2024 must be approved by the Board and submitted to HEIW. The next cycle of IMTP Education Commissioning commenced in October 2024 for a draft submission to HEIW at end of January 2025, with a final Board approved submission by 31 March 2025.
- Quarterly 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.
- Establishment reporting being developed in in partnership with Care Groups, Heads of People, Digital and Finance, development of one source of workforce data to help inform the vacancy position. The automation of reporting across the general ledger and ESR is nearly finalised and consultation meetings are scheduled with CGs in place to validate the automated data and move to implementation in 2025/26.
- In partnership with Finance, the development of establishment reporting has commenced with the aim of a phased approach to implementation
- In partnership with Digital, developing taking 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 (14 May 2024) 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 with the first groups to start Dec 2024/Jan 2025.
- 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. Update awaited. 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 (due to contractual expiry during April – June 2025) is underway to develop a proposal to meet our current and future requirements and with improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up).

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.	To identify the CTM vacancy position. This will be initially for medical and dental workforce aligned to CG service needs. This will include substantive staff in post and bring medical variable pay (agency,	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

	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. • 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 - Delayed until April 2025.	WLI and bank usage/spend) alongside job planning compliance. Improved data quality and provision of analytics and intelligence to inform current and future trends. 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. 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.	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. 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

	- 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 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 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.	- A draft retention action plan is in place, aligned to the 10 HEIW nurse retention themes. The plan is being monitored and updated by the Retention lead and discussed within the CTM Retention Steering Group. - Retention updates being provided on an ongoing basis via the 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.

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

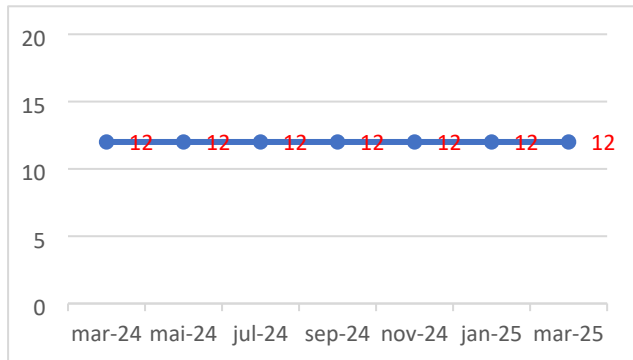
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register

5753	Inadequate Special School Nurse Provision. New risk escalated March 2025	20
5658	~~Lack of Dietetic service provision to Princess of Wales Critical Care.~~ De-escalated from the organisational risk register in March 2025.	16
4973	Clinical Medical Cover within CTM Adult Mental Health Services. New risk escalated March 2025	16
5576	Palliative Medicine Staffing	16
4809	~~Non-Compliance with Mandatory Violence and Aggression Training~~ De-escalated from the organisational risk register in March 2025.	15

	Strategic Goal: Creating Health - Reducing health inequalities - Equal focus on mental and physical health - Supporting our communities - Being a healthy organisation	Risk score 12
Strategic Risk: Community & Partner Engagement - (Risk No.4)		
If the Health Board does not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	Resulting in - Lack of trust between the community and the Health Board. - Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. - Challenge to public decisions relating to future service developments due to limited engagement - The inability to affect positive change in terms of improving health inequalities and health outcomes.

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score. Risk Score Trajectory 
Initial	4	5	20	
Current	4	3	12	
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 remains unchanged, as engagement with communities and partners is ongoing. It is hoped that CTMUHB will be in a place to update on the community engagement work for the Acute Clinical Service Plan in the next iteration of the BAF.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

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 Referenced 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.

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.

Reports to other committees

- Community Health Council briefing papers to Quality and Safety Committee

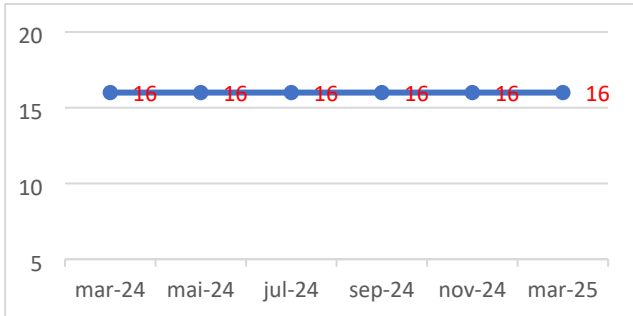
External

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 and 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.	- 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	- 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
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.			
Were there any significant incidents affecting this strategic Risk this period:			
None identified.			
Associated Risks escalated to the Organisational Risk Register			
Nil			

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to the risk score this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				Progress continues to be made in improving the: - Digitisation of the medical record - Security and protection of our data and digital assets. - Digital infrastructure across some sites - Standardisation of digital tools - Contract and Project mobilisation for e-prescribing - The advancement and availability of our clinical information. - The advancement our clinical information - Consolidation of the clinical systems in the Bridgend disaggregation - Development of a programme of work for patient centred contact - The Health Board continues to manage its information and digital debt on a risk-based basis. The Health Board still has vulnerabilities that need to be managed. Since January 2024 3 significant partners of the UHB have been subject to cyber-attacks, and it is widely acknowledged that cyber attempts are now widespread. Increasingly the NHS is being targeted and as a result an attack on NHS Wales is now considered highly likely. Having reviewed the risk around cyber it remains at 20. This risk score has been reviewed and the assessment is that it remains unchanged from a score of 16 on this review.
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				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

- Digital & Data Strategy
- Population Health Strategy
- Digital & Data Delivery Programme
- IT Infrastructure Review
- Digital Delivery Board
- Digital Investment Fund
- Information Security, Records Management and Information Governance Policies and Improvement Programmes
- Project Portfolio Board

Sources of Assurance (Internal and External)

Reports to Digital and Data Committee

- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report
- Internal Audit Reports
- Coding Improvement Plan
- Bridgend Disaggregation Programme
- Medical Records Assurance Report

Reports to other committees

- Progress updates against Population Health Strategy
- 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 Helplessness	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. 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.	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 of our staff in the use of digital and data technology for all of 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	Continued testing of our cyber incident plan with periodic table-top exercises. The Digital SMT and Health Board emergency planning lead undertook a table-top exercise on 26 th	Improved response to cyber threat	Awareness and improvement to the cyber improvement

	July using the facilities in the University of South Wales. We are working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably Swansea Bay University Health Board and Digital Healthcare Wales and the private sector. Timeframe: This action will not have a specific timeframe as this activity will be subject to undergoing periodic testing and iteration of the management plan.		
5. Develop a baseline Asset Register and product catalogue.	Development and maintenance of our asset register and product catalogue as part of NIS-D and data protection improvement plans. Cyber Resilience Unit's Assessment of our organisation's maturity has taken place, and we are awaiting the final report. We have invested in new tooling that will enable us to discover all connected assets to help build and maintain an asset register	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. 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 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.	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.
8. Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	Programme agreed with WG, DHCW and Swansea Bay University Health Board and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most	Better data flow and reporting across whole health board	Single PAS – WPAS merger completed

	notably with regards to availability of capital funding. May 16th, 2025 has been identified as the agreed merger weekend for WPAS. Timeframe: 2-3-year programme of work		
9. Lack of an open architecture	As part of the review of our EPR strategy, we are working with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales and exploring alternatives for addressing gaps in functionality. Consideration of CTMUHB's requirements for clinical and administration management to be undertaken and incorporated into the architectural design and EPR strategy. Ongoing development of CTMUHB's own clinical data repository to nationally agreed technical and data standards. Increasing representation for National Data Resource programme to accelerate benefits realisation. Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.	Improved system integration. Improved data integration. Flexibility in system replacement.	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
10. Widespread non-adherence to data standards	New clinical applications are now required to meet data and technical standards. A clinical safety assurance process has been described and tested, to support an options appraisal. Education and Training required for staff to develop their data literacy. Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required. Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.	Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning).	Greater confidence and assurance in our services, ability to benchmark and improve services.

11.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
12.Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW Timeframe: Timeframe: Q2 24/25 – The majority of the recruitment for the ePMA project is now complete. The project has now started, and the recruitment has enabled us to bring in a wide range of skills which will enable to develop the digital transformation agenda.	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.
13.Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme 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
14.No resourced function within CTMUHB focussing on benefits realisation	There are no dedicated benefits realisation resource however the function is part of the wider Digital Transformation team as part of business analysis and business change roles.	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
15.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 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	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making	Improved productivity Reduction in errors associated with paper-based records and processes

	common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Timeframe: 2-3-year programme of work.		
16.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
17.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

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

Clinical Systems:

Work continues with the alignment of our Health Board systems with the team now focused on completing the technical elements and moving to a single **Welsh Patient Administration System (WPAS)** instance in May 2025. There has been a Merger of 63 clinical systems within Bridgend to date. This work has demonstrated collaboration, not just across the Health Board, but also aligning delivery with Swansea Bay University Health Board and Digital Health and Care Wales. Good working relationships and collaboration has also been demonstrated between DHCW and National teams on LIMS and RISP.

Cyber:

Cyber Security continues to be a core element of the Digital and Data programme, with further development and additional capabilities to support our **Cyber Security Assurance Plan**. This has included the recent procurement of cyber tooling that will provide a better understanding of our digital assets (Armis) and improve our ability to manage security patching (ManageEngine).

Digital Transformation:

Excellent progress has also seen with the launch of the **electronic Prescribing for secondary care** programme. The programme is now actively engaging across the Health Board, working in partnership with our supplier Nervecentre, to implement a first go-live in the Autumn of 2025.

Towards the end of 2024, the Health Board approved two key business cases that will form a core element of our delivery plans throughout this IMTP. Development of a digital solution for **Mental Health** services is long overdue and will enable the capture of key data sets to improve our services. CTM are working collaboratively with BCU Health board and Powys NHS Trust on procuring a digital solution. Furthermore, the Health Board will also implement a solution to support our **Maternity** Services in alignment with key priorities set by Welsh Government, activity has begun on procuring a digital maternity system. Work has also commenced for the replacement of the outpatients patient self-check in to a superior product.

Digital Delivery

Wi-Fi Surveys of our three main DGHs have been completed, giving us a better understanding of our Wi-Fi service.
An additional £4.03m has been received from WG via the All Wales Capital Programme. This has enabled us to purchase a range of digital hardware including laptops, desktops, servers, networking equipment. The introduction of a new leadership role for **Datacentres and Cloud** to support our transition to Cloud and development of our wider Health Board infrastructure.

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

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

Associated Risks escalated to the Organisational Risk Register

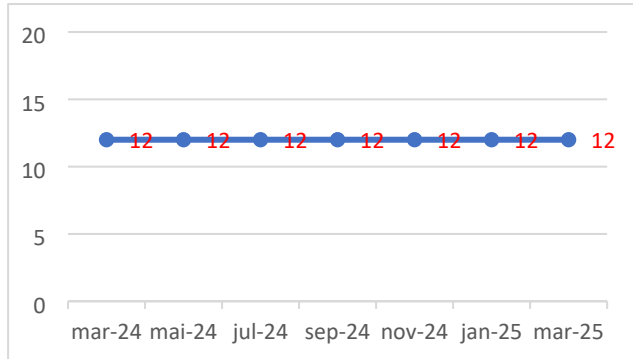
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
6102	Patient pathways - working in two WPAS instances – Escalated to the Organisational Risk Register 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.	20
6053	Failure to secure an alternative Clinical System for GP practices on Vision. Escalated to the Organisational Risk Register March 2025.	20
4337	Integrated Patient Records across the Health Board	16
4671	NHS Computer Network Infrastructure unable to meet demand	16
2795	EUC: Unsupported Windows 10 Desktop Operating Systems. New risk escalated March 2025 due to increase in risk score.	16
6039	Increased cost of VMWare Licensing, New risk escalated March 2025.	16
5669	Increased cost of Citrix Subscription. This risk has been re-escalated to the Organisational Risk Register as the risk score increased from a 12 to a 16.	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: Inspiring People • Viable and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment	Risk score 12

Strategic Risk: **Culture, Values and Behaviours – (Risk No.7)**

If the Health Board fails to put the values of the organisation into practice	Then we will not have a culture that embraces inclusion, openness, innovation and teamwork	Resulting in poor experience for staff and patients alike, diminishing the trust and confidence of our population

Risk Lead	Executive Director for People	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score. Risk Score Trajectory 
Initial	4	5	20	
Current	4	3	12	
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 score remains unchanged although progress continues to be made as the Health Board’s work on Culture, including values and behaviours becomes more defined with a focus on how we are working to address inequalities within CTMUHB. Changes in People Leadership function has paused broader work in this area, post holders in place from December 2024, with strategic engagement on this risk planned.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and–action plan has been signed off by the Board in March 2024 and subsequently published. The SEP underpins the health board’s strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better represents our communities.

Current Control Measures

Policies and Frameworks • Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour. • Values and Behaviours Framework – co-produced with staff. • Emerging Culture Plan, developed in 2023/24, assessment of work to date planned with forward strategy development, for example People Plan development, Inspiring People Board activity.

- Equality, Diversity and Inclusion Working Group chaired by Linda Prosser (Exec Director for Strategy and Transformation)
- Restorative Just and Learning Working Group, Chaired by Lauren Edwards (Exec Director of Therapies).
- Strategic Equality Plan including alignment to Welsh Language Plan
- Raising Concerns Procedure.
- All-Wales work to promote speaking up safely, led by the Director of Corporate Governance / Board Secretary. Speaking up Safely program aligned with Restorative, Just and Learning WG – June 2024.

Communication and Engagement re: values & culture

- Stakeholder Analysis was undertaken in Autumn 23 to support emerging culture
- Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken.
- Developed Inclusion Communication Plan with monthly topic focus, which is currently being rolled out.

Putting Values into Practice

- Values Based Recruitment has been picked up by the Attraction and Resourcing Lead.
- Suite of values-based resources and activities for managers and staff on SharePoint – further review of behaviours to ensure alignment to emerging culture work
- Review of behaviours undertaken to ensure alignment to emerging culture work; this will link to the leadership competency model. Newly adapted behaviour statements to be socialised with wider stakeholders for feedback.
- Delivered x7 Cultural competency workshops over 5 areas: Executive Team, Strategy & Transformation, People Directorate, Mental Health & Learning Disability, ICTM
- Deliver Cultural Competency Workshops to 3 further areas identified – (Legal & Complaints; Patient Safety; Patient Experience) and an additional 3 areas (yet to be confirmed in discussion with Heads of People and Care Groups) –completed by March '24
- Dedicated support allocated for the completion of the Cultural Competency workbooks for all 11 areas by Dec '24. Seeking Silver accreditation from Diverse Cymru in 2025.
- Developing internal Cultural Competency programme by Q1 24/25and deliver internal programme from Q2 24/25.
- Delivery commenced on the Educational offer to support emerging culture work responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans.
- Developed framework to support Staff Networks and attended key events to support under-represented groups to raise awareness and deliver education. Developed Joint Chair Network; and supporting infrastructure of network
- Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered-as well as an Introduction to Restorative, Just & Learning Principles.
- Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D.
- Completion of the Affina OD training programme providing team effectiveness, diagnostics through newly qualified cohort of 8 practitioners. Separate Affina qualification for 12 further practitioners due to be completed by Sept 2024
- Deployment of diagnostic tool underway.

Sources of Assurance (Internal and External)

- National Staff Survey was conducted in autumn 2023 with results published in spring 2024. **26.7% response rate to NHS Wales 2024 Staff Survey with results expected Q4 2025**Annual Wellbeing Survey (Follow Up survey timing to be confirmed).
- Values and Behaviours Update.
- Equality Annual Report.
- Gender Pay Gap Report.
- Workforce Race Equality Standards.
- Strategic Equality Plan.
- Welsh Language Standards Annual Report
- Living Wage Accreditation awarded in February 2023.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to emerging Culture Plan	Ensuring that everyone, from leadership to individual contributors, understands and embraces our core values. Building trust between leadership and staff through modelling values consistently	Increased understanding of our values (measured through employee surveys and feedback). Observable behaviour that reflects these values in day-to-day interactions. Levels of employee engagement.

	Staff briefing planned for March 2025 to re-socialise our values in response to heightened climate against inclusion work. Bespoke staff and team development sessions available to explore shared commitments.		
2. Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values	- Further work ongoing in collaboration with Staff Network Groups. - Speak up Safely Campaign launched in Oct 2023 and further alignment to the Restorative Just and Learning Approach. - Restorative; Just & learning approach launch (soft) in Oct 2023. - Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan. High level priorities identified with associated action plans in development. - Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the emerging Culture programme.	Fostering a positive culture, to improve communication, manage behaviours and conflict effectively, and support learning and restorative practices. These initiatives focus on creating a safe, supportive environment where employees feel empowered, heard, and valued. Promote an environment where employees feel safe and confident to speak up about concerns, issues, or suggestions without fear of retaliation.	Increased participation and engagement. Initially increased BHD cases then reduced. Increased number of employees reporting concerns or providing feedback through the "Speak Up Safely" platform Work In Confidence. Reduction in instances of conflict or unresolved issues, indicating proactive problem-solving
1. Cultural Health Check diagnostic tool now been superseded by the Affina OD diagnostic model	National Staff Survey complete and results made available from March 2024 staff engagement sessions available for booking to explore organisation results and develop our People Plan 2025-2030	Establish a clear baseline of the organisation's current culture, identifying strengths and areas for improvement	High participation rates in the staff survey, indicating employee engagement and trust in the process. Clear, actionable insights from the survey data that inform the development of the Culture Plan. Development of specific action plans that address the identified high-level priorities.

Linked National Priority Measures

Culture, Values and Behaviours

- 24. Overall staff engagement score
- 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)

Current Performance Highlights

- RJL and SUS: Exploration and engagement with programme leads and members in late 2024 surmised that both the Restorative, Just and Learning (RJL) and Speaking Up Safely (SUS) programmes had slowed or stalled in recent months, but acknowledged that, whilst not published or released as yet, there has been significant work undertaken to develop products in support of both. Having explored programme structures, plans and outputs, a workshop was held in late January 2025 to which all members of both working groups were invited. The workshop was attended by around 20 colleagues, each sharing their views on what, across each programme, should: Start, Stop, Continue & Change. All comments reviewed and four key themes emerged: 1. Vision and positioning, 2. Comms and Engagement, 3. Programme and Activity, 4. Deployment.
- Team Development: Further bespoke team development sessions held across CTM with the OD team working to explore team challenges, foster better working relationships and meaningful work contributions.
- Our People Plan & Staff Survey Results: Work underway to develop our People Plan 2025-30 with a focus on roadshows during March and April 2025 which are available for staff to book onto. The roadshow will explore our NHS Staff Survey results and how we create and lead an environment in which everyone can thrive, ensure we have the right people, with the right skills, in the right place both now and our future and Attract, grow and retain great people – a CTM people want to work in.
- Annual Equality Report: Publishing an Annual Equality Report (AER) is crucial not only to meet statutory obligations but also from an ethical standpoint. It demonstrates our commitment to transparency and accountability, ensuring that organisations like Cwm Taf Morgannwg University Health Board (CTM UHB) are actively working towards eliminating discrimination and promoting equality. CTM's AER has been developed for 2023/24 with performance highlights in this period.

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

None identified for inclusion in the BAF.

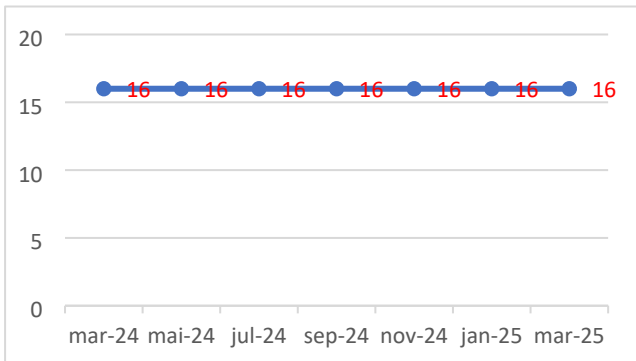
Associated Risks escalated to the Organisational Risk Register

Nil

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

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.8)		
If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	Then we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles	Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders

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 score this period. Risk Score Trajectory 
Initial	4	5	20	
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: <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 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	
Wellbeing and Socio-economic duties - Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible. - CTM becoming established as an Anchor Organisation.	
Environmental Sustainability – Net Zero - Decarbonisation Strategy - Established a CTM Environmental Sustainability Group as part of transformation agenda. 'CTM 2030' seeks to ensure that services take account of the impact on the environment - All-Wales approach to sustainable procurement - Green CTM Staff Forum	

- Fleet emissions reduction programme and trial of electric vehicles
- Tree planting initiatives
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- Sustainable Health Care delivered a workshop to Board Members in March 2023.
- Decarbonisation Action Plan in place.
- Appointed a full-time permanent Sustainability Manager

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

Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation

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 and compliance is underway. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan (moving away from mitigation). Plan to be produced in line with national deadline of April 2026.	Climate/Environmental Adaptation Plan proposal went to Executive Leadership Group in July 2023 who accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. Environmental Sustainability Group established a sub group to undertake this work and this has now commenced. This work aligns with PSB Climate Change Risk Assessment in the region	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	Long term success indicators due to the nature of the risk.
2. Dedicated resource to manage and deliver Net Zero programme across the whole Health Board. Completed – Resource now in place.	Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: Ongoing subject to capital availability. The Health Board recognises that that there is a risk that the pace of change may slow in light of the current financial environment and challenges faced. Team restructure. Propose to delete this completely given that this is no longer a gap	This action has been completed as Sustainability Manager now in post.	
3. 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.

4. 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.
5. 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.
6. 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.

Linked National Priority Measures

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

Wellbeing of Future Generations Act

Current Performance Highlights

Quarter 2 reporting completed and submitted October 2024. 4 Next submission due April 2025

Annual Carbon Emissions report. Completed – submitted to Welsh Government September 2024. Next due September 2025.

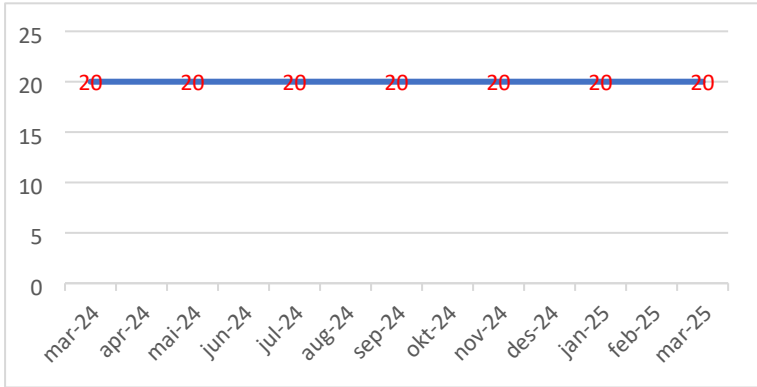
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register

5374	Fulfilling our environmental and social duties. New risk escalated March 2023.	16

Strategic Goal: Creating Health - Reducing health inequalities - Equal focus on mental and physical health - Supporting our communities - Being a healthy organisation			Risk score 20
Strategic Risk: There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. (Risk No.9)			
If the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health	Then we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy	Resulting in poorer health outcomes, greater inequalities and an unsustainable health service.	

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score this period. *The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate. Risk Score Trajectory 
Initial	5	4	20	
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>				Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding and competing priorities for existing resources across the health board.
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).

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 Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy	Decreased variation in access and outcomes across the population of CTM. Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.	Delivery of the outcomes associated with the Health Protection strategic plan 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 (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.	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.	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
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 for a. 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:

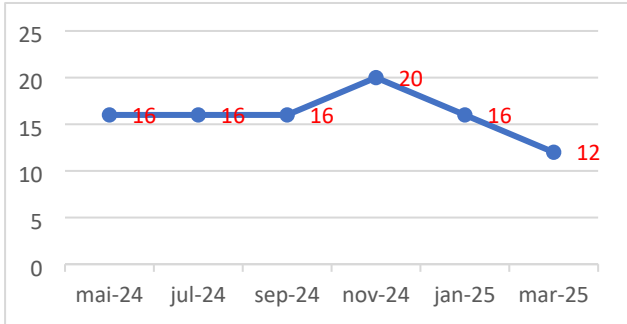
No

Associated Risks escalated to the Organisational Risk Register

5462	~~Adult weight management service – Insufficient capacity to meet demand~~ ~~De-escalated from the organisational risk register in March 2025.~~	20
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing	15
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12

Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future		Risk score 12
Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk 10)		
If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	Then we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3 year period) and also the planned break-even position for 2024-25.	Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement.

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period: Risk score reduced from a 16 to a 12 in March 25. Target score met proposed for closure. Risk Score Trajectory 
Initial	4	4	16	
Current	4	3 (4)	12 (16)	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings. The M10 Year To Date (YTD) position is now a £0.2m deficit (M9: £0.2m). This includes a £10.3m shortfall in savings delivery offset by other favourable variances of £(10.1)m. During M10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position which is why the risk score has decreased from a 16 to a 12 this period.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				The financial plan highlights a number of significant risks for 24/25. This risk will therefore be <i>treated</i> 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 2024-2025.</i> • Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2024-2025.</i>	• Improving the review and monitoring of actual expenditure. • Improve identification of errors or duplication. • Increased compliance of contract and tendering processes. • Reduce incorrect payments to suppliers • Reduce the number of and ensure timely correction of erroneous payments of salary • Ensuring the correct implementation of the P2P process including raising of requisitions and receipting in a timely manner. • Increase understanding and application of procurement rules in line with Standing Finance Instructions and Scheme of Delegation.	• Improved forecasting • Reduction in volume of correction of coding • Improved prompt payment compliance • Fewer over/under payment of salary • Increase in catalogue requisitions • Reduction in confirmation orders • Improved Pricing • Increased market competition of suppliers • Reduction in number of retrospective orders • Reduction in number of invoices on hold • Increase in PSPP target % achieved.
2. A recognised risk of shortfalls in savings delivery	• Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	• More structured direction to organisational objectives. • Improved confidence of delivery timeline. • Better awareness of key milestones and enablers for achievement. • Identification of bottlenecks or stalled projects needing attention • Improved compliance of QIA • Greater accountability for delivery • Greater awareness of broader value beyond opportunistic efficiency. • More efficient adoption of good practice. • Holistic approach to the patient pathway • Improved delivery of identified opportunities. • Concentration of efforts on schemes that can deliver greatest gains.	• Improved forecasting • Fewer schemes but higher value • Greater achievement of opportunities identified. • Higher compliance of schemes with completed Quality Impact Assessments. • Improved performance management of programmes.

Linked National Priority Measures

1. YTD position
2. Savings plan position

Current Performance Highlights

- The M10 YTD position is now a £0.2m deficit with a forecast of breakeven.
- The main driver for the £0.2m YTD deficit is a £10.3m shortfall in savings delivery, offset by £ (10.1)m of other favourable variances.

- As a result of the £7.5m additional financial support from WG in M8, the Health Board was able to maintain a forecast break-even position.
- A number of significant anticipated allocations have been confirmed in M10 which has resulted in the reduction of the net risks to the forecast breakeven position.

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

Not an incident but a significant event this period was confirmation of anticipated allocations for Pay awards (£53.8m) and Real Living Wage (£3.4m).

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
5764	Failure to achieve the planned break-even position in 24/25	16
5765	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25.	20

Agenda Item

5.5.1

CTM Health Board

Highlight Report from the Audit and Risk Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	Patsy Roseblade, Independent Member, (Chair of Audit and Risk Assurance 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 Audit and Risk Assurance Committee at its meeting on 13 February 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 UHB 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	• Losses and Special Payments Report: The Committee were provided with an update on the losses and special payments made by CTMUHB for the three-month period from 1 October 2024 to 31 December 2024, as required by the Standing Financial Instructions. It was queried why costs in relation to clinical negligence had increased so much and a request was made to see more of the data in relation the claims. Given the nature of this area and the questions arising it was agreed that further work on this is needed, and a formal cross referral to the Quality, Safety and Experience Committee was actioned. • Audit Wales Structured Assessment – The report was discussed, and it was agreed that further discussions would take place following the meeting and the report to be presented by Audit Wales at the March Board meeting.
Advise	• Internal Audit Progress Report The report was received. The Committee commented on the volume of work being undertaken and wondered whether the Executive Team had any views on whether more support was needed to help Internal Audit colleagues finalise their reviews and ensure completion of the Audit Programme. Internal Audit confirmed that they were receiving support from the Executive Team and particularly from the Governance Team who were working hard to support the internal audit process. • Procurement and Scheme of Delegation Update: The Committee noted the position on procurement matters for the period 1 December 2024 to 31 January 2025; and noted the update on Purchase to Pay and achievement of PSPP target up to Month 9 of 2024/25. • Local Counter Fraud Report: The Committee noted the report that provided detail on tasks and actions undertaken with the four strategic counter fraud work areas. • Audit Recommendations Tracker – The Committee received the report on the tracker and acknowledged the on-going work underway to improve the position and would continue discussions about how to ensure that the reports included appropriate exception reporting and narrative which would help the Committee to focus on what they should be most concerned about.

	• Internal Audit Reports: The following reports were received by the Committee recording Reasonable Assurance Conclusions: ○ Prince Charles Hospital – Supply Chain Partner Management ○ Follow up Arrangements for Service Level Agreements ○ Regional Integrated Fund The following reports recorded Limited Assurance conclusions: ○ Medical Job Planning – it was agreed that further updates on job planning would be brought back to a future committee meeting. ○ Vaccination Policy Implementation – it was agreed that detailed plans for the winter vaccination programme for 2025 would be shared with IMs in the next few months. • Audit Wales Update – The Committee noted the update in relation to the status of current audit work and the timing of future audit work as detailed in the update. • Audit Wales Annual Report – The Committee noted this report which summarises the audit work completed by the Auditor General at the Health Board over the last 12 months and is also to be presented to the Health Board for noting. • Audit Wales Outline Plan – The Committee noted the Outline Plan for 2025-26.
Assure	• Organisational Risk Register – The organisational risk register was reviewed and assurance taken that the risks are being managed. The Committee also recognised that substantive discussions on risks had taken place at other committee meetings.
Inform	• The Committee approved: Unconfirmed Minutes of the meeting held on 17 December 2024. Unconfirmed Minutes of the In Committee meeting held on 17 December 2024. Annual Report Timetable 2025. Committee Annual Cycle of Business 2025. • The Committee noted: The Committee Forward Work Programme

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 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <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) /</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

5.5.2

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE MENTAL HEALTH ACT MONITORING COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	Kath Palmer, Vice Chair & Chair of the Mental Health Act Monitoring 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
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
MHA	Mental Health Act
CTM	Cwm Taf Morgannwg
RGH	Royal Glamorgan Hospital
SWP	South Wales Police

1. INTRODUCTION

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Mental Health Act (MHA) Monitoring Committee at its meeting on the 19 February 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	<u>Positive Escalation</u> - The Mental Health Act Operational Group report was received. Members noted the positive improvements that had been made in relation to the increase in the number of single Doctor assessments which was now higher than two Doctor assessments, welcomed the improvements that had been made in regards to the place of safety room at Princess of Wales Hospital and welcomed the recent positive unannounced inspection by Healthcare Inspectorate Wales (HIW) to Ward 7; - The MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions was received. Members welcomed the positive updates provided in regard to no fundamental defective errors for the second quarter and no lapses being seen for three quarters
ADVISE	- The Committee Annual Cycle of Business was APPROVED. Members noted that further consideration would be given to future areas of focus for Listening & Learning stories and spotlight presentations; - The Organisational Risk Register was received and considered; - As part of the update provided in relation to the Mental Health Act Operational Group report, Members noted that the Care Group had mitigations in place to manage any risks in relation to the transportation phase of the 'Right Care Right Person' and noted that capital funding was awaited in relation to the improvements required regarding the Place of Safety room at Prince Charles Hospital, which had already undergone some improvements;

	- The Risks Relating to Monitoring of the MHA report was received. Members noted challenges remain in regard to medical staffing and that the Care Group had plans in place to address the position; - Members received a verbal update from Local Authority Partners, who raised concerns in regard to the WCCIS system and the risk of having two separate systems for health and local authorities, the current position in relation to place of safety rooms and the ongoing issue of arranging transport for detained patients, particularly Out of Hours for Section 135 and those held under the Act
ASSURE	There were no matters for inclusion in this section
INFORM	There were no matters for inclusion in this section

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /	Not Applicable
	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: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Required
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 Members of the Board are asked to **NOTE** the report.

Structured Assessment 2024 – Cwm Taf Morgannwg University Health Board

Audit year: 2024

Date issued: November 2024

Document reference: 4579A2024

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

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

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

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

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Cwm Taf Morgannwg University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Our review of the Health Board's corporate approach to setting new well-being objectives in accordance with the sustainable development principle is being undertaken to help discharge the Auditor General's duties under section 15 of the Well-being of Future Generations (Wales) Act 2015.
- 2 Our 2024 Structured Assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on;
 - Board transparency, cohesion, and effectiveness;
 - Corporate systems of assurance;
 - Corporate approach to planning; and
 - Corporate approach to financial management.

We have not reviewed the Health Board's operational arrangements as part of this work.

- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
 - Model Standing Orders, Reservation and Delegation of Powers
 - Model Standing Financial Instructions
 - Relevant Welsh Government health circulars and guidance
 - The Good Governance Guide for NHS Wales Boards (Second Edition)
 - Other relevant good practice guides.

We undertook our work between September and November 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was

conducted in accordance with the auditing standards set by the International Organization of Supreme Audit Institutions.

- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 **Overall, we found that the Health Board's governance arrangements are operating generally effectively, but opportunities remain to strengthen them further. The Health Board achieved a financial breakeven position in 2023-24. However, its focus on achieving this position in 2024-25 poses some potential risks to the delivery of strategic objectives and solutions designed to achieve longer-term financial sustainability.**
- We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We found that **the Health Board has a stable and cohesive Board which generally conducts its business appropriately, effectively, and transparently. The introduction of a new committee structure in early 2025 will provide an opportunity to strengthen these arrangements further.**
 - We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. We found that **the Health Board's systems of assurance are operating generally effectively, but opportunities remain to strengthen arrangements further and take urgent action to address overdue recommendations and improvement actions.**
 - We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that **while the Health Board has an effective approach to developing corporate strategies and plans, it is experiencing challenges in progressing key elements of its long-term strategy. It also needs to strengthen its approach for monitoring and reporting strategy delivery and impact.**
 - We considered whether the Health Board has a sound corporate approach to managing its financial resources. We found that **financial planning, management, monitoring, and reporting arrangements are generally effective, but the organisation's focus on addressing its immediate financial challenges is presenting risks to the delivery of longer-term solutions to achieving financial sustainability.**

Recommendations

7 **Exhibit 1** details the recommendations arising from our work. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2024 recommendations

Recommendations	
R1	The Health Board should strengthen arrangements for monitoring, reviewing and updating Health Board policies and routinely report progress to the relevant Committee of the Board. (Paragraph 25)
R2	The Health Board should introduce arrangements for identifying and monitoring actions arising from its listening and learning stories. (Paragraph 36)
R3	The Health Board should strengthen the Board Assurance Framework (BAF) by clearly reporting the impact of actions that the Health Board is taking to mitigate its strategic risks. (Paragraph 48)
R4	The Health Board should strengthen its Integrated Performance Dashboard by clearly articulating whether actions to improve underperformance are achieving their intended impact. (Paragraph 55)
R5	The Health Board should strengthen its reporting on the Duty of Quality and Candour by: R5.1 ensuring that future annual reports are clearer around the challenges it is experiencing in embedding the requirements; and R5.2 including appropriate milestones and targets to help the reader understand when it is aiming to achieve priorities. (Paragraph 63)
R6	The Health Board should: R6.1 ensure that it rapidly completes its work to strengthen the audit recommendations tracker; and R6.2 strengthen ownership and accountability for delivery of audit recommendations. (Paragraph 67)

Recommendations

- R7 The Health Board should set out how each individual well-being objective aligns to the national well-being objectives and well-being objectives of its partners. **(Paragraph 78)**
- R8 The Health Board should develop and report on population outcome measures to demonstrate the impact of its strategy delivery. **(Paragraph 84)**
- R9 The Health Board should strengthen Board and committee corporate strategy and plan reporting by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales. **(Paragraph 85)**
- R10 The Health Board should:
- R10.1 monitor and manage any immediate quality and performance risks that may arise as a result of limited or no investment in services as it seeks to achieve financial balance in the short-term; and
 - R10.2 develop a long-term financial plan, beyond its 2024-27 Integrated Medium-Term Plan, aligned to its organisational strategy in order to achieve financial sustainability. **(Paragraph 95)**

Detailed report

Board transparency, effectiveness, and cohesion

- 8 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 9 We found that **the Health Board has a stable and cohesive Board which generally conducts its business appropriately, effectively, and transparently. The introduction of a new committee structure in early 2025 will provide an opportunity to strengthen these arrangements further.**

Public transparency of Board business

- 10 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:
- Board and committee meetings that are accessible to the public;
 - Board and committee papers being made publicly available in advance of meetings; and
 - Board and committee business and decision-making being conducted transparently.
- 11 We found that **whilst the Health Board remains committed to public transparency of Board and committee business, it still has further work to do to fully address our previous audit recommendations in this area.**
- 12 The Health Board has generally effective arrangements in place to support public transparency of Board and committee business. It operates both virtual and in-person Board and committee meetings. Whilst it no longer livestreams public Board meetings, recordings of meetings are made available on its website and YouTube channel as soon as possible following the end of the meeting. However, this practice has not been extended to committee meetings.
- 13 Public Board meetings are signposted effectively on the Health Board's website and social media platforms with clear guidance on how members of the public can request to attend in person if they wish to do so. It also endeavours to provide simultaneous Welsh translation and British Sign Language upon request. (See **Appendix 2 - 2023 Recommendation 1**).
- 14 The Health Board aims to publish the agenda and papers for Board and committee meetings on its website a week in advance of meetings. However, a Standing Order Breaches update to the Audit and Risk (A&R) Committee in August 2024 highlighted some instances where timescales were not met (see **Appendix 2 - 2022 Recommendation 1b**). The Health Board does not publish papers of private Board and Committee meetings, the Remuneration and Terms of Service

Committee or the Board Advisory Groups¹ on its website due to the sensitive nature of the information discussed.

- 15 The Health Board has included some videos of staff and patient stories presented during its Board and committee meetings on its website. However, this arrangement is not consistently applied. For example, videos of the patient story presented at the September 2024 Board and Quality and Safety (Q&S) Committee were not uploaded. However, the papers did include accompanying presentation slides for the item presented at Board. (See **Appendix 2 - 2023 Recommendation 2**)
- 16 The Board continues to make appropriate use of private sessions, ensuring that they meet requirements of the Freedom of Information Act and reserving them for confidential and sensitive matters only. Agendas for public Board and committee meetings include an item on matters to be discussed in private. (See **Appendix 2 – 2022 Recommendation 1a**)
- 17 Draft Board and committee meeting minutes continue to be produced quickly; however, they are not made publicly available until the papers of the subsequent meeting are published. As committee meetings are not livestreamed or recorded for public use, the Health Board still needs to put arrangements in place to ensure the public have timelier access to records of committee meetings (see **Appendix 2 – 2023 Recommendation 3**). The Health Board still needs to ensure timely upload of confirmed committee minutes to its website (see **Appendix 2 – 2023 Recommendation 4**).
- 18 Our observations of Board and committee meetings found that they support good openness and transparency amongst participants, particularly in relation to the challenges facing the organisation.

Arrangements to support the conduct of Board business

- 19 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
 - a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.

¹ The Health Board's Board Advisory Groups are the Clinical Advisory Group (CAG), Local Partnership Forum (LPF), and Stakeholder Reference Group.

- 20 We found that **the Health Board has generally good arrangements to support the effective conduct of Board business, but as we identified last year, it still needs to strengthen its policy management arrangements.**
- 21 The Health Board's Standing Orders, Scheme of Reservation and Delegation of Powers, and Standing Finance Instructions (SFIs) are up to date and reviewed annually with amendments or updates routinely reported to both the A&R Committee and Board.
- 22 The A&R Committee maintains appropriate oversight of compliance with the Scheme of Reservation and Delegation in relation to procurement matters, declaration of interests, standings orders, and SFIs. Both the August and October 2024 Procurement and Scheme of Delegation updates to the committee highlight high numbers of invoices on hold (due to no purchase order) compared to the all-Wales Health Board average. This has prompted communication to Health Board staff and an update to the Purchase Order Policy.
- 23 Declarations of Interest are taken at the start of every Board and committee meeting. There are also appropriate arrangements for declaring, handling, and recording and reporting declarations of interest from Board members and staff in Band 8d posts and above.
- 24 The Health Board continues to include key policies and procedures on its website. However, the Incident Management Framework, Handling Concerns Policy, Raising Concerns Policy, and Environmental Policy remain out of date (see **Appendix 2 – 2023 Recommendation 5**).
- 25 Arrangements for monitoring, tracking, and reviewing wider Health Board policies still require strengthening. The Health Board is currently exploring how it can achieve this using the Audit Management and Tracking (AMaT)² or SharePoint systems. Subsequently there is limited assurance provided to the relevant Committee on policy management. **(Recommendation 1, 2024)**

Effectiveness of Board and committee meetings

- 26 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;

² AMaT is an audit management and tracking tool, which utilises dashboards to give intelligence, and enables staff to update progress in real time reducing the burden on governance teams as it automates many of the processes, such as asking for progress updates.

- well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board;
 - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 27 We found that **the Board and its committees continue to operate generally effectively, with planned changes to the committee structure focussed on strengthening oversight of strategic matters and building on current good arrangements.**
- 28 The Board and its committee continue to operate generally effectively. We found:
- up-to-date terms of reference, annual cycles of business and forward work plans in place for the Board and committees that broadly cover the breadth of the Health Boards business;
 - that committee chairs are actively involved in meeting agenda setting, with evidence of the Board Assurance Framework (BAF) being used to shape Board and committee business (see **paragraph 49**);
 - appropriate use being made of the consent agenda for routine business;
 - well-chaired meetings enabling contributions from all members on key issues;
 - good meeting etiquette being observed, with appropriate scrutiny and challenge. However, there were a small number of instances where discussions appeared to stray slightly too much into operational detail;
 - a well-established and effective approach for referring matters between committees and challenging the robustness of assurances provided (see **Appendix 2 – 2022 Recommendations 10c**); and
 - an effective approach to escalating issues to the Board with an identification of actions in response to risks.
- 29 The Planning, Performance & Finance (PP&F) Committee became responsible for oversight of the Health Board's estate last year. Our work this year indicates that the committee received an update on Estates performance at its meeting in February 2024. However, the recent critical incident at the Princess of Wales Hospital³, while unforeseen, re-enforces the strategic importance of effective Board oversight of the Health Board's estate, as well as the importance of developing an Estates strategy to accompany the Acute Clinical Services Plan. (see **Appendix 2 – 2022 Recommendation 10a**).

³ During October 2024, the Health Board declared a critical incident at its Princess of Wales Hospital site revealing serious deterioration to the building's roof that will require a substantial programme of replacement.

- 30 In general, the quality of information presented to Board and committees is improving. The Corporate Governance Team quality assures all papers before publishing. The recently introduced report writing training should also further improve report consistency and quality. However, while papers are generally clear and well-written, occasionally they can be overly long and detailed. The new committee arrangements (see **paragraph 32**), which will have a greater focus on strategic matters, may also help report authors focus on key matters, reducing the overall volume of meeting papers.
- 31 Cover reports follow a standard format and impact assessments are routinely completed covering a wide range of criteria⁴. Cover reports for presentations continue to be in a different format and do not capture the key risks and issues associated with the presentations (see **Appendix 2 - 2022 Recommendation 1d**).
- 32 In September 2024, the Board approved the following changes to the Health Board's governance and management arrangements:
- the number of formal committees will be reduced from nine to seven⁵;
 - the frequency of the Audit, Risk and Assurance committee meeting will change from bi-monthly to quarterly;
 - the introduction of a new Strategic Development Committee to provide oversight of strategic planning and programme delivery;
 - the introduction of a new Operational Delivery Committee to provide oversight of operational planning, performance, finance, digital and information governance;
 - the introduction of a new Executive Management Board to oversee day to day operational and corporate Health Board functions and maintain focus and oversight of long-term strategy, plans and programmes.
- 33 The Health Board anticipates that the new arrangements will ensure more efficient and effective management of Board and committee business and provide greater strategic oversight of the organisation. Board members support the new arrangements, however, there are potential risks around committee workload and flows of assurance given the proposed frequency of some committee meetings. Therefore, agenda setting under the new arrangements will be critical to ensuring that Board and committees are strategically focussed and seek the correct level of assurance. The Health Board intends to formally review the new committee structure once the arrangements embed. However, to support continuous

⁴ Impact Assessment criteria include Health Board strategic objectives, Wellbeing of Future Generations (Wales) Act 2015, domains and enablers of quality, environmental sustainability, equality and Welsh Language

⁵ The People and Culture (P&C), Planning, Performance & Finance (PP&F), Population Health & Partnerships (PH&P) and Digital and Data (D&D) Committees will be removed from the structure with their responsibilities transferred to other committees.

improvement, Board and committee members should regularly reflect on the effectiveness of the new arrangements.

Board commitment to hearing from patients/service users and staff

- 34 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
- The Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 35 We found that **the Health Board remains committed to hearing from patients, service users and staff, but opportunities exist to better identify and monitor the actions arising from listening and learning stories.**
- 36 The Health Board continues to engage effectively with staff and patients. The Board, Q&S, and P&C Committees receive a shared listening and learning story⁶ and spotlight presentation⁷. Our observations found a balance of both positive and negative stories. The Board also uses stories to follow-up on investment decisions. For example, in June 2023, the Board approved a business case to implement robotic assisted surgery. At its meeting in September 2024, the listening and learning item subsequently focussed on the positive outcomes of this decision, including both staff and patient perspectives. However, there is scope to introduce more systematic arrangements for identifying and monitoring actions arising from listening and learning stories (**Recommendation 2, 2024**). Following the committee re-structure (see **paragraph 32**), the Health Board will need to ensure that staff stories continue to inform Board members on staff experience.
- 37 The Health Board continues to have good arrangements to support Board walkarounds, allowing both Executive Directors and Independent Members to engage directly with patients and staff and triangulate performance information and assurances from management. Routine Q&S Committee updates provide an overview of good practice, areas of concern and issues and actions agreed for all the visits completed. Progress on these actions is monitored by Care Group Quality, Safety, and Patient Experience Groups. The Board Development Session scheduled for December 2024, is due to consider a review on the effectiveness and impact of the IM Walk-arounds.

⁶ Patient and staff stories describing their experiences.

⁷ Deep dive presentation on a specific service.

Board cohesiveness and commitment to continuous improvement

- 38 We considered whether the Board is stable and cohesive, and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 39 We found that **the Board continues to be cohesive and committed to continuous improvement.**
- 40 The Health Board has a cohesive and stable Board. All members of the Executive Team are in permanent positions and the Health Board has managed changes amongst its Independent Member cadre well. During the year, it successfully filled four vacant Independent Member positions⁸ with one vacancy remaining (Corporate Business). There will be a further change in 2025 when the Independent Member (Digital) reaches the end of his final term.
- 41 Board members have a broad mix of knowledge and experience. However, a recent skills review identified gaps around commercial contracting, procurement, estates, and property. Furthermore, the Board has lost one Welsh speaking Independent Member. The Board is using this information alongside its diversity profile⁹ to shape the role and inform recruitment for the Independent Member vacancy mentioned above.
- 42 The Board and its committees continue to review their effectiveness annually. During the year, the Health Board also completed a broader review of Board business and structures (see **paragraph 32**), the use of Board development and briefing sessions (see **paragraph 43**), and the approach to agenda planning sessions. A Board development session held in September 2024 reflected on the learning from this work and identification of areas of focus. The Corporate Governance Team is progressing actions as part of its work plan.
- 43 The Board development and briefing programme covers a variety of topic areas, such as future models of primary care, community engagement, research and development, and digital transformation. In addition, they are used to consider and inform the development of corporate strategies and plans. The Board and

⁸ The Health Board appointed a Vice Chair, and Independent Members for Community, Trade Union, and Legal

⁹ A Board diversity profile is a collection of goals and actions to ensure the Board is made up of a diverse group of people.

Corporate Governance Team are reviewing the programme for 2025 to ensure it provides a clearer focus on key strategic items.

Corporate systems of assurance

- 44 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 45 We found that **the Health Board's systems of assurance are operating generally effectively, but opportunities remain to strengthen arrangements further and to take urgent action to address overdue recommendations and improvement actions.**

Corporate approach to overseeing strategic and corporate risks

- 46 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic and corporate risks were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
 - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.
 - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
 - the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.
- 47 We found that **whilst the Health Board has generally effective corporate arrangements for managing risks, there is scope to strengthen reporting on the impact of actions taken to mitigate strategic risks.**
- 48 The Health Board maintains a detailed and comprehensive BAF, which the Board reviews at each meeting. The BAF is owned by the Board, who use it to oversee, scrutinise and manage strategic risks. The BAF reflects the Health Board's long-term strategic goals and captures the strategic risks it is currently facing and the associated impact on the organisation. It also provides appropriate information on risk scores, key controls, assurances, gaps in controls and assurance, and mitigating actions. However, the Health Board could strengthen its approach by clearly reporting the impact of actions that it is taking to mitigate its strategic risks. **(Recommendation 3, 2024)**
- 49 The Health Board continues to use the BAF to shape and inform its committee business. BAF and committee assigned risks are discussed at all agenda planning meetings and considered when shaping committee cycles of business.

Organisational risk register reports to committee identify both the strategic and organisational risks assigned to committees. The Board reviews its risk appetite position annually and has adopted either a cautious, open, or averse risk tolerance¹⁰ across its risk domains.

50 The Health Board continues to have effective risk management arrangements. We found evidence of:

- clear policies, procedures, and training;
- clear articulation of the organisation's highest scoring operational risks, existing controls, and actions to mitigate them within the organisational risk register;
- effective committee oversight of organisational risks during public and private meetings, with good scrutiny, questioning and discussion; and
- clear organisational risk register reports to committees.

51 While the Internal Audit Service's review of risk management arrangements provided reasonable assurance, it also identified weaknesses around Datix¹¹ record keeping, risk escalation, risk management training uptake and risk monitoring arrangements. The Health Board reports that it has addressed all but one of the recommendations to date.

Corporate approach to overseeing organisational performance

52 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

53 We found that **whilst the Health Board's performance management arrangements are generally effective, it needs to fully update its performance framework, ensure sufficient focus on impact of improvement actions, and ensure that the consequences of the critical incident at the Princess of Wales Hospital are effectively managed.**

54 Last year, we reported that the Health Board needed to update its draft performance management framework. This work is still underway and will need to be completed to ensure that roles, responsibilities, and performance review and

¹⁰ The Health Board's risk appetite matrix identifies several approaches to risk tolerance, i.e. averse, minimalist, cautious, open and eager.

¹¹ Datix is a web-based system used by NHS healthcare providers to report incidents and manage risk.

reporting arrangements are clearly understood at both service and management levels (see **Appendix 2 – 2023 Recommendation 6**).

- 55 Despite this, the Health Board continues to have appropriate Board-level arrangements to oversee and scrutinise organisational performance. Performance is reported to the Board, and PP&F Committee via the Integrated Performance Dashboard, which provides a detailed overview of the Health Board's performance against national delivery measures, and a small number of local measures. The report also includes a useful 'one-page' summary of the Health Board's highest profile national measures and 'direction of travel'. Detailed performance is presented within the report by Care Group (including priority areas such as Unscheduled Care and Planned Care), Corporate Directorate, or specific areas of focus and is supported by data, narrative explanation, and use of benchmarking performance data where appropriate (see **Appendix 2 – 2022 Recommendation 3**). However, while it identifies actions to improve underperformance, it does not clearly articulate whether those actions are achieving the intended impact (**Recommendation 4, 2024**).
- 56 Executive Directors share collective ownership for organisational performance. There is a collaborative approach at Board meetings, with each Executive Director presenting performance for their areas of responsibility. This includes good explanations of underperformance and actions taken to resolve issues. Scrutiny of the information is generally effective with Independent Members pursuing knowledgeable and insightful lines of questioning. Despite these arrangements, the recent unforeseen critical incident at the Princess of Wales Hospital is likely to have a notable and ongoing effect on operational performance. While the incident was beyond the Health Board's control, it has responded with a range of actions to mitigate its impact. It is crucial that the Health Board continues to ensure that these mitigating actions achieve their intended impact to secure recovery in this area.

Corporate approach to overseeing the quality and safety of services

- 57 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework
 - clear organisational structures and lines of accountability in place for clinical/quality governance; and
 - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- 58 We found that **the Health Board has generally effective arrangements for overseeing the quality and safety of services. However, it needs to fully**

embed its quality governance arrangements across the organisation and strengthen reporting on the Duty of Quality and Candour.

- 59 The Health Board continues to make good progress in addressing the outstanding areas highlighted in our 2023 Joint Review Follow-up of Quality Governance Arrangements. In August 2024, we followed up this work and found that the Health Board has addressed our original areas of concern. However, it needs to ensure continued improvement in relation to the Annual Quality Work Plan, Clinical Audit, and organisational culture and behaviours.
- 60 The Health Board's 2022-25 Quality Strategy and Quality and Patient Safety Framework, which the Board approved in early 2023, sets out its vision and strategic approach to quality and the underpinning quality assurance and management systems. The Health Board intends to update the framework by early 2025.
- 61 The Q&S Committee maintains good oversight of quality and safety and routinely considers Care Group's updates, the Patient Safety and Quality Dashboard, and People Experience Team update reports. The Board's Integrated Performance Dashboard also provides an overview of quality measures. These include metrics on healthcare acquired infections, never-events, nationally reportable incidents, Putting Things Right, and mortality rates. The Board also receives annual reports on Putting Things Right and the Duty of Quality during the year.
- 62 In September 2024, Internal Audit's review on the Health Board's Quality and Patient Safety Framework gave a reasonable assurance rating but also identified several areas where further improvements are required to strengthen 'floor to board' quality and safety assurance. These areas include Quality, Patient Safety and Experience meeting arrangements, Care Group assurance framework structures, and Care Groups and Clinical Service Groups annual quality work plans.
- 63 The Health Board continues to embed the Health and Social Care (Quality and Engagement) Act 2020. The Board considered the first Duty of Quality Report at its meeting in July 2024. This set out progress and plans for implementing and embedding the duty. The report highlights positive achievements, however, the Health Board needs to be clearer around the challenges it faces when introducing the required changes. Furthermore, while the report highlights several priorities for the coming year, it does not include milestones or targets to help the reader understand when it aims to achieve them. **(Recommendation 5, 2024)**

Corporate approach to tracking recommendations

- 64 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

- 65 We found that **the Health Board's progress in strengthening its recommendation tracking systems remains slow and urgent action is required to address overdue recommendations.**
- 66 The Health Board continues to develop its arrangements for tracking Internal and External Audit recommendations and Health Inspectorate Wales improvement actions, (see **Appendix 2 – 2018 Recommendation 6**). It is currently transitioning to the 'AMaT' system although this is taking longer than anticipated. This system will allow the Health Board to improve its approach for analysing progress by providing a dashboard to inform recommendation monitoring reports to the A&R and Q&S Committees. Whilst the quality of committee recommendation/action monitoring reports is improving, there currently is a considerable amount of manual intervention required to produce the reports.
- 67 More work is required to address overdue recommendations. The October 2024 update to the A&R Committee noted that a total of 111 Internal Audit, 21 Audit Wales and 71 HIW recommendations / improvement actions were overdue. The Corporate Governance Team and Executive Team are commencing a focussed programme of work to address this and will report progress to future A&R Committee meetings. Nevertheless, the Health Board should strengthen ownership and accountability amongst Executive Directors to secure sustained improvements in this area. **(Recommendation 6, 2024)**

Corporate approach to planning

- 68 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 69 We found that **while the Health Board has an effective approach to developing corporate strategies and plans, it is experiencing challenges in progressing key elements of its long-term strategy. It also needs to strengthen its approach to monitoring and reporting strategy delivery and impact.**

Corporate approach to producing strategies and plans

- 70 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;

- appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
- the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.

71 We found that **the Health Board has a generally effective corporate approach to producing strategies and plans and has produced a Welsh Government approved IMTP. However, its focus on addressing ongoing financial challenges in the short-term is impacting its ability to progress some strategic objectives.**

72 The Health Board continues to work towards delivering its long-term strategy – CTM 2030. During 2023-24, the Health Board progressed work on many key areas of the strategy including the development of the Llantrisant Health Park¹² and Maesteg Community Hospital¹³. However, the Board's steer and focus on achieving its target control total for 2023-24 (see **paragraph 90**), and addressing ongoing financial challenges during 2024-25 appears to be having some impact on the pace of delivering other key strategic objectives, such as providing the resources required to develop the Acute Clinical Services Plan. The new Strategy Development Committee will be critical in providing robust scrutiny and oversight of the Health Board's progress in developing and delivering its strategic plans.

73 The Health Board continues to have effective arrangements for preparing its 2024-27 Integrated Medium-Term Plan (IMTP). It uses a combined top-down and bottom-up approach where Care Groups and Corporate Directorates develop individual service plans aligned to the organisation's strategic objectives and policy / legislative requirements. The Health Board set up an Executive Steering Group to provide support and challenge to each Care Group during the development of their respective plans as part of preparation of its IMTP. The PP&F Committee and Board were fully involved in plan development, culminating in the Health Board producing a Welsh Government approved IMTP.

74 The process for developing wider corporate strategies and plans, such as the Strategic Equality Plan and Infection Prevention and Control Strategy 2024-27, is effective. Corporate strategies and plans are shared with Independent Members to provide feedback or are collectively discussed as part of Board Development sessions, or at various committees prior to receiving formal approval at public Board meetings. They are also discussed and shared with internal and external stakeholders to maximise input.

¹² The Llantrisant Health Park Programme aims to deliver a cutting-edge diagnostics and treatment centre.

¹³ Maesteg Community Hospital is being re-developed into a health, care and wellbeing hub.

Corporate approach to setting well-being objectives

- 75 We considered whether the Health Board has a sound corporate approach to setting its well-being objectives in accordance with the sustainable development principle¹⁴. We were specifically looking for evidence of:
- appropriate arrangements in place for setting well-being objectives which are underpinned by the sustainable development principle;
 - appropriate consideration given to how the organisation will ensure delivery of its well-being objectives; and
 - appropriate arrangements in place to monitor progress and improve how the organisation applies the sustainable development principle.
- 76 We found that **the Health Board has an appropriate corporate approach to setting well-being objectives. However, they need to be better aligned to national well-being goals and the well-being objectives of partners.**
- 77 CTM 2030 sets out the Health Board's long-term strategic objectives which are also its wellbeing objectives under the Well-being of Future Generations (Wales) Act 2015. The strategic / well-being objectives were shaped in line with the sustainable development principle and clearly articulate the Health Board's vision to become a population health organisation and 'anchor institution'¹⁵. They were developed and agreed by the Board following detailed research into population health and inequality and informed by extensive clinical and community exercises. Due consideration was also given to wider national policy such as 'a Healthier Wales', Values-Based Healthcare, and carbon net zero reduction.
- 78 The strategic / well-being objectives are cross cutting, future focussed and underpinned by the five ways of working. For example, the strategic / well-being objectives focussing on 'sustaining our future' and 'creating health', are underpinned by clear priorities for the Health Board. However, while CTM 2030 demonstrates alignment to the 'five ways of working', the Health Board's strategic / well-being goals have not been aligned to the seven national well-being goals or the well-being objectives of its partners. **(Recommendation 7, 2024)**
- 79 In paragraphs **72 and 82**, we comment on the Health Board's progress and arrangements for monitoring and overseeing delivery of CTM 2030 in the context of its more immediate challenges and priorities.

¹⁴ Under The Well-being of Future Generations (Wales) Act 2015, the Health Board is required to set and publish well-being objectives that are designed to maximise its contribution to achieving each of the well-being goals. Further information is available [here](#).

¹⁵ Anchor institutions are large organisations that are connected to their local communities and have a significant impact on their health and wellbeing. They are typically non-profit, public-sector organisations that are unlikely to relocate.

Corporate approach to overseeing the delivery of strategies and plans

- 80 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART¹⁶ milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 81 We found that **whilst there are arrangements in place to enable the Board to oversee implementation and delivery of corporate plans, these could be strengthened further by developing clear outcomes measures for its key strategies and improving reporting on impact.**
- 82 While the Board receives routine updates on aspects of strategy delivery, the development of clear actions and outcomes measures for its high-level strategic objectives remains in progress. This work needs to be completed urgently to enable the Board to understand progress and clearly demonstrate delivery of CTM 2030 (see **Appendix 2 – 2022 Recommendation 4**).
- 83 The 2024-27 IMTP is appropriately aligned to CTM 2030 and sets out how the Health Board's strategy groups are used to deliver the key priority areas. While the 2024-27 IMTP delivery requirements are generally clear for year 1, milestones and targets for years 2 and 3 are less clear. The Health Board has also not formally set out Executive Director lead responsibilities for deliverables, which may limit appropriate accountability (see **Appendix 2 – 2022 Recommendations 5a and 5b**).
- 84 Quarterly IMTP progress reports are presented to the Board and PP&F Committee. The updates focus on the delivery of Care Group 'plans on a page' and the five Welsh Government ministerial priorities. Cover reports are narrative in nature and highlight progress and challenges, but are supported by detailed appendices setting out actions, and milestones for delivery. While there is reference to the Integrated Performance Dashboard in the report, there continues to be an opportunity to clearly link progress in delivering priorities to the Health Board's performance (see **Appendix 2- 2022 Recommendation 5c**). The Health Board also needs to develop an appropriate suite of population outcome measures to demonstrate the impact of its strategy delivery. (**Recommendation 8, 2024**)
- 85 During the year, the Board and committees received routine updates on wider corporate strategy and plan delivery such as the Strategic Workforce Planning and Mental Health and Learning Disabilities Strategic Work Programme. While these

¹⁶ Specific, measurable, achievable, relevant, and time-bound

provide sufficient information to demonstrate progress, they do not clearly articulate where delivery is off-track, mitigating actions, and revised delivery timescales. **(Recommendation 9, 2024)**

Corporate approach to managing financial resources

- 86 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 87 We found that **financial planning, management, monitoring, and reporting arrangements are generally effective, but the organisation's focus on addressing its immediate financial challenges is presenting risks to the delivery of longer-term solutions to achieving financial sustainability.**

Financial objectives

- 88 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
 - the organisation being on course to meet its objectives and duties in 2024-25.
- 89 We found that **while the Health Board achieved its target control total in 2023-24 financial objectives, it faces risks to achieving its forecast breakeven position for 2024-25.**
- 90 The Health Board met its financial objectives for both revenue and capital expenditure in 2023-24, with additional in-year financial support from Welsh Government (some of which was conditionally recurrent and some of which was non-recurrent), which was provided to all health boards in Wales. However, because of a £24.5 million deficit in 2022-23, it did not meet its statutory financial duty to breakeven against its revenue resource limit over a three-year rolling period. Nevertheless, the Health Board's 2023-24 financial position represents a significant achievement and provides increasing confidence in its strategic financial management. This is likely to be a key factor that informed Welsh Government approval of the Health Board's 2024-27 IMTP. We note that the Health Board was the only health board in Wales to submit a balanced IMTP for 2024-27 that was subsequently approved by Welsh Government.
- 91 The Health Board forecasts a breakeven year-end position for 2024-25. However, the Month 6 2024-25 Finance update to the PP&F Committee in November 2024 highlighted a £3.3 million year-to-date deficit and significant risk that the forecast could deteriorate in the forthcoming months.

Corporate approach to financial planning

- 92 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 93 We found that **the Health Board has a generally effective approach to financial planning in the short- to medium-term. However, the focus on achieving its financial objectives in the short-term poses risks to longer-term investment in sustainable services and models of care.**
- 94 The Health Board has a clear framework for developing its Financial Plan for 2024-27. Care Groups and Corporate Directorates, with the support of Finance Business Partners, submitted assessments of their underlying financial position and key investments, cost pressures, and savings opportunities. Initial submissions were scrutinised by Executive Directors, with further review undertaken by the Finance Team and Chief Operating Officer's Team. The Board approved the Financial Plan in March 2024 as part of the 2024-27 IMTP approval process.
- 95 The Health Board's ambition to continue to deliver a balanced financial position has led the Board to make difficult investment decisions. For example, it has been unable to invest in Stroke Services, which is encountering significant performance challenges. As mentioned in **paragraph 72**, addressing the financial position is also causing delays with the development of the Acute Clinical Services Plan, which is key to creating more sustainable models of care. While the Health Board has signalled potential opportunities for lower savings targets and higher levels of discretionary investment in years 2 and 3 of its 2024-27 IMTP, it will need to closely monitor and manage any immediate quality, performance, and longer-term financial sustainability risks that may arise. **(Recommendation 10, 2024)**
- 96 In 2023-24, the Health Board achieved its £27.4 million savings target. Despite this, our 2024 Review of Cost Savings Arrangements found that the Health Board now needs to initiate a more future orientated approach by focussing on service transformation to maintain its long-term financial sustainability. As at Month 6 2024-25, the Health Board reported achievement of £5.1 million savings which is £8.3 million below the year-to-date target of £13.2 million. Performance against savings targets continues to be scrutinised at the PP&F Committee and Board.

Corporate approach to financial management

- 97 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
 - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
 - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 98 We found that **the Health Board continues to have generally effective arrangements for overseeing and scrutinising financial management.**
- 99 The Health Board has a generally effective approach to overseeing and scrutinising financial management. The A&R Committee continues to receive good quality procurement and scheme of delegation reports which provide an overview of procurement matters (see **paragraph 22**). The reports also provide an update on changes to the Scheme of Delegation and Financial Control Procedures. The latest update to the A&R Committee in October 2024, indicated that there were still several Financial Control Procedures that are over their review date, and will be updated by the end of December 2024 (see **Appendix 2 - 2022 Recommendation 7c**). An Internal Audit review on Medical Variable Pay Agency Costs reported in September 2024 gave a reasonable assurance rating.
- 100 The Health Board continues to have good counter fraud arrangements. There is an agreed annual workplan and routine reports to the A&R Committee showing delivery against the plan.
- 101 The Health Board continues to have a good understanding of its cost drivers. The Financial Plan highlights risks including service and demand pressures, pharmacy costs, increasing commissioned activity, local investments, continuing healthcare, growth in staffing costs, and the Welsh Risk Pool. In addition, it acknowledges the wider contextual challenges facing the organisation including supply chain delays, and inflationary pressures. The Health Board continues to issue accountability letters to Executive Directors which set out requirements to manage the Health Board's financial position.
- 102 The Health Board submitted its draft 2023-24 Annual Report and Accounts within the required timescales. We issued an unqualified true and fair audit opinion, and a qualified regulatory opinion because the Health Board did not meet its revenue resource allocation over the three-year period.

Board oversight of financial performance

- 103 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 104 We found that **financial reports provide sufficient information to enable effective scrutiny and challenge and are clear on the impact of action taken to improve the financial position.**
- 105 The Health Board continues to have effective arrangements for reporting financial performance to the Board and PP&F Committee. Finance reports are tailored for both and provide sufficient information to enable scrutiny and challenge. Reports continue to highlight key financial risks and potential opportunities that may impact on the financial position and the impact of mitigating actions is reflected in the forecast position. (see **Appendix 2 - 2022 Recommendation 8a**).
- 106 Our observations found effective scrutiny and challenge from Independent Members on the Health Board's financial performance. We also note scrutiny and challenge on financial matters as part of wider Health Board business. For example, the spotlight presentation at the Q&S Committee meeting in September 2024 included questions around funding of the Rapid Assessment and Prevention Occupational Therapy service¹⁷.

¹⁷ The Rapid Assessment and Prevention Occupational Therapy Service is provided by a team that includes occupational therapists and other professional to assess and treat patients in the community, rather than in a hospital.

Appendix 1

Audit methods

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

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: • Public Board • Audit and Risk Committee; and • Quality and Safety Committee.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality; • key organisational strategies and plans, including the IMTP; • key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.

Interviews

We interviewed the following Senior Officers and Independent Members:

- Chief Executive Officer;
- Chair of the Health Board;
- Vice Chair of the Board;
- Chair of the Audit and Risk and Planning, Performance and Finance Committees;
- Chair of the Quality and Safety Committee
- Director of Corporate Governance (Board Secretary)
- Assistant Director of Governance and Risk
- Executive Director of Finance
- Executive Director of Nursing, Midwifery and Patient Care
- Executive Director of Strategy and Transformation
- Executive Director of Public Health

Appendix 2

Progress made on previous-year recommendations

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

Recommendation	Description of progress
2018 Recommendation 6 The audit recommendation tracker should be expanded to include the recommendations of other external agencies e.g., Healthcare Inspectorate Wales and the Delivery Unit.	Complete – see paragraph 66
2022 Recommendation 1 We found opportunities for the Health Board to improve its administrative governance arrangements to enhance public transparency and support Board and committee effectiveness. The Health Board, therefore, should:	

Recommendation	Description of progress
a) publish the agendas of private Board and committee meetings; b) publish the papers for all public Board, committee, and advisory meetings on its website in a timely manner; d) update presentation cover sheets to enable authors to summarise the information sufficiently and capture the relevant risks and issues.	Complete – see paragraph 9 In progress – see paragraph 8 No progress – see paragraph 12
2022 Recommendation 3 The Health Board has a number of longstanding performance challenges across many areas in both planned care and urgent and emergency care, resulting in it being escalated to enhanced monitoring from routine arrangements under Welsh Government's Escalation and Intervention Arrangements. The Health Board, therefore, should ensure its performance management and reporting arrangements are appropriately focused on the key challenges it faces in both planned care and urgent and emergency care, especially where performance in those areas is comparatively worse than other Health Boards in Wales.	Complete – see paragraph 55
2022 Recommendation 4 Whilst the Health Board has made positive progress in developing a long-term vision, strategic goals, and strategic priorities for the organisation, the new strategy (CTM 2030) lacks clear and measurable	In progress – see paragraph 82

Recommendation	Description of progress
outcomes. The Health Board, therefore, should seek to articulate outcomes for each strategic priority, what success would look like, and how it will measure and report progress. In doing so, it should consider the relationship between the goals of the Population Health Strategy and the wider strategic goals and public health 'life course' approach set out in CTM 2030.	
2022 Recommendation 5 We found opportunities for the Health Board to enhance its arrangements for monitoring the delivery of corporate plans and strategies, and reporting progress to the Board. The Health Board, therefore, should enhance its arrangements by ensuring: a) plans and strategies contain clear summaries of key actions / deliverables, timescales, and measures to support effective monitoring and reporting; b) plans and strategies provide greater detail on which Executive Directors are responsible for the delivery of key actions / deliverables to enable appropriate accountability; and c) reports are aligned to performance reports to enable the Board to assess the extent to which the implementation of key actions / deliverables is having a positive impact on Health Board performance.	No progress – see paragraph 83 No progress – see paragraph 83 In progress – see paragraph 84

Recommendation	Description of progress
2022 Recommendation 7 Whilst the Health Board's financial control procedures are generally effective, we identified opportunities to strengthen some controls and update the information available on the Health Board's website. The Health Board should: c) ensure out-of-date financial control procedures are removed from its website and replaced with the current versions.	In progress – see paragraph 99
2022 Recommendation 8 Whilst the Health Board has effective arrangements for reporting financial performance to the Board, we identified opportunities to enhance these reports further. The Health Board should: a) provide greater assurances that mitigating actions are in place to address key financial risks highlighted in the reports.	Complete – see paragraph 105
2022 Recommendation 9 There is limited capacity within the Health Board to fully deliver its digital transformation agenda. The Health Board, therefore, should seek to set out in its refreshed Digital Strategy how it intends to overcome staffing and funding challenges to fully exploit the benefits offered by digital technologies and solutions.	We will undertake an assessment of the Health Board progress against this recommendation as part of our digital deep dive in 2025.

Recommendation	Description of progress
2022 Recommendation 10 There is currently insufficient Board-level oversight of the condition of the estate and other significant related risks. The Health Board, therefore, should: a) ensure there is regular reporting on estates-related performance indicators and risks to the Planning, Performance, and Finance Committee; and c) establish a clear process for ensuring appropriate cross-referral of estate issues which may have a significant health and safety impact with the Quality and Safety Committee.	Complete – see paragraph 29 Complete – see paragraph 28
2023 Recommendation 1 Whilst the Health Board meets in public, it is not clear how members of the public can request to attend these meetings in person. The Health Board, therefore, should provide clear guidance on how members of the public can request to observe public Board meetings in person.	Complete – see paragraph 13
2023 Recommendation 2 The Health Board makes good use of videos in committee meetings to present patient and staff stories. However, they are not subsequently made available on the Health Board's website. The Health Board, therefore, should ensure that any videos shown during committee	In progress – see paragraph 15

Recommendation	Description of progress
meetings are made available on its website for completeness with agreement of the contributors.	
2023 Recommendation 3 Draft committee meeting minutes are produced quickly and reviewed by the relevant chair; however, they are not made publicly available until the papers of the subsequent meeting are published. Furthermore, committee meetings are not livestreamed or recorded for public use. The Health Board, therefore, should consider putting appropriate arrangements in place to ensure the public have timelier access to records of committee meetings as part of its wider efforts to enhance transparency of Board business.	No progress – see paragraph 17
2023 Recommendation 4 Whilst the Board and committees review and confirm the minutes of previous meetings, they are not always uploaded to the Health Board’s website in a timely manner. The Health Board, therefore, should ensure that all confirmed minutes are uploaded to the relevant section of its website in a timely manner to ensure the public have full access to the approved records of meetings.	In progress – see paragraph 17

Recommendation	Description of progress
2023 Recommendation 5 Whilst the Health Board has a dedicated area on its website for policies and procedures, some of them are out of date. The Health Board, therefore, should ensure that all policies and procedures on its website are up-to-date and, if not, put a clear plan in place to revise and approve them.	No progress – see paragraph 24
2023 Recommendation 6 The Health Board has appropriate arrangements in place to manage operational performance; however, it lacks a documented performance management framework. In order to enhance its arrangements further, the Health Board should prepare a written framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at service, management, committee, and Board levels.	No progress – see paragraph 54

Appendix 3

Management response to audit recommendations

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

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)



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

Management response form



Report title: 2024 Structured Assessment

Completion date: 23rd January 2025

Document reference: 4579A2024

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Health Board should strengthen arrangements for monitoring, reviewing and updating Health Board policies and routinely report progress to the relevant Committee of the Board.	A detailed Project Initiation Document for a review of Non-Clinical Policy Management process has been developed. The project objectives are: 1. To establish a baseline compliance position for Non-Clinical Written Control Documents 2. To ensure that Non-Clinical Written Control Documents are appropriately defined i.e. policy, procedure, guideline etc. 3. To explore an automated approach for the management of Written Control Documents to support monitoring, review prompts, version control and document storage.	31 December 2025 <i>It is anticipated that this programme of work will commence in January 2025 and conclude at the end of the calendar year</i>	Director of Corporate Governance / Board Secretary.

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		4. To review the policy pages on the internal and external websites to ensure ease of access for users when searching for documents. 5. To review the “Policy on Policies” and develop a simplified document supported with clear process maps. Progress on the Project will be monitored via the Executive Leadership Group. Once completed this will generate improved monitoring through the appropriate Board Committees.		
R2	The Health Board should introduce arrangements for identifying and monitoring actions arising from its listening and learning stories.	Any actions from Listening & Learning stories shared at Board & Committee meetings should be identified, monitored and completed prior to the Listening & Learning story being shared presented however, monitoring of any actions following the presentation of Listening & Learning	31 st March 2025	Executive Director of Nursing, Midwifery & Patient

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		stories at Board & Committee will be presented through the Care Groups QSRE groups and/ or the Patient Experience forum. The governance process for any actions arising from the presentation of these stories is currently being worked through. As this will be a new revised arrangement, with this work being in its infancy, a full review of the required governance arrangements will be undertaken for assurance. The Health Board will ensure that staff stories to inform Board members on Staff Experiences are included within the library of Listening & Learning stories being built up for wider sharing, this work will be monitored through the Patient experience Forum.		Care/Deputy CEO
R3	The Health Board should strengthen the Board Assurance Framework (BAF) by clearly reporting the impact of actions that	In order to clearly articulate the impact of actions an additional section will be added to the	31 March 2025.	Director of Corporate

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	the Health Board is taking to mitigate its strategic risks.	mitigating action of the Board Assurance Framework to clearly capture the impact.	<i>As the January iteration is already in the process of being updated this will take effect for the March iteration.</i>	Governance / Board Secretary.
R4	The Health Board should strengthen its Integrated Performance Dashboard by clearly articulating whether actions to improve underperformance are achieving their intended impact.	The performance report narrative will be stripped back to focus on remedial action and their impact, then updates on impact.	31st March 2025	Executive Director of Strategy and Transformation
R5	The Health Board should strengthen its reporting on the Duty of Quality and Candour by: R5.1 ensuring that future annual reports are clearer around the challenges it is	5.1 Future Annual Reports will include details in respect of the health board reporting mechanisms and in particular include clear narrative around the challenges experienced in embedding the requirements.	31 st May 2025 (to align with the required publication of the Quality & Safety Annual Report)	Executive Director of Nursing, Midwifery & Patient Care/Deputy CEO

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	experiencing in embedding the requirements; and R5.2 including appropriate milestones and targets to help the reader understand when it is aiming to achieve priorities.	5.2 Appropriate milestones will be included following the clarification of the required targets to help the reader understand the aim of the priorities.		
R6	The Health Board should: R6.1 ensure that it rapidly completes its work to strengthen the audit recommendations tracker; and R6.2 strengthen ownership and accountability for delivery of audit recommendations.	R6.1 The process for updating audit recommendations will fully transition to the automated system, AMaT, by the end of March 2025. There remain system enhancements and automated report improvements that the Quality Assurance & Compliance Team are linked in with the software provider on to take forward, however it is anticipated this activity may not be completed until the end of July 2025.	31 March 2025 Circa 31 July 2025, this date has interdependencies with the software provider so is subject to change.	Director of Corporate Governance / Board Secretary.

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		Audit Handbook also being developed to support colleagues with their understanding of the audit process and various stages that require compliance. R6.2 The following processes have been implemented to strengthen ownership and accountability of audit recommendations to support the proactive management and closure of actions: • Regular meetings established with Business Managers to discuss progress against recommendation actions. • Performance is reported to the Executive Leadership Group in terms of compliance with timescales for returning management responses and action completion dates. • Director of Corporate Governance / Board Secretary is reviewing the audit tracker and meeting with Executive Leads to ensure all actions remain current and accurate and will	28 February 2025 Complete. This is now implemented as business as usual activity so it is suggested that this recommendation is complete as it will be ongoing action. Improvement will be monitored via the Audit, Risk & Assurance Committee and through future Structured Assessment reviews.	

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		liaise with audit colleagues should there be any challenge to continued applicability. - The Corporate Governance Dashboard received at the weekly Executive Leadership Groups has specific items on Audit reviews to flag where any management responses have been issued and identifies any areas of concern. - Performance dashboard now included in the Audit Tracker report to the Audit & Risk Committee that identifies the areas of concern and limited progress. This report is also received at the Executive Leadership Group.		
R7	The Health Board should set out how each individual well-being objective aligns to the national well-being objectives and well-being objectives of its partners.	The wellbeing objectives are currently embedded throughout the CTM 2030 strategy as cross cutting themes in each programme. However we acknowledge that it would be beneficial to clearly set these out separately.	December 2025	Executive Director of Public Health

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		In order to demonstrate how the wellbeing objectives map across to the national objectives and those of our partners, a task and finish group will be established in March to develop this work. A report will be produced that sets out our wellbeing objectives and our progress against them, from which we can monitor progress annually. This will be reflected in a written output which will allows stakeholders to access current information.		
R8	The Health Board should develop and report on population outcome measures to demonstrate the impact of its strategy delivery.	As part of the work overseen by the Creating Health Programme Board, the development of a data dashboard to monitor and report on population outcome measures is underway. To make this reporting meaningful however, both strategic and operational data sets will need to be developed using data from a number of different internal and external resources.	Initial meeting with PHW and CTMUHB to discuss the options around accessing the required data is planned for 10/01/25. After this a draft timeline for options and	Executive Director of Public Health

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		In addition to this, CTMUHB are working with the PSB to develop a data dashboard with Data Cymru and close collaboration with Swansea and NPT PSBs. Once developed, this will provide an up to date dataset across the well-being themes with around 150 indicators	system development can be produced. Timelines for PSB dataset to be confirmed	
R9	The Health Board should strengthen Board and committee corporate strategy and plan reporting by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales.	There are three components to CTM 2030: -Building Healthier Communities – this reports in to the new Strategic Development Committee (SDC) and activities will be clearly set out with timelines and outputs (many of the outcomes of this work is expressed in decades) -Integrated community and primary care – a specific plan that will report to Operational Deliver Committee (ODC) with clear timelines and performance metrics.	30 April 2025 30 April 2025	Executive Director of Strategy and Transformation

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		-Acute Clinical Services Plan – the detail of this will be developed over the next 18 months through a process of systematic public engagement.	30 September 2026 <i>This will take time to develop and we also need to be mindful of the May 2026 Senedd election and the period leading up to that election.</i>	
R10	The Health Board should: R10.1 monitor and manage any immediate quality and performance risks that may arise as a result of limited or no investment in services as it seeks to achieve financial balance in the short-term; and	The Quality Governance Team will review the Quality Impact Assessment (QIA), learning from its recent use in the response to the POWH Critical Incident, to ensure that any improvements are addressed and that QIA's are routinely completed where there is a risk to quality and performance where investment in services is impacted. Consideration will also be given to how such instances routinely escalate through the appropriate stages of the Quality Governance Framework.	30 June 2025	Executive Director of Nursing / Deputy Chief Executive Officer

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	R10.2 develop a long-term financial plan, beyond its 2024-27 Integrated Medium-Term Plan, aligned to its organisational strategy in order to achieve financial sustainability.	The health Board recognises the need to develop a long-term plan, aligned to our organisational strategy, and underpinned by a long-term financial model.	30 September 2026 <i>Developing the long-term financial plan cannot be done in isolation and needs to be properly aligned to other aspects</i>	Executive Director of Finance

Agenda Item

5.7

CTM Health Board

Annual Board Effectiveness Self-Assessment

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts, Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
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
Collation of various internal and external sources of assurance throughout the financial year 2024-25 some which shared with the Board and Board Committees	April 2024 – March 2025	Positive progress with respect to the effectiveness of the Board including de-escalation and the closing off of the Audit Wales/HIW Quality Governance Review in the year – combination of all this work resulting in an

		overall level 4 of the Board's maturity.

1. Situation /Background

- 1.1 The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process. During the year the Health Board has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment, details of which are included in the appendices to this item.
- 1.2 The Board has also reflected on the findings of Audit Wales Board Effectiveness Review into Betsi Cadwaladr University Health Board, specifically in the area of 'Building a more cohesive and effective Board and Executive Team'.

2. Specific Matters for Consideration

- 2.1 Please refer to the supporting documentation appended to this report.

3. Key Risks / Matters for Escalation

- 3.1 The areas identified for further improvement will be taken forward by the Chair, with the support of the Director of Corporate Governance / Board Secretary, utilising a future Board Development Session.

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)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:



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

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

5. Recommendation

- 5.1 The Board are asked to **APPROVE** the Self-Assessment Maturity Rating of Level 4 as outlined in the appended reports.

6. Next Steps

- 6.1 Further focus on future Board Development will be led by the Chair, supported by the Corporate Governance team, at future Board Development sessions.

Cwm Taf Morgannwg University Health Board (CTMUHB)

Annual Assessment of Board Effectiveness 2024-2025

The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process.

1. BACKGROUND

- 1.1 During the year the Health Board has undertaken and/or engaged in assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment, these are outlined below:

2. INTERNAL SOURCES OF ASSURANCE

Effective Management of Board Business Review

- 2.1 In January 2024, the Board consulted on a proposal to review areas of Board Business. Further discussions were held in September 2024, where the timetable for implementing changes was agreed and the new way of supporting the Board went live from 1 January 2025.
- 2.2 These changes include:
- A revised Committee structure;
 - Clarity on the use of Board Development and Board Briefing sessions; and
 - Formalising the approach to agenda planning sessions.
- 2.2 In taking this work forward, the Board tested its rationale for change against the key areas of review that are considered in the annual Structured Assessment (SA) process, undertaken by Audit Wales, as outlined below:
- SA Criteria: There is an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, and meets statutory requirements (in terms of quality, performance, finance, workforce etc.).

CTMUHB Response: The revised Committee Structure took into account the mandatory and statutory elements outlined in the Model Standing orders and any Welsh Government /legislative requirements such as Mental Health Act as appropriate.

Each Committee indicates how it aligns to the Strategic Goals and the strategic risks outlined in the Board Assurance Framework.

The successful integration of the new structure will be measured through self-assessment, such as the annual Board and Committee Self-Assessment effectiveness surveys and externally via the annual Structured Assessment review undertaken by Audit Wales.

- SA Criteria: Board business is distributed equally and fairly across all committees, and there are appropriate arrangements in place to manage cross-cutting matters (e.g., workforce).

CTMUHB Response: The revised Committee Structure provided an opportunity to review how Board Business is allocated and agendas and cycles of business have been revisited to ensure business is balanced across all Committees.

The agreed cross-referral process remains for all Committees. This is captured in the Chairs Briefs and Committee Chairs are supported by the Corporate Governance Team if a referral is identified during Committee meetings. Should there be any instances during the meeting where it is felt appropriate to make a Committee Referral, there are three questions that will be considered:

- What is the issue being referred?
 - Why are we seeking the referral?
 - What is the outcome anticipated as a result of the referral?
- SA Criteria: Committee Terms of Reference are clear and provide adequate coverage of all relevant health board functions.

CTMUHB Response: In undertaking the review of the Committee Structure, the Corporate Governance Team revisited the following reference points:

- Public Bodies (Admission to Meetings) Act 1960 (the Act)
 - Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (the Regulations)
 - Model Standing Orders
 - Audit Committee Handbook
 - WG Effective Board Committees (and sample terms of reference and operating arrangements). A Governance Good Practice Guide August 2010.

The current Terms of Reference are fit for purpose, however, all Committee Terms of Reference are being reviewed in response to the Committee review and will be submitted to the May Board for approval. These will be supported by draft agenda templates and cycles of business.

- SA Criteria: Committees have up-to-date, appropriate, and balanced work programmes (informed by statutory requirements and key strategic priorities and risks).

CTMUHB Response: In response to any changes in Board Committee structure there will be a review of all Committee Cycles of Business to ensure they remain fit for purpose and balanced. These will be presented to the May 2024 Board as part of the suite of governance documents that will be going forward for approval.

- SA Criteria: Committee agendas are organised in a way that facilitate adequate discussion, scrutiny, and challenge during meetings.

CTMUHB Response: The importance of agenda planning has been recognised in this review and there will be a more formal structure adopted for agenda planning which will include:

- Previous meeting reflections and learning
- Agenda for next meeting
- Review of cycle of business and forward work planning
- Cross reference to the Board Assurance Framework

Agenda template examples have been developed to ensure there is a standard approach to routine business.

- SA Criteria: Committee meetings are well chaired, and members observe the relevant meeting etiquette.

CTMUHB Response: Every Board Member has received a copy of the Independent Member Scrutiny toolkit which supports this area of assessment.

On an annual basis a self-assessment will be undertaken for each Committee which will ask specific questions in this area.

The "how did we do" question will continue to be asked at the end of every meeting.

Structured Assessment review will also test the Health Board in this area.

- SA Criteria: Committee papers are clear, timely, and contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.

CTMUHB Response: This will always be a process of continued improvement. In March 2024, the Corporate Governance Team re-established their report writing and presenting education programme which will be rolled out across the Health Board as appropriate. The learning goals for this session is for participants to leave the session feeling more confident and equipped to write a report and/or present at a Board or Committee in accordance with the agreed business standards.

- SA Criteria: There are clear arrangements in place to support the effective cross-referral of matters between committees, and to escalate matters from committees to the Board.

CTMUHB Response: There is an established Committee Referral process in place that will continue. This is captured in the Chairs Brief for each meeting and Chairs are supported by the Corporate Governance Team.

Matters will be continued to be highlighted to Board via the Committee Highlight Reports.

- SA Criteria: Committees provide effective, reliable, and timely assurance to the Board.

When new arrangements are established, we would be seeking assurance that the Board has carefully considered whether:

1. New committee is really required to meet business need or whether the function(s) could be overseen by the whole Board or another committee.

The two new Committees replace existing Committees and have been proposed to better meet the business needs of the Board by avoiding duplication of discussions in relation to performance and strategy.

The business of the meetings has been mapped to ensure scheduled business matters are met and that the frequency is appropriate.

2. New committee would lead to a lack of clarity over committee roles or create a lack of alignment with other committees and / or the Board.

It is considered that the revised structure creates an improved delegation of Board business. The new committees will hopefully support the avoidance of duplication.

3. The Health Board has the capacity to support a new committee (in terms of IM time and wider corporate governance capacity to administer it).

The proposal reduces the number of Committees within the Board Structure which will provide Independent Members with additional capacity to support them to undertake additional walkarounds, site visits etc. to further triangulate assurance and seek other areas of intelligence.

Board Development Session – An Effective and Cohesive Board

- 2.3** In September 2024, the Board came together for a focussed session on its own development. The session focussed on the skills mix within the current Board and identify any gaps. It also looked at the diversity profile of the Board, how the new arrangements would contribute to a more effective Board and the importance of Executive and Independent Member Walkarounds as a key source of assurance and helping to drive improvement

Corporate Governance in Central Governance Departments: Code of Practice 2017

- 2.4** An assessment against the **Corporate Governance in Central Governance Departments: Code of Good Practice 2017**, has been completed using the "Comply" or "Explain" approach. The Self-Assessment against the code of good practice is attached at Appendix 2.

"Good Governance" Activity

2.5 The Health Board continues to adopt the following "Good Governance" activity as business as usual:

- Introduction of **reflective practice** following all Committee and Board meetings to aid continuous improvement of the management of meetings and Board business.
- **Board Committee Effectiveness** – There is a programme in place to ensure Committees of the Board review the following activity on an annual basis.
 - Terms of Reference and Operating Arrangements
 - Committee Effectiveness Annual Surveys
 - Committee Cycle of Business
 - Annual Committee Reports on Activity to the Board

2.5 **Independent Member Scrutiny Toolkit.** This toolkit is designed to support Independent Members (IMs) to provide constructive challenge in their role as Board Members. It may also be of use to Executive Directors to provide constructive challenge to their peers as papers progress through Committees to the Board. This was aligned to the all-Wales Independent Member Scrutiny Toolkit in year. Attached at Appendix 3.

2.6 The **Board Assurance Framework (BAF)** is now embedded and supports the Board in the triangulation of risks, performance and assurance. During the year the BAF has been streamlined following Board feedback and refined to address recommendations highlighted in the Audit Wales Structured Assessment.

2.7 **Board Development Programme / Board Briefings** - regular programme of Board Development activity continues, coupled with Board Briefings on topical issues as and when appropriate.

2.8 **"In Committee" Private Meetings and Chairs Urgent Action** -the use of In Committee meetings and/or Chairs Urgent Action is infrequent and only by exception where items have been considered to include Personal Identifiable Information, business or commercially sensitive. This classification is applied in the context of the Freedom of Information Act exemptions. The Health Board is committed to being open and transparent in the conduct of its Board and Committee business.

Annual Review of Risk Management Strategy, Risk Appetite and the Board Assurance Framework

2.9 The annual review of the Risk Management Framework is undertaken routinely involving Board Members in determining whether the approaches remain fit for purpose and a good source of assurance. The latest review is commencing during March 2025, under the leadership of the Assistant Director of Governance and Risk. A wider discussion will be held at the Board Development session in May 2025, and will be presented to the

Audit and Risk Assurance Committee and Health Board meetings later in the year.

360 Degree Review of Chair's Performance

- 2.10 In February 2025 at the Chair's request a 360-degree review of the Chair's performance was initiated which sought the views and comments of all Board Members, Associate Members and other Directors who attend Board. Nineteen responses were received which represented 75% of the total of those eligible to participate. The results of the survey were positive indicating that all those surveyed were satisfied with the way in which the Board is being chaired with some of the key words used to describe the Chair's style being inclusive, visible and approachable.

Responding to the 2023-2024 Annual Board Effectiveness Self-Assessment

- 2.11 The following feedback was captured in the 2023-2024 self-assessment and the action taken in response is outlined below:

What could we be doing better?	Action in Response 2024-2025
A Cohesive Board Recognise the skills on the Board and devote more time to Board development	More focussed time in 2024-25 with the September 2024 Board development session, the completion of the skills matrix and the diversity profiling. More time will be set aside for further development opportunities in 2025.
Increased Visibility of Board Members - Ensuring that the IM/Exec walkarounds are as effective as possible. - Increased visibility of Board members across all sites.	- We held a focussed and well received session on IM/Exec walkarounds at the September 2024 Board Development session. Furthermore, other ideas to strengthen this area were also shared with the Chair during the 2024 discussions on IM appraisals. Further actions will take place in 2025-26. - IM/Exec walkarounds take place across all sites district general hospitals and community settings and will continue to do so. Board development sessions routinely take place at the Hub at the Royal Glamorgan Hospital site but have also taken place in Aberdare and Bridgend over the last year and in person committee meetings have taken place in settings including Prince Charles Hospital, Keir Hardie Health Park and Ysbyty Cwm Cynon. The 2025 Board Development Session was held at Princess of Wales Hospital and allowed Board members an opportunity to tour the

	site and inspect on-going building work. The Corporate Governance team will continue to work with all Board members to determine the future location of future meetings.
Effective Management of Board Business A need to ensure that the new Committee structure beds in effectively and delivers positive change.	The new Committee structure went live in January 2025. At the February 2025 Board Development session, we have already held a 'hot review' of how the first set of meetings went and will continue periodic touch points to ensure that the new Committee structure delivers the positive change the Board desires.
Strategic Focus There should be more strategic and less operational focus at Boards and Committees.	A greater drive for strategic focus for the Board and its Committees is one of the key drivers for the Effective Management of Board Business work. We will keep this in focus over the forthcoming year.
Performance Reporting Data analysis in performance reports to ensure the right discussions are happening.	Further work on the performance report is set for 2025-26 as set out in the management response to the points raised in the AW Structured Assessment. This will include updates to the way in which the narrative supporting the data is set out.

Board Training and Development	Action in Response
Further Board Development activity on effectively working together and helping new IMs to integrate into the Board.	The September 2024 Board Development Session will be the first of a series of such sessions where time will be set aside to focus in on more structured Board development. The CG team continue to support new IMs and recognise the gap left when Academi Wales stopped supporting IM inductions. That gap has now been filled by HEIW, and newer IMs have been shared details of the new sessions which are delivered by HEIW the first of which commenced in March 2025.
More opportunities to engage in partnership and joint working	During the year we have held a joint Board Development session with Public Health Wales to look at the ways we can tackle obesity and diabetes at a local and national level. Within the wider work of the Board, we have had regular updates from Matt Jenkins who is working jointly with us as a Health Board and the three local authorities on Section 33

	Agreement. As this beds in we will look for further opportunities to update the Board on what this will mean to deliver better outcomes for our communities.
How we build in technical and mandated training such as financial awareness or information governance to our programme	There are on-going discussions about how best to deliver training to IMs we currently utilise the ESR system but will look at further opportunities to use Board Development sessions so we can train and learn together.

External Sources of Assurance & Review

Audit Wales Structured Assessment

2.12 This review was undertaken during 2024, and the full report is going to the March 2025 Board meeting. The key findings were:

- "Overall, we found that the Health Board's governance arrangements are operating generally effectively, but opportunities remain to strengthen them further. The Health Board achieved a financial breakeven position in 2023-24. However, its focus on achieving a financial breakeven position in 2024-25 does pose some potential risks to the delivery of strategic objectives and solutions."*
- Board Transparency, Effectiveness and Cohesion** – *"We found that the Health Board has a stable and cohesive Board which generally conducts its business appropriately, effectively, and transparently. The introduction of a new committee structure in early 2025 will provide an opportunity to strengthen these arrangements further."*
- Corporate Systems of Assurance** – *"We found that the Health Board's systems of assurance are operating reasonably effectively, but opportunities remain to strengthen arrangements further and to take urgent action to address overdue recommendations and improvement actions."*
- Corporate Approach to Planning** – *"We found that while the Health Board has an effective approach to developing corporate strategies and plans, it is experiencing challenges in progressing key elements of its long-term strategy. It also needs to strengthen its approach to monitoring and reporting strategy delivery and impact."*
- Corporate approach to managing financial resources** – *"We found that financial planning, management, monitoring, and reporting arrangements are generally effective, but the organisation's approach to achieving financial breakeven in the short-term is presenting risks to the delivery of short-term and longer-term solutions to achieving financial sustainability."*

2.13 Recommendations identified within the report will be monitored via the Audit & Risk Assurance Committee through to completion via the Audit Tracker report.

Joint Escalation and Intervention Arrangements status – Quality & Governance Area

2.14 On 26 April 2024, the Health Board were informed that the Cabinet Secretary for Health and Social Care had de-escalated the status of

CTMUHB for Quality, Leadership and Culture, and Trust and Confidence, to Routine Arrangements, following the most recent tripartite meeting.

Area	Previous Status	New Status
Quality and Governance, Leadership and Culture, and Trust and Confidence	Enhanced Monitoring	Routine Arrangements

- 2.15 The Cabinet Secretary stated that: “Turning to governance, leadership and culture, trust and confidence, the health board has made significant progress in reforming these functions. The recommendations from HIW and Audit Wales’ joint review of quality and governance arrangements have been implemented and the new operating model fully embedded. There is a clear structure for the development of the organisation’s clinical strategy and work on this is progressing well. The health board strategy, together with the quality and patient safety framework, provides a good foundation to support the delivery of the duties of quality and candour. I would like to thank all the staff across the health board for all their hard work.
- 2.16 The Health Board was delighted that following a significant programme of work and sustained improvements that quality and governance, leadership and culture and trust and confidence was de-escalated.

Quality Governance Review (Audit Wales and Health Inspectorate Wales)

- 2.17 In response to the identification of weaknesses in governance around quality governance arrangements, Health Inspectorate Wales (HIW) and Audit Wales (AW) undertook an urgent review, the findings of which were initially published in November 2019. A subsequent report published in May 2021 set out details of progress made since the original 2019 review. A further follow-up review was undertaken in March 2023, “CTMUHB – Quality Governance Arrangements Joint Review Follow-Up – August 2023”.
- 2.18 In the letter dated 22 August 2023, CTMUHB was informed that AW and HIW would not be undertaking any further formal joint review follow up work. However, they signalled their intent to ask the Health Board for a written update on its progress in addressing the areas that the joint review follow up team felt needed further work.
- 2.19 Further correspondence dated 15 March 2024, AW and HIW asked that the Health Board further self-assess itself against the outstanding actions noted in the follow up work which had been undertaken in 2023.
- 2.20 Following receipt of the self-assessment, on 26 July 2024, the Health Board received a further letter, signed jointly by AW and HIW which concluded that:
- *"Given our overall view that the Health Board has made good progress in addressing the outstanding recommendations and areas of further work we*

identified, we do not propose to undertake any further formal joint follow up work in these areas. Instead, we will continue to monitor the Health Board's progress in addressing these matters through our routine audit and inspection work."

2. ASSESSMENT

Following due consideration of section two and the supporting appendices, the Board is asked to confirm what it considers the overall level of maturity to be for the Health Board in respect of governance and board effectiveness for 2024-2025, based on the following criteria:

Assessment Matrix level	Level 1	Level 2	Level 3	Level 4	Level 5
Tick the matrix box that most accurately reflects how your service is doing with this standard	In terms of Board effectiveness and Board Governance: We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve.	In terms of Board effectiveness and Board Governance: We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	In terms of Board effectiveness and Board Governance: We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.	In terms of Board effectiveness and Board Governance: We have well developed plans and processes and can demonstrate sustainable improvement throughout the service.	In terms of Board effectiveness and Board Governance: We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from
			2020-2021 	2024-2025  2023-2024  2022-2023  2021-22 	

3. RECOMENDATIONS

Based on the work undertaken during this year, the Board concludes its maturity rating in respect of Board Effectiveness / Governance, Leadership and Accountability to be **Level 4**.

The above assessment will be reported in the Accountability Report.

2024-2025 – CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB) SELF ASSESSMENT AGAINST THE CORPORATE GOVERNANCE – CODE OF PRACTICE 2017

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 1	Each organisation should have an effective board, which provides leadership for the business, helping it to operate in a business-like manner. The board should operate collectively, concentrating on advising on strategic and operational issues affecting the department's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Trust. (2.1 and 2.2)	At the CTM Board meeting on the 28 March 2024 the Board approved the implementation of new Board Committee and Sub Committee Structure which was outlined in the proposal paper received. This new structure was implemented in January 2025, after the Board agreed the timing of implementing the new structure at its meeting in September 2024. The Health Board meets every other month. A Board Cycle of Business is reviewed and approved on an annual basis. The Board routinely receives information on strategic activity, risk and performance matters as set agenda items. In the new Board Committee structure there is a specific strategy meeting in the form of the Strategic Development Committee. The Board has been fully engaged in the development of the CTM: 2030: Our Health Our Future. The Integrated Medium-Term plan is scrutinised by the Board. The Board collaborates with partners and key stakeholders as described in the Integrated Medium-Term Plan. At the end of each Board and Board Committee meeting the following questions are included on each agenda to support reflective feedback: "How did we do in this meeting?" • 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?	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Board and Committee Minutes – demonstrate scrutiny and support. Effective Management of Board Business Review completed in 2024 and implemented from January 2025. Audit Wales Structured Assessment report 2024.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 2	The Board does not decide policy or exercise the powers of the ministers. The department's policy is decided by ministers alone on advice from officials. The board advises on the operational implications and effectiveness of policy proposals. The Board will operate according to recognised precepts of good corporate governance in business: - Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk - Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance - Accountability – promoting transparency through clear and fair reporting. - Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. (2.3)	To further strengthen effective management of the Board business and support good corporate Governance the objectives of the new Board and Committee Structure, implemented from January 2025, are: - To provide greater clarity on the defined roles of the Board, Board Development and Board Briefings. - To ensure that the work of the Board and Committee are pitched at the right level and balance their responsibilities in strategy development, setting and leading the right culture and accountability for delivering safe, effective care. - To improve the focus, co-ordination and relevance of Board and committee papers, reduce duplication and eliminate ambiguity of committee roles; therefore, strengthening assurance to the Board. - Objective four - Develop greater insight, oversight and foresight in relation to the Health Board's integrated Population Health and Transformation agenda. The completion of a three-year Integrated Medium-Term Plan (IMTP) is a statutory requirement for CTMHB. The proposed approach for the 2024-2027 IMTP is to be set in the context of CTM: 2030: Our Health Our Future. CTM 2030 built from service plans for each care group and the corporate portfolios and with relation to partnership planning mechanisms. The intention is to develop a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan. It is the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2025-2026 continues to be challenging. The IMTP outlines how the Health Board engages and ensures that it considers the principles of citizen engagement, the Wellbeing of Future Generations Act and the Health Board's Wellbeing Statement. The Health Board continues to adopt Welsh Government (WG) Model Standing Orders and Standing Financial Instructions (SOs and SFIs), last issued in May 2021, the Health Board's SO's and SFI's are designed to translate the statutory requirements into day to day operating practice, and, together with the adoption of a Schedule of decisions reserved to the Board of Directors and a Scheme of Decisions to Officers and Others, they provide the regulatory framework for the business conduct of the Health Board. These documents form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Board's Values Framework and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales. The Standing Orders for CTMUHB were reviewed in September 2024 to take account of the changes required in implementing the new Board and Committee Structure and again in March 2025 to take into account the changes issued from WG under the Model Standing Orders.	Title: Audit Wales Structured Assessment Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Standing Orders and Standing Financial Instructions. Audit Wales Structured Assessment report 2024. Integrated Medium Term Plan. CTM: 2030: Our Health Our Future. Board Development Programme. Effective Management of Board Business Review completed in 2024 and implemented from January 2025.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 4	The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently. The Board advises on five main areas: • Strategic Clarity • Commercial Sense • Talented People • Results focus • Management information (2.4 and 3.10)	The Health Board meets in a public forum once every other month, so at least six times in a calendar year. The Board and Board Committees all have a Cycles of Business that are reviewed annually. The Board routinely receives information on strategic activity, risk and performance, people matters as set agenda items. In the new Board Committee structure there is a specific strategy meeting in the form of the Strategic Development Committee and all areas of Board business is mapped through the Board agenda planning and the relevant Board Committee and Sub Committee structures. The Integrated Medium-Term Plan is considered and approved by the Board. The Integrated Performance Dashboard is received at every regular Board meeting. The Board are engaged in the development of the Health Boards Strategy - CTM: 2030: Our Health Our Future.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Standing Orders and Standing Financial Instructions. Audit Wales Structured Assessment report 2024. IMTP. Integrated Performance Dashboard. Board and Committee meeting Agendas and Papers. Effective Management of Board Business Review completed in 2024 and implemented from January 2025.
CGC 5	The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i> for the proper conduct of business and maintenance of ethical standards. (2.7)	The Board approves the Accountability Report on annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control through completion of the Annual Governance Statement. A Governance Statement is also received from one of the Health Board's hosted organisations, the Joint Commissioning Committee. There is also now in place an Interface Agreement between the Accountable Officer for CTM and the Chief Commissioner of the JCC, the Accountable Officer for the Joint Commissioning Committee for propriety and regularity. An Annual Compliance Statement will also be received from the National Imaging Academy, all of which inform and support the Accountable Officer in providing assurance to the Board.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Accountability Report and Hosted Organisations Annual Governance Statement (JCC) and Compliance Statement (NIAW). Audit Wales Structured Assessment report 2024
CGC 6	Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed action, they should ensure that their concerns are recorded in the minutes. (2.12)	Any concerns raised at Board and Committee meetings are formally recorded in the minutes. The role of the Director of Corporate Governance/Board Secretary is responsible for ensuring these matters are effectively managed, recorded and resolved where possible.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Role of the Board Secretary Audit Wales Structured Assessment report 2024. Board and Committee meeting Agendas and Papers.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 7	The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size. (3.1, 3.11, 3.12 and 3.13)	Constitution is set out in the Health Board's Establishment Orders and the Health Board abides by this composition. The Health Board's Standing Orders also outlines the composition of the Board. Executive Director Skill mix is considered prior to recruitment to align with Strategic Objectives and required Executive Portfolios, and this is considered prior to new appointments. In September 2024, a Board Development Session was held focussing on the following key areas: - Board Skills Matrix and Board Diversity Profile - Board Self-Assessment Reflections and Learning - Effective Management of Board Business review and implementation The following outcomes were agreed from this session: - Agreed a role profile of the current IM Vacancy following consideration of the Boards Skills Matrix and Diversity Audit - Assurance from Board Members that their reflections from the Annual Board Self-Assessment have been heard and acted upon - Agree an approach to the Board Development Programme for 2025 - Endorsement of the Effective Management of Board Business activity to go forward to Board in September with clarity on business flow and responsibilities. The various commitments of Board Members have been reviewed as part of the Effective Management of Board Business review in terms of meetings and other representations regards CTMUHB commitments. The Independent Member roles are appointed in areas of expertise to ensure appropriate Skill Mix. Welsh Government Public Appointments Unit support the process in accordance with the set criteria within an Independent Member Role. Independent Member membership on Board Committees are rotated at appropriate times to ensure there is mix and balance of experience across all meetings.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Health Board's Establishment Orders. Health Board's Standing Orders. Table of Board and Committee Membership. Board Development Programme – September 2024. Effective Management of Board Business Review completed in 2024 and implemented from January 2025.
CGC 8	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework. (3.2)	Constitution is set out in the Organisations Establishment Orders and the Trust abides by this composition. Standing Orders also captures the Composition of the Board.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Health Board's Establishment Orders. Health Board's Standing Orders.

CGC 9	The Finance Director should be professionally qualified. (3.3)	The Executive Director of Finance is a member of the Chartered Institute of Public Finance and Accountancy (CIPFA) and so is professionally qualified.	N/A	Comply	Recruitment and appointment documentation for the Executive Director of Finance & Procurement.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 10	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (3.5)	The Health Board's Standing Orders outline the role of the Board Members. Annual Committee Self-Assessment surveys address the effectiveness of how Committees operate and conduct meetings allowing debate and constructive challenge. Meeting principles adopted that support this constructive challenge. Independent Member Scrutiny Toolkit developed and launched. Reflective exercise held at the end of each Board and Committee meeting (Introduced in November 2021). The introduction of questions on consent items in advance of Board and Committee meetings has also highlighted the level of scrutiny and challenge members exercise. The previous compulsory Welsh Government new Independent Member Training captures effective challenge and scrutiny role on the Board. This training has now ended and new induction arrangements will be introduced and run by HEIW. The first cohort will be trained starting in March 2025. Internally a Health Board Independent Member induction programme and pack has also been established. The Board Development Session in September 2024 reset the role of Executive and Independent Members of the Board through the Board and Committee Review process. The session also recognised the outputs from the Annual Board Effectiveness Self-Assessment and sought assurance from Board Members that their reflections had been heard and acted upon. Following receipt of the "Principles for the Publication of Welsh Public Sector Board and Audit Meetings" in February 2025, an exercise to ensure compliance with the principles was undertaken and two actions arose as a result to further strengthen the Board and Committee business arrangements.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Audit Wales Structured Assessment report 2024. Independent Member Scrutiny Toolkit. Independent Member Induction Pack. Cross – reference to 2.4. Board Development Programme September 2024.
CGC 11	The board should agree and document in its board operating framework a <i>de minimis</i> threshold and mechanism for board advice on the operation and delivery of policy proposals.	A Board Cycle of Business is approved on an annual basis. The Terms of Reference Operating Arrangements for the Board Committees articulate the remit information that should be received.	Title: Audit Wales Structured Assessment Report Reference Point:	Comply	Audit Wales Structured Assessment report 2024. Terms of Reference and Operating Arrangements for Board Committees.

		The Scheme of Delegation outlines the information that should flow through to Board and its Committees as appropriate. Board Committee Cycles of Business reviewed annually which support the flow of required information through the Board Committees. To further strengthen the effective management of Board business and support good corporate Governance the objectives of the new Board and Committee Structure, implemented from January 2025, are: • To provide greater clarity on the defined roles of the Board, Board Development and Board Briefings. • To ensure that the work of the Board and Committee are pitched at the right level and balance their responsibilities in strategy development, setting and leading the right culture and accountability for delivering safe, effective care. • To improve the focus, co-ordination and relevance of Board and committee papers, reduce duplication and eliminate ambiguity of committee roles; therefore, strengthening assurance to the Board. • Objective four - Develop greater insight, oversight and foresight in relation to the Health Board’s integrated Population Health and Transformation agenda.	Section 10 – Board transparency, effectiveness and cohesion.		Board and Committee Cycles of Business. Standing Orders and Scheme of delegation. Board and Committee meeting papers outlining the questions received in advance.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 12	The Board Should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including: 1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials 2. allowing sufficient time for the board to discharge its collective responsibilities effectively 3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date 4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively 5. a mechanism for learning from past successes and failures within the departmental family and relevant external organisations 6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members 7. a dedicated secretariat with appropriate skills and experience (4.1)	The Independent Member Terms of office are monitored by the Director of Corporate Governance/Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Appointments Unit in Welsh Government. Agenda planning is managed by the Director of Corporate Governance/Board Secretary in conjunction with the Chair and CEO to ensure adequate time is spent on the right things at Board meetings. The use of the Consent Agenda and Questions in advance support this process. There is a Board Induction Programme to support the appointment of all Board Members (IM's and Executive Directors). There is a robust induction pack that is shared on appointment. For Independent Members specifically, the induction programme consists of the following areas to ensure that a robust and supportive induction plan is in place for all new Board appointments: • Attendance at Mandatory Induction Training. • Provision of a detailed induction Pack which includes information about the role of each Board Committee, their role as a Charity Trustee as well as an Independent Member • Core Induction Programme – planned within the first month, three months and six months. This includes meeting with the Executive Team and Care Group Directors, and site visits where appropriate. • A buddy and/or shadow arrangement with an existing/experienced Independent Member. • To further support Independent Members ongoing Development the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with Welsh Government guidance. • The Health Board has a schedule of Board Development Sessions throughout the year for learning and regular Board Briefings to discuss topical issues. Report templates are continually reviewed to ensure they support effective reports being received at the Board. A training programme has been designed and will be rolled out to support Health Board Officers in preparing for and writing reports for Board and Committees. The Corporate Governance Function support Board and Committee Business overseen by the Head of Corporate Governance & Board Business, Assistant Director of Governance & Risk and the Director of Corporate Governance/Board Secretary. The Director of Corporate Governance/Board Secretary seeks feedback on the effectiveness of the support from the Corporate Governance function to Independent Members in each of their	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Audit Wales Structured Assessment report 2023. Terms of Reference and Operating Arrangements for Board and Committees. Board and Committee Cycles of Business. Standing Orders and Scheme of delegation. Board Development Programme September 2024.

		appraisals to ensure that the function is meeting their requirements. The Director of Corporate Governance/Board Secretary is supported by a Governance Support function with experienced and qualified governance professionals appointed. Board and Board Committee Effectiveness Surveys (Self-Assessment) are undertaken on an annual basis. The Board Development Session in September 2024 reset the role of Executive and Independent Members of the Board through the Board and Committee Review process. The session also recognised the outputs from the Annual Board Effectiveness Self-Assessment and sought assurance from Board Members that their reflections had been heard and acted upon.			

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 13	The terms of reference for the nominations committee will include at least the following three central elements: • scrutinising systems for identifying and developing leadership and high potential • scrutinising plans for orderly succession of appointments to the board and of senior management, in order to maintain an appropriate balance of skills and experience • scrutinising incentives and rewards for executive board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance (4.5)	The Terms of Reference and Operating arrangements are based on the model Standing Orders and ensure that roles and responsibilities of Board Committee capture scrutiny and assurance roles. The Standing Orders for CTMUHB were reviewed in September 2024 to take account of the changes required in implementing the new Board and Committee Structure. Subsequently, further to revisions to the Standing Orders are proposed by Welsh Government and will be enacted and approved by the Board in March 2025.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Audit Wales Structured Assessment report 2024. Terms of Reference and Operating Arrangements for Board and Committees. Board and Committee Cycles of Business. Standing Orders and Scheme of delegation.
CGC 14	The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate. (4.6)	Board Members attendance records for Health Board and Board Committee meetings are captured in the Accountability Report on an annual basis. Attendance at meetings is also considered at annual appraisal discussions.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Accountability Report section of the Health Boards Annual Report.
CGC 15	Where necessary, board members should seek clarification or amplification on board issues or board papers through the board secretary. The board secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate. (4.10)	This is the relationship between the Director of Corporate Governance / Board Secretary and the Board Members. The role of the Director of Corporate Governance/Board Secretary is to act as principal advisor to the Board and the organisation on all aspects of governance, and to ensure that it meets the standards of good governance set for the NHS in Wales.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Board Secretary role description. Standing Orders.
CGC 16	An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include: • developing and agreeing the agenda for board meetings with the chair and lead non-executive board member, ensuring all relevant items are brought to the board's attention • ensuring good information flows within the board and its committees and between senior management and non-executive board members, including:	The Director of Corporate Governance/Board Secretary undertakes these roles as Board Secretary for the Health Board with the support of the Corporate Governance Function. The Director of Corporate Governance/Board Secretary has established effective working relationships with the Chair, Independent Members and the Executive team. He has also established himself as part of the wider peer group of Board Secretaries across Wales and with key contacts withing Welsh Government. Ensuring that he is effectively fulfilling the functions of he is responsible and sharing good practice with others and seeking advice where necessary to ensure that the Board receives the best possible service.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Board Secretary role description. Standing Orders.

• challenging and ensuring the quality of board papers and board information • ensuring board papers are received by board members according to a timetable agreed by the board • providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements • ensuring the board follows due process • providing assurance to the board that the department: • complies with government policy, as set out in the code • adheres to the code’s principles and supporting provisions on a comply or explain basis (which should form part of the report accompanying the resource accounts) • acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings between non-executive board members and officials, as requested or appropriate • recording board decisions accurately and ensuring action points are followed up • arranging induction and professional development of board members (including ministers) 4.11				

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 17	Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties). 4.14	Independent Member appraisal process in place with the Chair and Executive appraisal process in place with the Chief Executive; the latter reported through the Remuneration and Terms of Service Committee. Annual Committee Effectiveness surveys. Attendance record reported in Accountability Report. Annual Board Effectiveness process. Annual Eligibility Checks.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Accountability Report Appraisal Documentation and Process.
CGC 18	All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential conflicts, of interest of board members have been managed. 4.15	The Health Board has an agreed process in place for managing Declarations of Interest. All Board Members are asked to formally declare on annual basis and advised of their responsibility to notify of any changes in year. Declarations of interest are captured on a register which is available for public inspection. A report on Declarations of Interest is received by the Audit, Risk and Assurance Committee and Executive Leadership Group. Declarations of Interest are captured at the start of each Board and Board Committee agenda. The Standards of Behaviour Policy details the responsibility under Declarations of Interest. Standing Orders also outlines the responsibilities for Declarations of Interest.	Title: Audit Wales Structured Assessment Captured in the Internal Audit Programme of Work. Reference Point: Structured Assessment - Section 10 – Board transparency, effectiveness and cohesion.	Comply	Standards of Behaviour Framework Policy. Standing Orders. Declarations of Interest Process and Register. Declarations of Interest Form. Audit Wales Structured Assessment report 2024.
CGC 19	The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by: - an audit and risk assurance committee, chaired by a suitably experienced non-executive board member - an internal audit service operating to <i>Public Sector Internal Audit Standards</i>¹ - sponsor teams of the department's key ALBs (5.1 and 5.8)	The Health Board's Audit, Risk & Assurance Committee is chaired by the Independent Member Finance/Audit Lead. NWSSP Internal Audit Services are appointed as the Health Board's Internal Auditors. The Health Board's Hosted Organisations report into CTM's Hosted Audit, Risk & Assurance Committee and inform the Annual Accountability Report through individual Governance / Compliance Statements. The Organisational Risk Register and the Board Assurance Framework is considered at agenda planning meetings for the Board and Board Committees. The Annual Internal Audit Plan is informed by the Organisational Risk Register, Board Assurance Framework and previous audit work as appropriate. At its Board Development Session in May 2025, the Board will be undertaking their annual review of the Strategic Risks, Risk Appetite Statement and any changes required to the Risk Management Strategy.	Title: Audit Wales Structured Assessment Internal Audit Report – Review of Risk Management – January 2021 – Reasonable Assurance Rating. Internal Audit report – Board Assurance Framework 2022-23 – Substantial Assurance rating. Internal Audit Report – Risk Management - February 2024 – Reasonable Assurance rating. Reference Point:	Comply	Terms of Reference & Operating Arrangements for the Health Board's Audit, Risk & Assurance Committee. Accountability Report. Audit Wales Structured Assessment report 2024.

			Structured Assessment - Section 10 – Board transparency, effectiveness and cohesion.		
	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 20	The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year. The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the department and ensure that the department's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (5.2 and 5.13)	The Governance Statement is included within the Accountability Report, which is received by the Audit, Risk & Assurance Committee to endorse approval formally by the Health Board each year.	Title: Audit Wales and Internal Audit receive the Accountability Report for comment and ensuring compliance with the Manual for Accounts. Reference Point: Audit Wales Structured Assessment Report Section 10 – Board transparency, effectiveness and cohesion.	Comply	Accountability Report Board and Committee minutes. Annual Report Timetable.
CGC 21	The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)	The Health Board approve the following key documents within the Health Board: - Risk Management Strategy (Including Risk Appetite and the Board Assurance Framework). - Risk Management Policy The Organisational Risk Register is received in its entirety at the Audit, Risk & Assurance Committee and assigned risks are considered at each Board Committee meeting as appropriate. The Organisational Risk Register is also made available to Board Members at each Board meeting for reference when scrutinising the Board Assurance Framework Report. The Board Assurance Framework Report is received at every regular meeting of the Board. At its Board Development Session in May 2025, the Board will be undertaking their annual review of the Strategic Risks, Risk Appetite Statement and any changes required to the Risk Management Strategy.	Title: Audit Wales Structured Assessment Internal Audit Report – Review of Risk Management – January 2021 – Reasonable Assurance Rating. Internal Audit report – Board Assurance Framework 2022-23 – Substantial Assurance rating. Internal Audit Report – Risk Management - February 2024 – Reasonable Assurance rating. Reference Point: Audit Wales Structured Assessment Report Section 10 – Board transparency, effectiveness and cohesion.	Comply	Board and Committee meeting Agendas and Papers. Risk Management Strategy. Risk Management Policy. Internal Audit Review Reports on risk, 2021, 2022-2023 and 24. Organisational Risk Register. Board Assurance Framework

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 22	The key responsibilities of non-executive board members include forming an audit and risk assurance committee. The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members. An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in accordance with the <i>Audit and risk assurance committee handbook</i>. The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function. The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The department should report annually on the work of the committee in discharging those responsibilities Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the department's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)	The Standing orders are explicit that the Health Board as a minimum must establish Committees that cover certain aspects, one of which is Audit. Audit, Risk and Assurance Committee established. The Terms of Reference were reviewed in September 2024 as part of the Board and Committee structure review to ensure they were robust and compliant with Audit Handbook. The Terms of Reference and Operating Arrangements in respect of the Audit, Risk & Assurance Committee are clear in relation to its authority and delegated responsibilities. Full secretariat function in place supporting the Audit, Risk & Assurance Committee. The Audit, Risk & Assurance Committee Terms of Reference are published as a schedule to the Standing Orders on the Health Board's website. The Board Assurance Framework is scrutinised by the Board and Audit, Risk & Assurance Committee through the consideration of the Risk Management Strategy. Audit Wales and Internal Audit have a routine invite to all Board meetings. At its Board Development Session in May 2025, the Board will be undertaking their annual review of the Strategic Risks, Risk Appetite Statement and any changes required to the Risk Management Strategy.	Title: Audit Wales Structured Assessment Report Reference Point: Section 10 – Board transparency, effectiveness and cohesion.	Comply	Standing Orders. Terms of Reference for the Audit, Risk & Assurance Committee. Health Board's Internet Site: Key Publications. Board Assurance Framework – contained within the Risk Management Strategy.

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 22	The head of internal audit (HIA) should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the department and its ALBs (5.5)	The role of the Head of Internal Audit (HIA) is clearly set out in the Health Board Standing Orders. The HIA attends all Audit, Risk & Assurance Committee meetings which report to Board. If there was anything specifically escalated to the Board then the HIA would be invited to attend. The HIA has direct access to the CEO and Chair. Both Internal Audit and External Audit Colleagues (Audit Wales) also meet the Chair of the Audit, Risk & Assurance Committee during the year without Health Board officers being in attendance.	Title Head of Internal Audit Opinion Report	Comply	Standing Orders. Terms of Reference for the Audit Committee. Health Board's Internet Site: Key Publications.
CGC 23	The board should assure itself of the effectiveness of the department's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department2 and ensure that: - there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently - there is clear accountability for managing risks - Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role. (5.6, 5.7 and 5.10)	The Health Board has an agreed Risk Management Strategy – <i>approved by the Health Board in May 2024</i>. The Risk Management Strategy outlines the Health Board's Risk Appetite and Board Assurance Framework. The Risk Management Strategy articulates a clear Service to Board Risk Escalation pathway. Regular monthly training dates have been established to cover the Risk Management Strategy, Risk Assessment Process and Datix Risk Entry. The Assistant Director of Governance Risk has risk as dedicated responsibility within their portfolio. The Hosted Organisations are aligned to the Health Board's Risk Management Strategy. The Board Assurance Framework was implemented in March 2022 and the Board Assurance Report is received at all regular meetings of the Board.	Title: Audit Wales Structured Assessment Internal Audit Report – Review of Risk Management – January 2021 – Reasonable Assurance Rating. Internal Audit report – Board Assurance Framework 2022-23 – Substantial Assurance rating. Internal Audit Report – Risk Management - February 2024 – Reasonable Assurance rating. Reference Point: Audit Wales Structured Assessment Report Section 10 – Board transparency, effectiveness and cohesion.	Comply	Risk Management Strategy. Risk Management Policy. Internal Audit Review Report on Risk Management – January 2021. Organisational Risk Register. Internal Audit Review Reports on risk, 2021, 2022-2023 and 24. Board Assurance Framework Report.

INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT



**OUR VALUES
HELP US BE AT
OUR BEST**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

BACKGROUND

- Health Boards are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties.
- Health Boards principle role is to ensure the effective planning and delivery of the local NHS system.
- Board membership comprises of Executive Directors & Independent Members (IMs), who form part of the corporate decision-making body and have equal voting rights.
- IMs are involved at a strategic level - responsibility for operational decisions sits below Board.
- Each organisation has a range of committees which are responsible for providing advice and assurance to the Board on areas within their remit. This is the primary area where scrutiny is focused.

OVERVIEW OF IM SCRUTINY ROLE

- To participate as members of identified Committees and Board with regular attendance, with the expectation that papers will be made available one calendar week before each meeting to allow them to be read ahead of the meeting
- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny
- Satisfying themselves of the integrity of financial and quality intelligence, including getting out and about, observing and talking to patients and staff (walkarounds/ambassadorial role).
- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE



Strategy



Support



Stretch



Stakeholder



Scrutiny



Safety

The role can change from meeting to meeting as well as during a meeting as the agenda progresses

INDEPENDENT MEMBER FOCUS

Oversight	Insight	Foresight
Assurance and Compliance Systems and processes. Monitor performance and track how things are going. Understanding the risks inherent to the Health Board's activities– risk appetite and tolerance of failures.	What is going on and Why? Pause, step back and look at the big picture. Bring people together – look at the interactions between various parts of the organisation and its partners. Discover the Important things Determine What Indicators Matter. Real-time data driven decision-making.	What could happen in the future? Constant horizon scanning for opportunities and threats. Embrace multiple viewpoints and listen to diverse voices. Clear thinking about “what” must be anticipated or undertaken. Forecasting policy implications Leading for the Future – aligned to the strategic direction Scenario based decision making.

AGENDA PLANNING

- Maximise the use of the Consent Agenda to ensure that adequate time is made on the Main Agenda for **business critical, strategic** matters.
- Agenda planning meetings are key and include both Chairs and Vice-Chairs.
- Consider the length of the meeting – is **adequate time** aligned to each item to allow for appropriate focus on the issue – enabling appropriate challenge to gain assurance?
- Are there a mix of topics on the agenda (strategic / assurance) which balance the remit of the meeting?
- Ensure that each agenda item has a **clear purpose** and **desired outcome**.
- Use the Risk Register, Integrated Performance Dashboard, information gained from walkabouts and staff sessions plus stakeholder feedback, benchmarking and audit reports to steer and plan the agenda to focus on **business critical activity**.

FOCUS OF PAPERS

- Exception based reporting. Report templates are key as they guide to the **purpose** and the **desired outcome**.
- Is it clear why items are being presented? If not, **make this point in the meeting**. Focussed papers help manage the effectiveness of meetings avoiding them running over time.
- Ask yourself **“so what?”**. If this isn't clear, let the presenter know.
- Appropriate challenge leads to assurance – acknowledging that some further actions may be necessary to manage risks
- Minimise duplication – ‘Less is More’ – avoid information overload i.e. **discourage the use of appendices**.
- Encourage visualisation tools by **praising** them when they are used – interactive, presentations, videos.
- Look for consistency across papers – aligned to strategic objectives, consistency of messaging and **praise** when you see this.

REPORT PRESENTERS

- Teeing-up discussion – be clear that you will be taking the paper as read and **seek only new or changed information** from the presenter over that which is covered in the report.
- Ensure a **consistent** approach. Some presenters are more engaging or have a topic that may interest you more – don't get swayed by this, manage the item for the purpose it is there.
- Is there contradictory evidence, are there clear logical explanations showing an improving trend?.
- **Feedback** / request changes if you consider that you are not receiving the right information at the right time in the right way – also use triangulation to help bolster the position – are all the necessary steps being taken to address the position?.

EXECUTIVE COLLABORATION

- Executive portfolio representation in meetings and **integrated executive working** - are the right people in the room? If not, why not? Bring other officers into the discussion to add their perspective on an issue out of their portfolio to add richness to the discussion.
- Encourage Executives to **call upon one another** to share presentations of items as appropriate.
- Consider if it would be helpful to have a meeting with the Executive lead prior to a Board Committee taking place to set out the points which may need further clarification at the Committee?

ROLE OF THE COMMITTEE CHAIR

- Setting the **tone**, tee-up the desired focus of discussion. Keep everyone **focussed** - Adhoc presenters may need support if not familiar with the setting.
- Consider if it would be helpful for the Committee Chair to have a pre-meet with other IMs ahead of the meeting to look at the issues and decide how these are best managed during the meeting?
- Ensure you have read the **Chairs Brief** and that it has been shared with the Vice Chair.
- Managing the Time – **set clear expectations** for presenters on timings. This can be planned at agenda planning stage by including timings on the agenda, and reiterated when introducing the agenda item at the meeting. Do not allow discussions to stray into operational territory.
- Lead by example and consider how other IM's can complement the Chair – **tag team** each other.
- Give the **Vice-Chair** an opportunity to Chair Committees under the guidance of the Committee Chair (at least once per annum)
- Clearly **sum-up the conclusions** of the discussion, suggest SMART objectives be used to measure delivery of **actions**, noting the resolution agreed to ensure everyone is clear on the outcome and next steps

MEETING CULTURE

- Commitment
- Enthusiasm
- Preparedness
- Style of contributions – scrutiny which **constructive**/supportive **challenge**, not criticism/deconstructive feedback.
- Use the right questions for the right circumstances – use powerful questions (e.g. what do we need to do to ensure....)
- Consider whether there are strong personalities influencing items.
- Create the right atmosphere in the room, encouraging **openness** and **transparency** with professionalism
- Adherence to Virtual Meeting Etiquette principles.

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive
- Avoid expressions like 'that's good', 'excellent', 'that's right',
- Instead use responses such as:
 - Tell me more about...
 - Is there something else we could be doing to improve...
 - I'm interested to hear what you think of ...
 - I'd like to hear what you feel about ...

Active listening (to check understanding)

- It seems that you...
- Let me see if I understand you

IM QUESTIONING

- Asking concise, strategic and **purposeful** probing questions to clarify issues. Your role is to **scrutinise** the information presented and **seek assurance** that the Health Board is achieving its strategic objectives.
- Recognise the difference between being reassured and receiving assurance
- Often the most **'obvious' or simple** questions lead to the most insightful answers – remember to ask about the obstacles and risks to delivery and what can be done to support delivery.
- Avoid venturing into the operational detail, remain focussed on the **what, why and when** rather than the 'how'.
- Avoid commentary.
- Use **secondary 'follow-up' questions** to ensure you gain the assurance you need.
- Triangulation of intelligence – seek opportunities to **cross-reference** reports, comments made and different perspectives/contributions.
- Ensure questions are not just confined to the consent agenda.
- **Questions asked on consent agenda** may be worthy of **exploring further** in the main meeting.
- Equitable questioning / contributions are essential, mentor new Members as necessary.

EXAMPLES OF ISSUES TO CONSIDER AND QUESTIONS TO ASK;

Does the management response accurately reflect the audit recommendations?

How do we know that the assurances provided draw appropriate attention to risks, weaknesses and/or areas for improvement which should be addressed?

How is learning shared across the Health Board to avoid duplication and learn lessons?

What assurance is being provided that the recommendations are being implemented, monitored and followed up?

How was this issue escalated to ensure due process was followed?

What sources of secondary or independent evidence could support the perspective set out in the report?

What are the obstacles including risks to delivery and how can actions be supported?

ASSURANCE 'V' REASSURANCE



Assurance: being assured because the Committee/Board has *reviewed* reliable sources of information (evidence) and *is satisfied* with the course of action



Reassurance: being *told* by the Executive and staff that performance actions are satisfactory

ORGANISATIONAL INSIGHT

- What assurance can you provide that the plans are meaningful and underpinned by robust evidence?
- How do we know that we have an appropriate level of understanding of the purpose and work of the organisation when setting strategy?
- How do we know that the Board has clearly articulated and communicated its risk appetite?
- How do we know we are monitoring performance and quality against the most appropriate standards?
- How does the issue under discussion support the achievements of the Health Board's strategic goals?
- What assurance can you provide that demonstrates that there is effective and accurate budgeting and in-year forecasting?

ORGANISATIONAL INSIGHT

- Triangulate – what has been seen / heard during walkabouts and what appears in reports.
- Ensure **regular contact** and discussion with senior leaders at the organisational level
- Obtain **softer intelligence** outside of the meeting – e.g. site visits
- Where appropriate, consider a **deep-dive** – aligned to key indicators – risk register, integrated dashboard and audit reports (Internal & External), explore stakeholder feedback and benchmarking data.

CROSS-COMMITTEE WORKING

- **Minimise** cross-committee **referrals** to remove unnecessary duplication
- Referring where appropriate:
 - What are you referring?
 - Why are you referring it?
 - What is the outcome that you are anticipating from this referral?
- **Regular catch-ups** with other Committee Chairs

GOVERNANCE FRAMEWORK

- Standing Orders and Standing Financial Instructions
- Standards of Behaviour Framework Policy (Nolan Principles)
- IM Role Descriptions
- Board Secretary – is a source of advice and support to the Health Board Chair and other Board Members. Has the role of being the guardian of good governance.
- Business Intelligence – scrutiny of service delivery performance reports including the organisational annual report.
- Board Assurance Framework – aids the understanding of issues requiring Board scrutiny.

ESCALATION TO THE BOARD

- The Committee Chair will approve the Highlight Report to the Board following each meeting
- **Focussed updates** – using the Highlight Report Template
- ‘Assurance’ versus ‘Reassurance’
- ‘Cascade’ versus ‘Escalate’
- Where **‘escalate’** it will ensure **discussion** on the main agenda **at Board**

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Cwm Taf Morgannwg
University Health Board



Agenda Item

6.1

CTM Health Board

Integrated Medium Term Plan 2025-2028

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	10/03/2025	Noted
Strategic Development Committee	13/03/2025	

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan

1. Situation /Background

- 1.1 The health board develops its integrated medium term (three-year) plan (IMTP) in accordance with the statutory duty for all Welsh health boards to collate three year plans. There is an associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 The health board must ensure that the plans deliver the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.
- 1.3 The IMTP must also align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.4 The health board was able to submit a balanced financial plan for 2024-2027, but has identified significant constraints to the delivery of a break-even plan for the 2025-2028 cycle.

2. Specific Matters for Consideration

- 2.1 Plans for 2025-2028 must comply with the following requirements set out by Welsh Government:
 - The requirements of the NHS Wales Planning Framework including:
 - Ministerial priorities required to be set out in five ministerial templates covering the following topics:
 - Timely Access to Care
 - Population Health and Prevention – with a focus on diabetes services
 - Building Community Capacity
 - Mental Health Access
 - Women's Health
 - Delivery of a series of enabling actions
 - The NHS Wales Performance Framework 2025-2026.
 - Outcomes Framework
 - The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.2 Care groups and corporate teams have reviewed their 2024-2027 plans and created plans for the next three years, which aim to meet the requirements set out in paragraph 2.1.
- 2.3 A number of critical developments have been identified during this planning process. All proposals associated with these critical developments have been subject to a quality impact assessment screen to identify the impact

of taking/ not taking action and to clarify the benefits. A formal proposal has been required alongside this assessment.

- 2.4 The health board established an investment group comprising IMTP steering group and executive team colleagues to review all proposals.

3. Key Risks / Matters for Escalation

- 3.1 At the Executive Management Board meeting on 24th February, the risk and priority areas requiring financial support were finalised. Meeting the requirements of these financial investments required a forecast £13.94m and presented a further challenge to the financial position of the health board in 2025-26.
- 3.2 The executive team considered the financial position further at the Executive Leadership Group held on 10th March 2025 and a revised financial plan was derived. Further submissions have been required from corporate and care group teams to furnish a final financial plan which will be presented to the Board.
- 3.3 The draft IMTP narrative plan and the appendix setting out the organisational plans in response to the enabling actions have been considered by both the Executive Leadership Group (ELG) and the Strategic Development Committee (SDC) prior to submission for Board appraisal.
- 3.4 The narrative plan's finance section will be completed following the Board discussion of the financial position and plan.
- 3.5 The copy of the plan appended to this report is as per the submission to the SDC, with the exception minor changes to the plan on a page for Children and Family Care Group and the Radiology plan on a page.

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: The IMTP is drafted with consideration of all strategic goals.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: As the three year plan comprises the whole of the health board's scope of delivery all strategic areas apply.
	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))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: All domains of quality apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

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: All investment proposals have been subject to QIA consideration.
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: Requisite assessments will be completed.
Cyfreithiol / Legal	Yes (Include further detail below)	

	The health board's financial and planning duties are considered 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)
	The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.

5. Recommendation

- 5.1 This report is presented with copies of the IMTP narrative plan and enabling actions assurance document. The ministerial templates are available on request.
- 5.2 The Board is requested to consider the plan and receive the associated financial position and plan and to **ENDORSE** the plan for inclusion in the formal submission to Welsh Government.
- 5.3 The Board is requested to consider and **APPROVE** the IMTP documents for submission to Welsh Government.

6. Next Steps

- 6.1 Following Board approval, the plan and associated appendices will be submitted to Welsh Government by the required deadline of 31st March 2025.



Cwm Taf Morgannwg University Health Board Three Year Plan 2025 - 2028

**Datblygu Cymunedau
Iachach Gyda'n Gilydd**

**Building Healthier
Communities Together**



MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE



Paul Mears, Chief Executive



Jonathan Morgan, Chair

As we set out our plan for the 2025-2028 period, we reflect on the enormous progress, resilience and learning of the past year. Cwm Taf Morgannwg University Health Board has experienced a year of significant change, some of which has been in response to unforeseen events. More than ever, we acknowledge with grateful thanks, the unstinting commitment and hard work of our teams to delivering high quality, safe care for our communities. During 2024-25, we have made some significant temporary service changes and these services have been closely monitored to ensure our patients continue to receive excellent care. The learning from these temporary changes continues to inform our future planning.

Health and social care organisations continue to operate in a complex and changing environment. Change is a necessity to maintain and enhance our offer to our population, and keep pace with technological and medical advancements. We reiterate our commitment to delivering modern facilities, integrated community services which we will deliver through a portfolio comprising three work programmes and underpinned by our Digital Programme which incorporates local and national developments.

Improving the health of our population and preventing ill health remains central to our mission. Our **Creating Health Strategic Plan** was drafted in 2025 and delivery will commence in 2025-26. The delivery of this plan and the work of our Strategy Groups will deliver improved outcomes for our population.

Our **Primary and Community Services Transformation Programme** will continue, with further work on expanding integrated enhanced community services which focus on individualised care closer to home and urgent pathways.

Our **Acute Clinical Services Plan** will be developed further during 2025-26 in collaboration with our stakeholders – our communities, our staff, partner organisations including local authorities and the third sector. This plan focuses on the changes to our acute services provided across our hospital sites and how these interface with our primary and community services. This informs and is informed by our three-year planning processes and will strengthen areas of fragility.

Collaborative working regionally and nationally will continue to be vital as we work towards delivery of the Llantrisant Health Park alongside other priorities in our South East Wales Regional Portfolio.

Our commissioning infrastructure continues to be strengthened in 2025-26 we will focus on modernising our approach alongside other organisations in Wales as well as aligning with the changes to procurement processes for the public sector from February 2025.

OUR CONTEXT AND DRIVERS

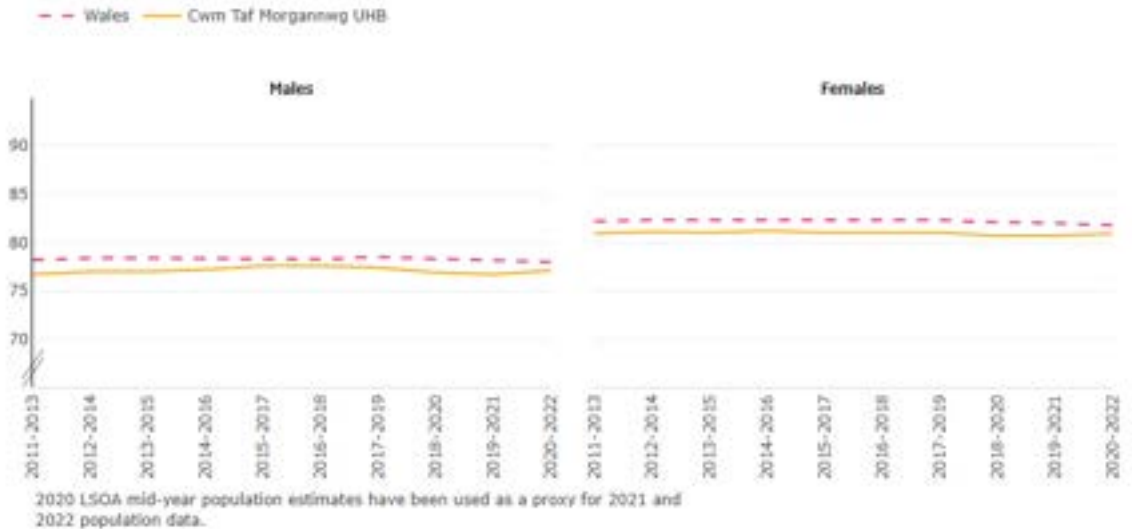
Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy), health centres and community health teams. Detailed information about the services that we provide can be found on the [services](#) section of our website. The Health Board is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the Health Board boundary through Joint Commissioning Committee (JCC).

THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 446,514.¹ The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales.² The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area.

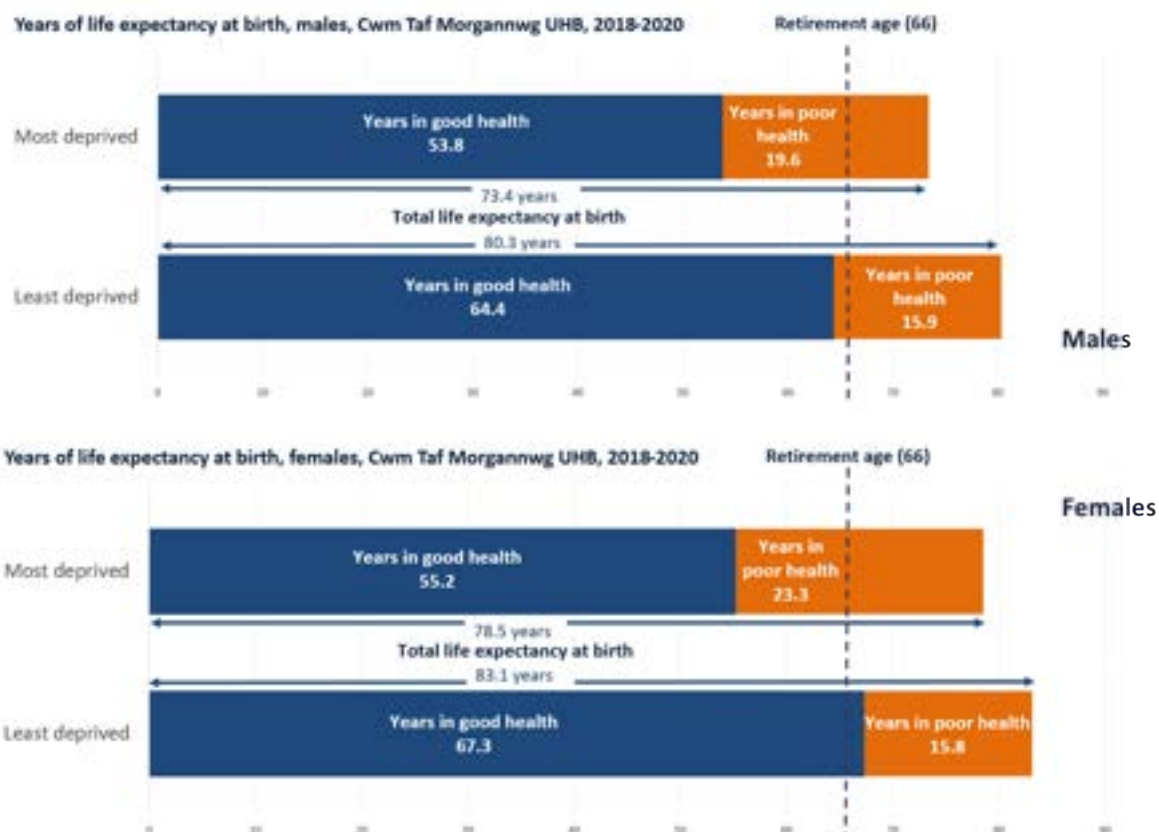
The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable when compared to Wales as a whole and large inequalities exist within the Health Board area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for men and women. The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following charts:

Life expectancy at birth, Total, males and females, 2011-2013 to 2020-22



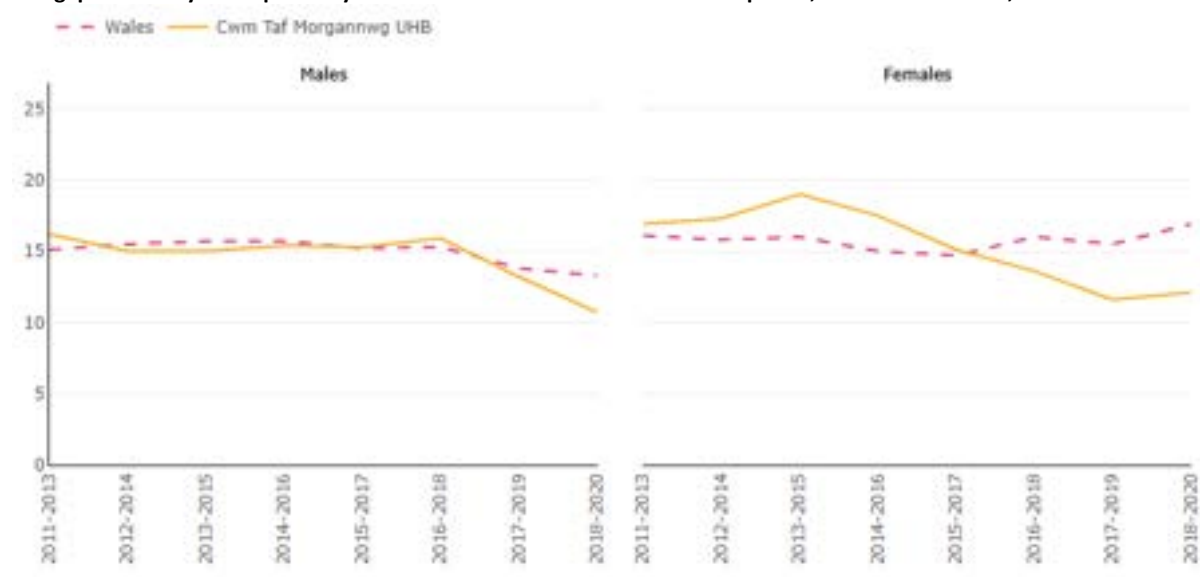
Source ©2024 PHW using APS, 2011 Census, PHM, MYE (ONS)

The difference between lived experiences in those in most and least deprived areas remains, with substantially more years lived in poor health in those in deprived areas, and a notably poorer experience in females, as shown below.



Source: Chart produced by CTM UHB public health team using data from PHW (APS, 2011 Census, PHM, MYE (ONS))

The gap in Healthy life expectancy at birth between the most and least deprived, males and females, 2011-2013 to 2018-2020



Source ©2023 PHW using APS, 2011 Census, PHM, MYE (ONS)

CTMUHB experienced the worst COVID19 outcomes in Wales ⁶; however, the decline in life expectancy and healthy life expectancy predates the pandemic. Austerity measures since 2008 have affected not only the wider determinants of health, but also the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in people living in areas of deprivation spending more of their shorter lives in ill health,⁷ The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a "significant humanitarian crisis".⁸

Additionally, the region lags behind Wales in terms of practising healthy behaviours. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer. The following are some of the key risk factors for our population:

- High smoking prevalence in those aged 16 years or older ('daily smoker' or 'occasional smoker'); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 15.8% and Bridgend at 10.1% when compared with Wales at 12.8% (2022-23 National Survey for Wales).
- 67.7% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.7%. The Wales average for those aged 16 or over eating at least five portions of fruit or vegetables a day is 29.1% compared with 25.3% in CTM. At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.0%), followed by Rhondda Cynon Taff (22.7%), and lowest in Merthyr Tydfil (22.0%). Similarly, those aged 16 or above meeting the physical activity guidelines is 55.7% for Wales, with all CTM areas reporting lower figures (Rhondda Cynon Taf 54.8%, Bridgend 51.2%, and Merthyr Tydfil 47.9% (Adult lifestyle by local authority and health board, StatsWales, July 2023).
- CTM has a higher prevalence (26.9%) of overweight or obesity than Wales (24.8%) amongst 4 to 5 year olds (Child Measurement Programme, 2024). This is highest in Merthyr Tydfil (29.4%), followed by RCT (28.2%) and Bridgend (23.7%)
- High levels of teenage pregnancy at 20.5% in CTM compared with 15.2% in Wales (PHOF, 2021).
- Low levels of breastfeeding at 10 days, with 30.4% in CTM and 38.0% across Wales as a whole (PHOF, 2023).
- Higher percentage of babies in CTM born with low birth weight (6.9%) compared to Wales (6.2%) (PHOF, 2023).

These factors, coupled with the impact of COVID-19 on health and social care services which is still being felt by our population (with people experiencing longer waiting times for diagnostics tests and treatment) means that the focus of our three year plan must be to address inequalities, at the same time as delivering healthcare service development and recovery. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population alongside activity to improve access to services and incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps and delivering value-based healthcare (VBHC) pathways and avoiding the delivery of interventions of limited value.

VACCINATION

Vaccination is one of the most effective public health interventions, preventing up to 3 million deaths globally each year.⁹ It plays a critical role in disease prevention, second only to clean water in its impact on public health.

The UK, Welsh Government, and Public Health Wales set national immunisation schedules and targets to support disease elimination (e.g., Hepatitis, HIV) and protect vulnerable populations through herd immunity (e.g., influenza, measles) or targeted programmes (e.g., Mpox). Vaccination services are delivered across primary and secondary care and through various health board services. Vaccinations are captured through a range of mechanisms, with data collated and published by Public Health Wales and the Welsh Government.

CTM has consistently performed well in routine childhood vaccinations compared to the all-Wales average since 2004, with high infant uptake rates. However, declining uptake of MMR2 and the 4-in-1 preschool booster at age 5 is a concern, and the overall immunisation rate, including HPV at age 15, falls to 72% (PHW annual COVER report 2023/4).¹⁰ Immunisation uptake disparities between the most and least deprived areas have widened in recent years,

highlighting the need for targeted interventions. Additionally, national immunisation schedule changes will increase resource demands, requiring a review of workforce capacity and service delivery models.

CTM has also experienced a decline in winter respiratory vaccine uptake across all eligible groups, aligning with all-Wales trends despite efforts to improve coverage. Uptake remains particularly challenging among clinically at-risk groups (ages 5–64), contributing to increased winter pressures on healthcare services and poorer health outcomes, particularly for those with complex health needs.

To address these challenges, CTM is committed to developing a sustainable, equitable, and efficient vaccine delivery model that reduces disparities, strengthens immunisation uptake, and supports broader public health objectives.

REFERENCES

¹ StatsWales, Mid-year population estimates (2009 onwards), by Welsh health boards, by single year of age and sex, November 2023

² Welsh Index of Multiple Deprivation 2019 with populations from ONS, 2020

³ Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:[10.1177/01410768231155637](https://doi.org/10.1177/01410768231155637)

⁴ [Household income inequality, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

⁵ [Life Expectancy and Mortality in Wales \(2020\) - Public Health Wales \(nhs.wales\)](https://nhs.uk)

⁶ CTM Director of Public Health report, 2022

⁷ The Marmot review 10 years on. Available at: [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk)

⁸ Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk>

⁹ [Immunisation and Vaccines - Public Health Wales](https://nhs.uk)

¹⁰ [phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake- data/cover-inequalities-reports/annual-inequalities-report-202324/](https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/annual-inequalities-report-202324/)

IMPROVEMENT THROUGH TRANSFORMATION



A Patient-Centred Approach to the Future of Acute Clinical Services in Cwm Taf Morgannwg

At Cwm Taf Morgannwg University Health Board (CTMUHB), we believe that the best healthcare services are those designed with and for the people who use them. Our Acute Clinical Services Plan (ACSP) is about shaping hospital-based services, including those in our community hospitals and acute mental health facilities, in a way that reflects the needs of our patients, supports our staff, and ensures safe, high-quality care for the future. However, hospitals are just one part of the healthcare system. The ACSP sits alongside two other key elements of our vision:

- **Integrating Community Services** – ensuring people receive the right care, in the right place, closer to home.
- **Building Healthier Communities** – focusing on prevention and improving the overall well-being of our population.

Together, these elements form *CTM 2030: Our Health, Our Future*—a vision that is about more than just healthcare settings; it's about people, communities, and the care they deserve.

Co-Designing the Future of Healthcare

Our clinical teams will continue to work with our communities to shape the ACSP through:

- Listening to patients and families about what matters most to them.
- Working with local authorities, voluntary organisations, and neighbouring health boards to ensure a joined-up approach to care.
- Ensuring that those who deliver care—our dedicated staff—have a say in how we design future services.

We know that healthcare provision is constantly evolving to address the changing needs of patients and the population. Increasingly, highly specialised care is delivered in dedicated centres, meaning some people may need to travel for certain treatments. At the same time, we want to ensure that routine care, including non-emergency, non-life-threatening care, is delivered locally where possible, making it easier, faster, and more accessible.

Putting Patients First: Our Guiding Principles

Any improvements and changes we make will be driven by the needs of our population, and every decision will be tested against a set of core principles to ensure they lead to better care:

- **Preventing ill health** – Our first priority will always be keeping people well. This means focusing on prevention, early intervention, and helping people manage their own health so that fewer people need to go to hospital in the first place.

- **Equity in care** – No matter where people live, they deserve the same high standard of care. We are committed to ensuring consistency, fairness, and access to services across our region.
- **Bringing care closer to home** – Where it is safe and effective to do so, we aim to deliver care locally, so people don't have to travel unnecessarily for routine care. At the same time, we will create centres of excellence for more complex care, ensuring people receive the best treatment from dedicated experts in the right setting.
- **Embracing digital healthcare** – Digital technology is transforming our lives, especially in healthcare. Many people want quicker, more convenient ways to access healthcare at their fingertips, and digital solutions can help us achieve that. We want our patients to connect with healthcare professionals virtually where appropriate while also ensuring our staff have the right digital tools to provide efficient, high-quality care.
- **Empowering staff and patients** – By training, supporting, and equipping our workforce, we can enhance their ability to make the right decisions quickly. We also want patients to have the tools to monitor their own health, so they can get the care they need when they need it.
- **Improving the environment for care** – We aim to modernise our healthcare facilities, including our hospitals and community spaces, to make them more modern, efficient, and fit for the future, ensuring staff can provide the best care in the best setting.
- **Leading by example in sustainability** – As the largest employer in the area, we have a responsibility to reduce our environmental impact. We plan to make responsible choices for our planet and our population, following the 5Rs—Refine, Reduce, Reuse, Repurpose & Recycle.
- **Collaboration is key** – Transforming healthcare is a shared responsibility—one we cannot undertake alone. Our plan is to work collaboratively with patients, carers, communities, and partner organisations to ensure our plans are practical, effective, and in the best interests of those we serve.

Shaping the Future Together

Throughout 2023 and 2024, we have been engaging with clinical teams, community groups, and key stakeholders to shape our plans. An undertaking of such complexity requires thorough understanding and meticulous planning, and we will continue our engagement and planning in 2025 with the aim of returning to the public for an appropriate level of conversation in the summer of 2026. This will provide patients, carers, and the wider community with the opportunity to contribute their views on our proposed service models before final decisions are made.

We are on this journey together. As we refine our plans for service improvements and change, we remain committed to ensuring that every decision:

- Improves patient safety and outcomes
- Enhances access to care
- Supports and empowers our workforce
- Makes best use of our resources

As we plan to move into the next phase, we will continue to engage, listen, and work alongside the people of Cwm Taf Morgannwg. Together, we will build a health and care system that is modern, patient-focused, and fit for the future.

CTM2030: OUR HEALTH, OUR FUTURE - STRATEGY GROUPS



CTM 2030: Our Health, Our Future is our organisational strategy, which was developed in conjunction with our staff, population and partners. The diagram below summarises our strategy, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services. The integration with our Creating Health Plan is described later in this document.



This chapter sets out how the strategy groups, which are the delivery mechanism for the life cycle approach, provide the infrastructure and population health focus to drive and support the achievement of long term population outcomes and goals.

Each strategy group maintains engagement with partners from local authorities, the third sector and our own health board care groups, to develop and deliver priorities across CTMUHB and regionally where appropriate. The ethos for taking forward the priorities is in keeping with the vision of the health board being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement using Value Based Health Care (VBHC) principles and methodology wherever applicable.

Key success in Strategy Group during 2024-2025 are as follows:

- CTMUHB's Infant Feeding Strategy launched in spring 2025 aims to improve breast feeding rates and the health outcomes for babies and their care givers.
- Our Baby & Toddler Voice Statements developed through collaborative regional partnership working launched in spring 2025, supporting CTMUHB's children's rights based approach.

- Securing regional commitment to invest in Parent-Infant Relationship Services through the Children's Programme Board and to explore integrated service delivery.
- Through the Neurodevelopmental Improvement Programme we have: reduced the children's diagnostic waiting list; delivered a range of online and in-person workshops and training for children, young people and their families; and delivered adult focused psycho-educational sessions for people living with ADHD.
- Developed good partnership working with probation service and a successful business case for Health Protection funding to complete mass testing for Hepatitis C testing within probation services across our health board areas. Two mass screening sessions planned, with the first one starting in January 2005 and repeating again in March 2025.
- The rate of Hep C testing has increased significantly in HMP Parc from 34% in March 2024 to 81% at the end of December 2024, with 94% of men in the prison having being offered a test within the last 12 months. Ongoing work to meet the targets of 90% receiving a test and 100% having being offered the test.
- **Drymester Campaign** - Drymester was formally launched across CTM on 27th November 2023, funded by national Value Based Healthcare. We are the **first health board in Wales** to support and roll out this campaign which aims to share the correct guidance about risks of drinking alcohol during pregnancy and to prevent Foetal Alcohol Spectrum Disorder. Online resources are available for patients, referral pathway into alcohol care service established, formal launch held and training programme for midwifery staff established. An audit undertaken by the Lead Public Health Midwife has demonstrated significant evidence of the roll out of this campaign with improved conversations relating to alcohol consumption, documentation and high usage of resources across the whole service.
- Nationally funded VBHC 7 Day Alcohol Care Service -In the first 6 months 524 patients seen and supported across Cwm Taf Morgannwg. An audit undertaken in November 2024 demonstrated that the new approach has 278 averted admissions and around 2780 bed days, avoiding costs of £590k and 137 re-admissions.



STARTING WELL

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The care given to a child in the first 1000 days plays a significant role in their health and development. It is the period within which we see the most rapid phase of brain growth which sets the foundation for physical, social and emotional health.

Together, with public health colleagues, the local authorities, and the third sector, we work to ensure that those first few key steps in life's journey, are steps towards a healthy and happy future.

Key Principles within the delivery of the CTM2030 priorities for Starting Well are:

- Focus on enabling healthy pregnancies; and
- That babies, infants and children reach their full health and wellbeing potential.
- Families are resilient, knowledgeable and able to access the advice and support they need by working with them using NYTH/ NEST framework and applying the 'No wrong door' principle.

Developing a Healthy Weight Road-map for Cwm Taf Morgannwg

Over the last 30 years, levels of obesity within the population of the UK have risen significantly, particularly in Wales¹. This has been driven by a combination of many factors which are largely beyond the control of the populations affected. This rising tide has brought with it serious repercussions for health and wellbeing with 1 in 8 primary school children in the CTMUHB footprint living with obesity, and 1 in 4 living with overweight². The evidence shows us that children living in poverty are four times more likely to grow up to be adults who live with obesity or overweight³. This indicates the causes of obesity are not controllable at the individual level. We are therefore taking a whole system approach to building healthier cultures and communities.

Taking a life-course approach, healthy weight is supported by the Starting Well & Growing Well Strategy Group, working with partners from across the system with strong public health leadership. The evolving whole-systems approach within CTMUHB supports developments across services, including: implementing our Infant Feeding Strategy to nurture the creation of supportive breast feeding environments and increase breast feeding rates; establishing a community-based, integrated weight management service for children, young people and their families; and the expansion of adult weight management services to deliver type 2 diabetes remission. This will be underpinned by working with those living with obesity to understand their experiences and find new ways to support them to achieve and maintain a healthy weight.

Children's Rights

Building on CTM Children's Rights Charter, we have worked collaboratively with our regional partners to develop our baby and toddler voice statements. These statements help raise the awareness of the unique needs and rights of the baby and toddler, underscoring the impact of early experiences on the developing human brain and mind. We will continue to collaborate across the region to ensure a child's rights approach is truly embedded with babies, children, young people and their families being actively involved in the design of services.

¹ [Turning-the-Tide-Strategy-Report.pdf](#)

² Child Measurement Programme Wales 2022/23

³ [Severe obesity four times more likely in poor primary schools - BBC News](#)

Parent-Infant Relationships

Parent-infant relationships (PIR) refer to the quality of the relationship between a baby and their parent or carer. Good parent-infant relationships nurture '*secure attachments*', the basis for optimal infant mental health promoting healthy social, emotional and cognitive development⁴.

Parenting interventions that include content on responsive caregiving have four times greater effects on child cognitive development, parenting knowledge, parenting practices, and parent-child interactions. Unresolved PIR difficulties drive demand in late intervention services, such as children's social care and CAMHS.

Working collaboratively with early years' services, social care and the 3rd sector we will continue to develop our regional PIR offer, delivering an integrated service model funded through the Children's Programme Board (RIF). A regional first, the small integrated health and social care team will help tackle regional priorities and contribute to: reducing the number of children taken into care; and delivering on the prevention agenda, through investment in the early years as a means of improving our children's longer-term outcomes.

⁴ [Reflecting on parent-infant relationship: a practitioners guide to starting conversations](#), Department of Health and Social Care, March 2024



GROWING WELL

The Growing Well Strategy Group builds on the foundations we are helping to cement for early years, and helps our children to learn and develop along the way.

Key principles within the delivery of the CTM2030 priorities for Growing Well are:

- Working with young people to identify and address the needs that are important to them. Listen to the young people in our community so that we can ensure the services they need are available and easy to access. Supporting them to live the lives they want to lead.
- Working with children and young people to create the conditions within which it is easy for them to live healthy lives that support their development and prevent avoidable harm both now and later in life.
- Making our services more accessible and youth friendly. Taking a more holistic and collaborative approach to issues like obesity.

The key priority areas to be addressed within the Growing Well Strategy Group are set out below:

Emotional Health and Wellbeing

We will continue to work with local partners to embed the principles of the Welsh Government NYTH/NEST Framework to ensure the emotional health and wellbeing of babies, children and young people is embedded into the design and delivery of services aiming to achieve better seamless integrated services, trusted adults delivering person centred care with specific focus on prevention and early intervention.

Diabetes

CTMUHB has the second highest percentage of registered patients with diabetes in Wales (8.59%). Modelling suggests that by 2035/36 there will be between 31,000 and 75,000 people registered with diabetes in our population. Type 2 Diabetes Mellitus (T2DM), makes up about 90% of diabetes, however onset and the development of complications and outcomes are largely preventable. The major risk factor for developing T2DM is unhealthy weight, often linked to living in poverty. One of the main modifiable risk factors for T2DM is overweight and obesity which is strongly linked to deprivation, and the health board area has one of the highest levels of overweight and obesity in Wales alongside some of the highest levels of deprivation. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are “wicked issues”, which require a whole-system approach to address them.

The strategy group will continue to develop the Diabetes Programme Board to diabetes prevention, early diagnosis of diabetes and pre-diabetes, diabetes remission, optimizing care and supporting people living with diabetes. CTMUHB's 5yr Diabetes Strategic action plan supported by our evolving whole-systems approach to healthy weight, will transform how diabetes services are delivered within CTM by working with our population, staff, communities and partners. The Diabetes Programme Board will provide strategic oversight and coordination across the system, driving the prevention agenda and delivering Value Based Health Care projects to transform care, such as investing in technology for people living with Type 1 Diabetes Mellitus (T1DM) and delivery of a remission services for those living with T2DM diabetes.

Neurodevelopmental Improvement Programme

We will continue to work in partnership with the Regional Commissioning Unit, education, Children's Services, third sector organisations, people with lived experience, their families, and carers, through our established regional Neurodevelopmental Improvement Programme Board. Through the programme we will deliver a range of needs-led, strength based interventions that have been co-produced with people with lived-experience.

The Starting Well and Growing Well Strategy Group will continue to work closely with the Regional Partnership and Children's Programme Board, helping to shape the long-term vision and partnership principles for the region. Leading on a regional short-break respite viability study, work has started on this carers regional priorities alongside closer working with our three local authorities Children's Services to better understand and meet the needs of babies, children and young people with complex needs.

The Starting Well and Growing Well plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities:

Integrated Medium Term Plan 2025-2028		Starting & Growing Well Strategy Group Plan on a Page
 Babies, children and young people Our vision is the delivery of equitable, high quality, robust and sustainable integrated services that put babies, children, young people and their families at the centre listening to their voice, and supporting them to maximise their health and wellbeing. Our priorities are: • Embedding CTMUIHB's Children's Rights Charter and Baby and Toddler Voice statements into practice. • Supporting CTMUIHB's Healthy Weight road-map development and delivery on a whole-systems life-course approach. • Developing and delivering a 5yr Diabetes Strategy which takes a whole-system preventative approach to improve the health outcomes of people living with Diabetes. • Support the ongoing development and delivery of a regional integrated health and social care Parent-Infant Relationship service. • Develop and deliver a regional neuro-affirming needs led, strength based approach to services. • Make the strategic case for a regional short-break respite facility for children and young people with complex healthcare needs, improving carer and family support through integration of health and social care services. Enablers • Working regionally with partners across the system within existing and evolving regional and localised structures. • Exploring opportunities to work differently, identifying funding to enhance service delivery. • Taking a Children's rights based approach to ensure babies, children, young people and their families are at the centre of service design, evaluation and improvement. • Supportive service digital transformation.	Key actions in year two (2025-2026) • Phase 1: CTMUIHB community-based, integrated weight management service for children, young people and their families. • Support implementation of the Infant Feeding Strategy. • Develop and implement Adult Healthy Weight Steering Group; support waiting list and waiting well service improvements. • CTMUIHB's Diabetes 5yr Strategy launch with implementation plan, priorities and reporting established. • Paediatric Diabetes Service 5yr plan: development and delivery working with patients, staff and wider community partners. • T1DM Models of Care service transformation (VBHC). Project set-up; trial; evaluation and decision for 2026/27. • Deliver the strategic outline case for a regional short-break respite facility for children and young people with complex healthcare needs. • Continued reduction of waiting lists for children, young people and adults accessing neurodevelopmental services: developing new assessment approaches. • Increase awareness of and provide needs-led support to neurodivergent children, young people, adults and their families. Key actions in year three • Phase 2: CTMUIHB community-based, integrated weight management service for children, young people and their families. • T1DM Models of Care service transformation (VBHC) evaluation and implementing decision (maintain, expand or closure) • Deliver regionally timely assessment and support services for neurodivergent children, young people, adults and their families. Value based healthcare: Support the implementation of diabetic focused value based healthcare projects, focusing on the delivery of: • Remission T2DM service, delivery by adult weight management service; • T1DM trial of an agnostic cloud-based solution providing remote monitoring and triage service.	Future services blueprint and patient outcomes: • Sustainable, timely and appropriate services. • Services developed with, and around the patient, and their carers and families. • Alignment across CTMUIHB, statutory partner and regional plans to ensure whole-systems long-term approach. • Delivering Welsh Government Quality Statements and strategic plans, by building partnerships within our communities to strengthen our preventative approach. Patient outcomes: • Continue to listen and learn from babies, children, young people and their families, measured by developing PROMS and PREMS across relevant services. • Improved management of diabetes in Primary Care. • Health and social care work collaboratively to deliver coordinated services for babies, children and young people. • Increased awareness amongst our population of healthy lifestyle and behaviours. How we will measure success: The Starting Well & Growing Well Strategy Group supports long-term health and wellbeing outcome improvements, including: • Children are born and sustain a healthy birth weight. • Children, young people and adults sustain a healthy weight. • Families demonstrate and encourage healthy lifestyle behaviours and avoidance of harm. We will also measure our success by: • Decreased waiting times and complaints associated with waiting times across paediatric neurodevelopmental and adult weight management services. • Improved patient reported outcomes across paediatric and adult diabetes services. • Increasing early detection rates of people at risk of T2DM; number of people driving T2DM into remission. • Number of people accessing our weight management service for children, young people and their families.



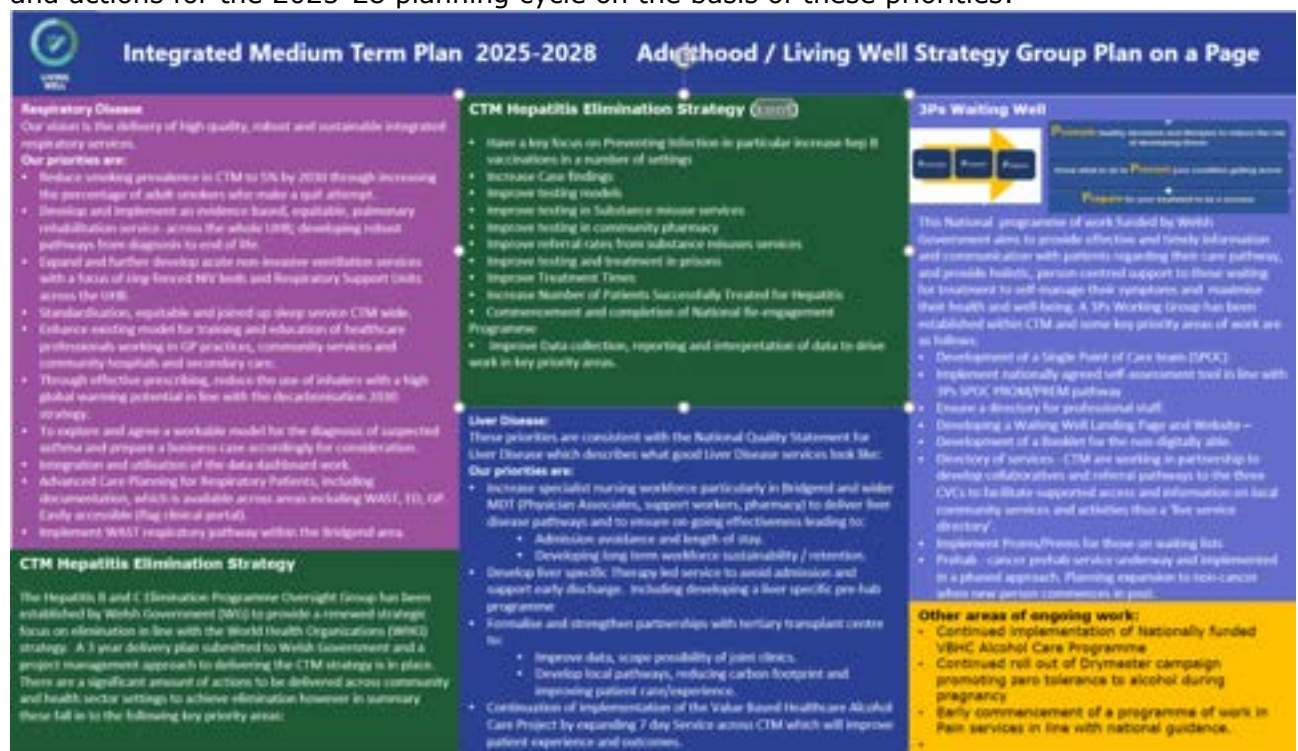
LIVING WELL

The Living Well Strategy Group delivers a programme of work focused on adult service provision, delivering a life cycle approach and providing the infrastructure and population health focus to drive and support the achievement of long term population outcomes and goals.

Key principles established for the delivery of the CTM2030 priorities for Living Well are:

- Reduce variation, a focus on equitable, joined up service across CTM
- Reducing inequalities, raising public awareness and a focus on preventative strategies
- Services planned holistically with the patient at the centre
- A focus on preventative strategies and services and early detection/diagnosis

The Living Well Adulthood Strategy Group plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities:



Respiratory Disease

The National Quality Statement for Respiratory Disease published on 30th November 2022 states that one in twelve adults in Wales reports a longstanding respiratory illness and Wales has a higher rate of asthma than the European average. Prior to the COVID-19 pandemic, around 15 – 16% of all deaths were due to respiratory disease and in 2019 Wales had the highest avoidable mortality rate in Great Britain for diseases of the respiratory system. Respiratory medicine costs the NHS in Wales more than £400 million per year.

The Strategy Group are represented on the National Clinical Network for Respiratory Conditions who are currently working up the National priorities at the current time of writing this IMTP. Local priority areas have been agreed within respiratory care and work is progressing to develop work streams and action plans to take each priority area forward, this includes:

- Reduce smoking prevalence in the health board region to 5% by 2030 through increasing the percentage of adult smokers who make a quit attempt. Key objectives for 2025/2026 to achieve this are:

Objectives:

- Continue implementation and improvement of the Help Me Quit in Hospital model, with a focus on pre-admission actions to encourage access to smoking cessation at the earliest opportunity.
- Continue implementation and continuous improvement of support for pregnant women via the Help Me Quit for Baby service.
- Optimise provision of and referrals to NHS smoking cessation services in the community delivered via Help Me Quit and Community Pharmacy.
- Embed smoking cessation for people with severe and enduring mental illness into community pathways as part of work to improve physical health and reduce inequalities for this group.
- Embed tobacco control in Primary Care.

Other priorities for the respiratory service for 2025/2026 are detailed in the plan on page above.

Liver Disease

Welsh Government's National Quality Statement for liver disease states that deaths in Wales from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the commonest cause of death in those aged 39 – 45 in the UK. As with many health conditions the way in which people lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest cause of liver disease in Wales. The majority of people with chronic liver disease have cirrhosis.

The strategy group along with the health board's Clinical Lead are represented on the Liver Disease Implementation Network (LDIN). Local priority areas have been agreed by the Planning and Delivery Group for Liver Disease set within the context of the national priorities. Work streams have been/are being established to take each priority area forward as above in the plan on a page. The Chair of the Alcohol Care Network is the CTM Alcohol Care Lead. The Alcohol Care programme of work is regularly shared at a National level.

Cwm Taf Morgannwg University Health Board Hepatitis Elimination Strategy

A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on Hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy.

Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service. A revised 3 year delivery plan was submitted to Welsh Government on 30th May 2024 and since then significant progress has been made across a number of key areas as detailed above.

Waiting Well - 3Ps



The Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. Now an urgent need to deliver on the long term ambition to move away from passive term waiting list to a proactive preparation list is in process. This project aims to provide effective and timely information and communication with patients regarding their care pathway, and provide holistic, person-centred support to those waiting for treatment to self-manage their symptoms and maximise their health and well-being. A national programme of work has been established and funding has been received from Welsh Government to deliver on a number of key priorities. A 3Ps Working Group has been established within CTM and some key priority areas of work are detailed above.

Ageing Well Strategy Group Plan on a Page

Frailty Our vision is the delivery of high quality, robust and sustainable integrated frailty services. Our priorities are: • Further develop the integrated frailty model. • Focusing on recognising frailty early before admission • Develop model for 7 day working and level of cover on weekends • Dementia and management of delirium as part of frailty model • Integrated frailty work with old age psychiatry and mental health services • Establish singular COTE Team model across CTM UHB • Develop equitable acute frailty services across 3 sites (POWH, PCH and RGH) • Embedding "Optimise" into our frailty offer – days of value, reducing days lost, avoiding de-conditioning • Agree basic minimum for acute frailty service required across the three sites and priorities to develop first • Develop PROMS and PREMS in Frailty Services • Develop a model of orthogeriatric services across CTM UHB which responds to quality attributes in the WIG Quality Statement for Musculoskeletal Health and the Integrated Quality Statement for Frailty • Development of Integrated Discharge Teams and Enhanced Community Care Model • Development of activity data in acute frailty with view to exploring potential for frailty dashboard • Implementation and further development of Fracture Liaison Service to enable systematic early identification of osteoporosis, placing patients on appropriate treatment pathway and prevention of secondary fracture. The Health Board has developed a Strategic Oversight Group for Frailty, to draw together all the elements of planning relevant to a frailty model across Primary, Community and Acute services to drive forward its frailty strategy.	Dementia Care Services Alongside delivery of the All Wales Dementia Pathway of Care Standards a clear priority identified by the Dementia Steering group, which sits under the CTM Regional Partnership Board, was around parity of access to services across the region. Currently our offer differs greatly between the old Cwm Taf Health Board footprint and what is offered in Bridgend. We have committed to work towards consistency, standardisation and parity across the region as a whole accepting that there will likely be local variances in delivery that will need to be explored in order to support accessibility for our population. In support of this we will: • Continue to prioritise coproduction with our citizens and our staff teams to develop the best services for individuals • Continue to promote collaborative approaches to eliminate silo working supported by monitoring through the work streams • Continue to review and monitor the performance of our services identifying where grant funded services can be integrated into core to release funding to test new models of care and support across the region • Recognise pockets of good practice in areas and promote upscaling and regional commissioning of services where appropriate. The Dementia Steering Group is also anticipating the publication by Welsh Government of the revised Dementia Action Plan for Wales. Once available the group will look to develop a process of implementation for the plan in the CTM Region.
Neurological Conditions Our aim is to ensure that people of all ages living with or affected by a neurological condition have timely and equitable access to high quality services to enable them to live their best lives. We will undertake a joint review of service provision across the RCT and Merthyr Tydfil areas of CTM UHB in partnership with Cardiff and Vale UHB (current providers of neurology services to the area) to: • Review neurology Long Term Agreement • Development of Service Spec to describe delivery for a South Central Neurology Service Scope of the Review In scope: Patients resident in RCT, Merthyr Cymon and Western end of Vale of Glamorgan Out of scope: Patients resident in Bridgend County Borough, tertiary services provided by C&V UHB In scope • Patient journey 1: a patient admitted as an emergency via the general medical take • Patient journey 2: a patient referred to neurology outpatients • Patient journey 3: a patient with a chronic neurological disorder Out of scope • Patient journey 4: a patient requiring highly specialised care In addition we will review the model for provision of movement disorders services in CTM UHB (i.e. Parkinson's disease services) to enable parity of access across the health board, reducing unwarranted variation and benchmarking against best practice.	Stroke Services Stroke remains a high priority for CTM UHB and the review and development of services across the Acute, Community and Primary Care Sectors will continue throughout 2025 – 2026. Planning of stroke services will cover: • Further development of front of house services for efficient treatment of stroke by stroke teams, increasing the achievement of SSNAP targets for thrombolysis, thrombectomy, scanning and access to stroke physician and stroke ward. • Working across acute and community sectors to develop an effective stroke rehabilitation pathway using both inpatient and community options where appropriate following assessment CTM UHB will continue to work in partnership with colleagues in Cardiff and Vale UHB to develop a regional approach to provision of stroke services.

Frailty

Frailty is defined as a health state in which multiple body systems gradually lose their in-built reserve. Whilst it is often associated with older people, it is not an inevitable part of aging and not all older people are frail. 10% of people over 65 years are living with frailty, but this increases to between 25% to 50% of people aged 85 and older.

People living with frailty are at risk of adverse health outcomes and evidence shows that they are the highest users of health and social care services. Hospital, admissions for this group are often unplanned, making patients more susceptible to healthcare associated infections and iatrogenic harm. Frail older people usually have longer stays in hospital, rates of readmission, and are more likely to be discharged with higher levels of complexity than prior to admission.

The Ageing Well Strategy Group will continue to work in partnership to drive forward the frailty service model through the Frailty Strategic Oversight Group. The Strategy Group will also continue to work with wider partners across the three local authorities and third sector through the Regional Partnership Board to support the development on integrated community services which are vital to the treatment and care of frail people.

Stroke

Stroke remains the fourth leading cause of death in Wales and can have significant long-term effects on survivors and their families. The prevalence of people living with stroke is increasing due to a decrease in mortality from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole system approach is taken, which maximises the

prevention, including early detection and treatment of clinical risk factors, in addition to the early intervention and management of stroke.

Welsh Government's Quality Statement for Stroke emphasises the importance of collaborative work to address all aspects of the stroke care pathway. To address challenges faced by our current services across the region, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards, along with key stakeholders, have established the South-Central Wales Stroke Delivery Network. The Ageing Well Strategy Group will continue to work with partners in Cardiff and Vale UHB to support the identification and development of regional solutions to the sustainability and improvement of stroke services.

Dementia

Dementia in Wales has a distinct national agenda and area of work under the Dementia Action Plan (DAP) and the All Wales Dementia Care Pathway of Standards. Published in 2018 by Welsh Government, the four-year Dementia Action Plan (DAP 2018- 2022) is currently undergoing an evaluation period and is supported by the All Wales Dementia Care Pathway of Standards published by Improvement Cymru in 2021 and a dementia specific Regional Integration Fund.

There are twenty standards for improvement across five themes and the work streams under the CTM Regional Dementia Strategy Group reflect the five themes. Further information on the CTM Regional priorities for Dementia and the All Wales Dementia Care Pathway of Standards can be found here in the CTM Regional Partnership Board Area Plan 2023-2028: <https://www.ctmregionpartnershipboard.co.uk/useful-documents/>

Neurological Conditions

The Welsh Government published *The Quality Statement for Neurological Conditions* in November 2022. The quality statement stated that there are more than 577 recognised neurological conditions, disorders and syndromes which affect the brain, spinal cord, nerves and muscles. It is estimated that one in six people in the UK have a neurological condition. The number of people living with a neurological condition is set to increase over the coming years as more children survive beyond birth into adulthood and as the UK's population ages, so do the number of people living with age-related neurological conditions. The number of years lost due to ill health, disability or early death as a result of a neurological condition is higher than that of diabetes. The impact of neurological conditions on quality of life is greater than that of cardiovascular conditions or diabetes. The quality statement outlined the quality attributes of neurological conditions services in Wales as: equitable, safe, effective, efficient, person-centred, and timely.

The Ageing Well Strategy Group will continue to work closely with the Unscheduled Care Group and our commissioning team to review services for neurological conditions with key priorities to:

- Map the neurology pathway across CTMUHB
- Complete demand and capacity analysis for secondary care
- Review current commissioning of services and establish detailed contracting agreements
- Work closely with NHS Exec to implement nationally developed pathways, such as for headache
- Develop service proposals arising from process and demand/ capacity mapping exercises.

Integrated Medium Term Plan 2025 – 2028 **Dying Well Strategy Group Plan on a Page**

Additionalities for Palliative and End of Life Care in CTM UHB

- Education and awareness – all services and professionals providing good palliative and end of life care
- Balance between beds and community provision to support the dying person, families and carers in their desired place of death
- Consistent model of SPC across CTM UHB and fair access to all regardless of geography, age, sexual orientation, disability or ethnicity
 - Strong partnerships with Third Sector, Local Authority and Independent Care Sector
- Accessible and responsive bereavement care extending more for adults, building on the excellent work to date
 - Care that is coordinated – right help, right time, from the right person

Establish a strategic Palliative and End of Life Care Planning Structure to enable implementation of the National PEOLC Specification across CTM UHB

Objectives

- Provide an overview of the current of PEOLC support and services across CTM UHB which responds to the WHO Quality Statement for palliative and end of life care for Wales
- Develop an implementation plan for CTM UHB in response to the National Palliative and End of Life Care Programme All Wales Service Specification
- Co-ordinate an overall programme of development for the network of PEOLC services across Primary Care, Community and Secondary Care Services via a series of contributing workstreams
- Provide regular updates and assurance to the Improving Care Board on the development of PEOLC services and good PEOLC
- Ensure representation from CTM UHB into national PEOLC programmes of work, strategic and programme groups as they develop
- Develop effective communication resources within CTM UHB and patient facing
- Ensure access to services reflecting the need of the population
- Ensure linkage across and between planning groups in CTM UHB through the programme of development
- Develop effective data for the planning, implementation and quality monitoring of PEOLC services with the development of a PEOLC dashboard

Dying Well

In October 2022 Welsh Government published the *Quality Statement for palliative and end of life care for Wales*. The quality statement describes what good quality palliative and end of life care services should look like. The quality statement sets out high-level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care to ensure care is: safe, timely, effective, person-centred, efficient and equitable.

The quality statement states that it will be supported by the NHS Executive and implemented through a series of health board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, diabetes and cancer) and the work programme of the National Programme Board for palliative and end of life care.

The National Service Specification for Wales: Palliative and End of Life Care Services was released by the NHS Executive for consultation on 5th February 2025 (with deadline for comments of 21st March 2025). The specification was produced under the National Palliative and End of Life Care Programme in Wales and reflects a collective ambition to deliver equitable, person-centred, and high-quality care to individuals and families navigating life-limiting conditions.

The Dying Well Strategy Group will closely with colleagues across the CTM UHB area to develop a strategic planning structure for development of PEOLC services in line with the core principles outlined in the specification which include:

- **Person-Centred Care:** Respecting and responding to the unique needs, preferences, and values of each individual and their families, ensuring that care is delivered with cultural sensitivity and inclusivity.
- **Timely Identification and Holistic Support:** Proactively identifying patients who could benefit from palliative care, addressing physical, emotional, spiritual, and social needs through comprehensive assessments and personalised plans.

- **Integration and Collaboration:** Fostering seamless partnerships between the NHS, voluntary organisations, social care providers, and community groups to ensure continuity and coordination across all care settings.
- **Workforce Excellence:** Equipping our healthcare professionals with the skills, knowledge, and support needed to deliver compassionate care, while prioritising their wellbeing and professional development.
- **Equity in Access:** Addressing disparities in service availability to ensure that every individual, regardless of geography or socioeconomic status, can access high-quality palliative and end-of-life care.
- **Bereavement Support:** Recognising bereavement care as a core aspect of PEO LC, this specification ensures access to pre- and post-bereavement support for families and carers.



ESCALATION STATUS

At the start of the financial year (2024/25), the Cabinet Secretary de-escalated the Health Board from enhanced monitoring to 'routine arrangements' across four key areas: maternity and neonatal services, quality and governance, leadership and culture, and trust and confidence.

Following the autumn tripartite meeting, the Health Board was de-escalated from targeted intervention to enhanced monitoring for Child and Adolescent Mental Health Services. The performance improvements delivered in this area are being sustained with confidence.

The current escalation status of CTM is summarised in the table below (updated November 2024):

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	Enhanced Monitoring
Performance: Planned Care	Targeted Intervention	Targeted Intervention
Performance: Cancer	Targeted Intervention	Targeted Intervention
Performance: Urgent and Emergency Care	Targeted Intervention	Targeted Intervention
Performance: Child and Adolescent Mental Health Services	Targeted Intervention	Enhanced Monitoring

Compliance with the 62 day Single Cancer Pathway (SCP), reducing waiting times across planned and urgent and emergency care remain key focus areas of our targeted intervention programme for the next year.

EMERGENCY PLANNING PREPAREDNESS AND RESPONSE

As a Category 1 Responder, the Health Board must fulfil its statutory duties in relation to Emergency Preparedness, Response and Recovery (EPRR) under the Civil Contingencies Act (CCA) 2004 and in line with Emergency Guidance issued by Welsh Government (WG). There is a robust governance structure for oversight of the EPRR functions with an executive lead for EPRR and formal reporting structures to sub-committee and the board.

The Health Board's Strategic Emergency Preparedness, Response and Recovery Group continues to oversee planning and preparedness within the HB and work is ongoing to further develop and embed operational EPRR functions across revised care group structures. This is to ensure that pre-planning for foreseeable and unforeseen events is embedded within processes and procedures.

During 2024-2025 key achievements for the health board were:

- The review and updating of the health board's Major Incident Plan and the development of site-specific plans for the three acute hospital sites.
- Agreement of a memorandum of understanding with the Office of the Coroner for action in the event of a mass fatalities exercise.
- Signing the Charter for Families Bereaved by Public Tragedy.

Amongst the key actions for 2025-2026 are:

- Pandemic framework review
- Incident management training needs analysis and delivery plan
- All Wales mass casualty dashboard development
- Work with Facilities/Estates colleagues to deliver the Protect Duty and security assessments in line with Martyn's Law.

QUALITY



Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are, and wherever they live.

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance for 2025-2026.

The Duty of Quality and delivery of high-quality care

Our Quality Strategy was developed in 2022 to cover the period 2022-2025. Its purpose is to enable the Health Board to deliver on the NHS Wales core value of ***putting quality and safety above all else and providing high-value, evidence-based care for our patients at all times***. All plans are aligned to this strategy which is supported by a work plan for each year.

During 2025-26, our annual Duty of Quality Report will be produced and this will inform the review of our Quality Strategy and the development of our new Quality Strategy for the next three years. The reporting of the delivery of this new Quality Strategy will be aligned to the future Duty of Quality Report for each year thereafter.

The alignment to the strategic quality goals is set out in our operational delivery plans, which are constructed by care group (our six operational divisions) and the full quality strategy can be accessed via our [website](#).

Investing in Quality

Quality and risk management is embedded in all that we do. All service development/ investment and change requirements identified across all services and teams are subject to a Quality Impact Assessment (QIA) along with Equality Impact Assessment, where required. This approach has been employed in appraising all areas of development for prioritisation for the three year plan for 2025-28. All proposals have undergone a QIA screening assessment to determine their impact

PUBLIC/POPULATION HEALTH AND HEALTH PREVENTION



Public health is essential to all aspects of health and wellbeing and is crucial to reducing health inequalities and influencing the wider determinants of health. The Public Health Directorate provides strategic leadership and service delivery to protect and improve population health while reducing inequalities in Cwm Taf Morgannwg. This includes the wider determinants of health and well-being, such as housing and education, along with promoting and supporting healthy behaviours and the prevention of chronic conditions and communicable diseases. This is informed by data, behavioural insights, evidence of effectiveness and research.

A key element of this is working with partners across the Health Board and in the system, including national bodies such as Welsh Government, Public Health Wales and the new NHS Executive as well as local partners including our three Local Authorities, third sector organisations, schools and communities. This is often facilitated through statutory partnerships including the Public Services Board, the Regional Partnership Board and the Area Planning Board.

CREATING HEALTH STRATEGIC PLAN

During 2024-2025 we developed a Creating Health Strategic Plan for 2024 to 2030. This document has four primary aims.

Increasing (Healthy) life expectancy and
reducing inequalities
Equal focus on Physical and Mental Health
Building Healthier Communities
Being a healthy organisation

The strategic plan sets out four objectives as set out below.

1. Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
2. Become a population health organisation (modelling priority action areas on the [Ottawa Charter](#))
3. Build Healthier Communities
4. Empower Systems leadership for Population Health Improvement

Deliverables and Timescales

Each programme in the Creating Health structure has a detailed work plan with unique supporting deliverables and milestones. A summary of the overarching key deliverables for the programmes are listed below and will be monitored as part of the reporting structure in the Creating Health Programme.

Programme	2025/26 Deliverables	Creating Health Objective
AF and HPT	Build on current learning to develop pathways for patients to offer a holistic support through the system to improve their opportunities to change behaviour and reduce risk	Objectives 1 and 3
3 Ps	Undertake local and national evaluation of the impact of SPOC team.	Objective 3
	Further development of roll out plan, for other priority patient groups to be developed and implemented. Implementation of 2025/26 quarterly milestones as monitored by Welsh Government.	Objective 3
	Evaluation of impact of SPOC team, third sector in signposting patients to a wide range of community based services.	Objective 3
National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3
	Implement a sustainable service for testing across the three probation offices within CTM.	Objective 3
	Continue to improve testing rates and ultimately treatment rates.	Objective 3
MECC	Re-establish MECC Level 2 offer in line with national direction from PHW	Objectives 1 - 4
	Scope ambition of Level 1 MECC training (e-learning) mandatory for all CTM UHB employed staff, and for this to act as a pre-cursor for relevant staff to go on to undertake the Level 2 training	Objectives 1 - 4
PHM	Review of implementation and delivery of the model within CTM	Objectives 1 - 3
	Work with HB corporate team on ways to embed a PH approach to all HB business	Objective 2 Objective 3
	Develop training specifically around using PSRS tool	Objective 2 Objective 3
	Develop how to guides, case studies and FAQ to support clinical teams develop PHM project ideas	Objective 2 Objective 3
	Scoping exercise on secondary care requirements	Objective 2 Objective 3
Integrated weight management and	Introduction of obesity tier 2 and 3 services for children	Objective 3

Whole system approach to Healthy Weight	Develop consistent CTM offer on Food Environments contribution	Objectives 3 and 4
	Building upon evaluation of PIPYN service to inform system learning and service development	Objective 3 Objective 4
	Ongoing measuring impact and learning of PHW nine steps for CTM	Objective 3 Objective 4
	Development of CTM Healthy Travel Charter	Objective 3
Smoking Cessation	Ongoing delivery of smoking prevention activity	Objective 3
	Evaluate HMQH model	Objective 3
	Review impact of Primary Care referral data and target groups appropriately	Objective 3
	Ongoing delivery of our communication plan	Objective 3
	Review progress of 24/25 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 3
Catering	Grab & Go Shop RGH under phase 2	Objectives 2 and 3
	Ein Lle Restaurant and Starbucks Pod under phase 2	Objectives 2 and 3
	Roll out cost price mobile fruit stalls	Objectives 2 and 3
	Implement Coffee ground waste recycling	Objectives 2 and 3
Diabetes	To systematically introduce preventative services for Type 2 Diabetes – these include prediabetes screening, remission services (very low calorie diet), patient education programme, physiological support	Objective 3
Mental Health and Well-being	Complete Mental Health and Well-being assessment for CTM	Objectives 2 and 3
	Develop with CTM partners Mental Health and Well-being Strategy for CTM	Objectives 2 and 3
Social Prescribing	Explore digital solutions to providing information and the monitoring of activity and outcomes	Objectives 1 – 4
	Establish a strategic view of local community development needs.	Objectives 1 – 4
	Continue to Develop "Healthy Partnership"	Objectives 1 - 4
Data and Performance	Ongoing performance monitoring schedule	Objectives 1, 2 and 4
	Scope and implement where possible the automation of data feeds	Objectives 1, 2 and 4
	Re-evaluate performance measure targets	Objectives 1, 2 and 4

HEALTH PROTECTION

In 24/25 we developed a Health Protection Strategic Plan to enable an integrated Health Protection system in CTM to prevent and mitigate risk from communicable disease and other threats to health. The core themes of the plan are around improvements to surveillance and insight, governance and coordination, preparedness, prevention and management of health protection risks, as well as health protection aspects of housing and health and climate change and health. Core to the strategic plan is the systematic identification and addressing of inequalities around all health protection areas of work.

Achievements and milestones in 24/25

Key achievements in 24/25 include:

- The development and recruitment to the CTMUHB Health Protection operational and strategic teams
- A refresh of the CTM governance for Health Protection
- Improved preparedness for measles and high consequence infectious disease
- Sign up to Fast Track Cymru network to support the work to end new transmissions of HIV in Wales by 2030
- Significant improvement in Hepatitis C testing in key vulnerable groups in CTM

Key priorities and actions/milestones for 25/26

- In 25/26, CTM have been awarded an addition £1.06m for health protection which will be focused on creating capacity across the CTM health protection system around coordinated community infection, prevention and control; addressing inequalities in vaccination and testing; emergency planning and preparedness for pandemic, and communications and engagement with communities around health protection
- Implementation of the national Health Protection Framework
- Development and implementation of systematic approaches to address inequalities in health protection
- Delivery of plans to eliminate or reduce communicable disease including Hepatitis B/C and HIV
- Vaccination plans as set out in our minimum dataset appendix.

REGIONAL PARTNERSHIP



In line with legislative and policy responsibilities including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales', Cwm Taf Morgannwg University Health Board will continue to play an active role within the CTM Regional Partnership (RP) over the next three years. This will include continued delivery against the six models of care utilising the Regional Integration Fund:

1. Community based care – prevention and community coordination
2. Community based care – complex care closer to home
3. Promoting good emotional health and well-being
4. Supporting families to stay together safely, and therapeutic support for care experienced children
5. Home from hospital services
6. Accommodation based solutions

In 2023 we published our Regional Area Plan which was developed using our Population Needs Assessment, the Market Stability Report, working with our partners and engaging our population through a series of Hackathons. The Regional Area Plan is a 5-year plan and delivery will continue during the three years to 2028. This includes a focus on:

- Children and young people – we want all children and young people to lead healthy and happy lives. To create a better future we need to ensure their voices are heard.
- Learning disabilities – we know people experience learning disabilities in many different ways; we aim to ensure their voices are heard so they can have greater ownership and control over their lives.
- Mental Health – we are looking at ways to support the mental health of people living in CTM. This includes improving systems to provide better services, removing barriers and inequalities.
- Dementia – we know that living with dementia can be challenging and we want to ensure people living with dementia feel supported and listened to.
- Older people – we are ensuring older people have the right information, advice and access to services so they can make informed choices about health and social care, staying living independently for as long as possible.
- Unpaid carers – we aim to ensure unpaid carers feel listened to and understood and have access to up to date information, advice and access to services such as support groups.
- Accessibility – we want to create accessible services to ensure people with accessibility needs, including physical disabilities and sensory impairments (reduced or loss of sight, hearing or both) are empowered to make choices and feel part of their communities.
- Neurodiversity – we want to create a neurodiversity friendly CTM to ensure neurodivergent people and their families feel supported.
- More information about the work of the RPB can be found on the website <https://ctmregionalpartnershipboard.co.uk/>

GREEN 2030



Sustaining our Future is one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

We have ensured a more focused approach to achieving our Net Zero goals by establishing the Environmental Sustainability Group in 22/23, which forms part of our formal governance arrangements. We have also introduced the “five R’s” concept into our reporting processes (reuse; refine; reduce; repurpose; recycle) so all projects and programmes must consider the impact on sustainability of their work.

We are refreshing our Decarbonisation Action Plan (DAP) for 2024 -2026 and will continue to deliver our Biodiversity and Ecosystem Resilience Plan, reporting as appropriate to WG. This includes a focus on:

- The reduction of plastic waste within healthcare;
- Reduced use of inhalers with a high environmental impact;
- Introduction, with system partners, of a healthy travel charter;
- A review of Site Travel Plans and shift from single occupancy car travel to sustainable modes;
- Procurement options for future fleet;
- A focus on climate adaption interventions as well as mitigating interventions; and
- Reducing the use of pesticides across all CTMUHB sites.

We continue to develop our “Green Movement” and use our CTM Green Group as a means of engaging, communicating and inspiring our workforce to learn about and tackle climate change. We plan on building on the success of our Green Scholar programme to encourage more people to act upon green initiatives.

FOUNDATIONAL ECONOMY



Reducing health inequalities is at the heart of our plans and a focus on developing our foundational economy is key to that. We understand the important role that health plays in the wider economy and we know that the foundational economy is a concept that emphasises the importance of certain essential, everyday economic activities and services that provide the foundation for a stable and flourishing society.

The Health Board is committed to ensuring that foundational economy principles are considered in its everyday activities and strategic planning as we know that the wide range of sectors and activities are often taken for granted but are crucial for people's well-being and the functioning of the broader economy. Adopting this approach is a critical element of meeting our responsibilities with the Well-being of Future Generations (Wales) Act 2015. By recognising the importance of the foundational economy and acting as an anchor institution, we know the health board is playing its part in developing a thriving society.

Examples of how we do this include:

- Providing employment, as approximately 77% of our workforce live locally, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve.
- Working with our third sector partners and community organisations to support social cohesion, as human interactions offer opportunities for people to connect and support each other.
- Buying locally when we can – as this invests in local businesses and therefore local employment, as well as reducing the carbon impact on our environment.
- Focus on our environment, including the use of renewable energy, reducing waste and increasing recycling.

SIX GOALS FOR URGENT AND EMERGENCY CARE

OVERVIEW

Delivery of strategic objectives aligned with national and local priorities for urgent and emergency care governed by Six Goals Programme has been conducted in partnership with health and social care, aiming towards efficient and integrated approach in the way we deliver care and quality-driven outcomes for patients in our communities.

The collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) is aiming to transform in hospital and out of hospital care.

The programme's scope includes provision of urgent care that is responsive to patient needs and integrated within the model of care included in local project plans for areas that transcends across boundaries of health and social care provision.

The delivery of the Six Goals objectives includes a number of system enablers which will support overall strategy, these include information technology and analytics. The aims of the programme enable sustainable integration and simplification of the system. The key principles set out in the programme scope for transformation of urgent and emergency services are to ensure them:

- Are easy to navigate
- Deliver urgent and emergency care as close to people's homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

Given the systemic nature of the Six Goals for Urgent and Emergency Care, key developments are embedded throughout this plan, in particular in the Urgent and Emergency and Primary and Community Services Care Group plans. The delivery of the following specific requirements are also included in the health board response to the enabling actions set out in the planning framework for 2025. These are the delivery of the following:

- Implementation of the Community Based Falls Response
- Implementation of the remote clinical assessment services framework
- Implementation of acute frailty model at the Front Door
- Implementation of the Welsh Health Circular - Ambulance Handover Guidance
- Implement the Optimum Hospital Flow Framework
- Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.

LOCALITY (CLUSTER) PLANNING

Locality (through the Joint Partnership Boards) and Primary Care Cluster planning is underpinned by Population Health and segmentation data and is a fundamental element on which to base new locality and cluster service development projects, with the overarching aim to improve patient outcomes, equity of access to services and sustainability.

During 2024 - 25 the three Joint Partnership Boards (JPB) in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have identified their locality priorities to inform both locality and cluster project development which align to the wider Regional Partnership Board 5 year plan and the overarching themes are:

- Frailty
- Mental Health
- Children and Young families

There are eight clusters in Cwm Taf Morgannwg and the investments of funding allocated to clusters are assessed against the following criteria:



- The service meets at least one of the outcomes of the 13 Primary Care Management Wales and/or the 7 Accelerated Cluster Development (ACD) outcomes;
- The service meets identified need from the population health and segmentation data provided by the health board's public health team;
- The service aligns with Regional and Locality priorities;
- The service is not provided through other contractual/ funding arrangements

Our plans for year 2 of the 2025 - 2026 are set out in the plan on a page below:

Integrated Medium Term Plan 2024-2027		Primary Care – Locality & Clusters	V1 .3.2025
Our vision is the delivery of safe high quality, robust and sustainable Primary Care that improve the health and wellbeing of our population and is timely and accessible. Our priorities are: • Planning of services best delivered at the cluster level. • Working with partners through the ICCS programme: to support integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with partners • Providing innovative and effective alternatives to traditional models of care. • Using Population Health and segmentation data understanding and responding to the full spectrum of health and social care needs of the population served by the Cluster with a particular focus on the needs of vulnerable groups • Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate Workforce enablers: • Training needs analysis undertaken for all Professional collaborative and Cluster leads working with the CTMUB Academy • Leadership and succession plan in place for all clusters to develop strong and inter-professional leadership and delivery • Support to understand through a workforce planning change how skill mix in key priority areas can increase workforce capacity and skill mix • Support and improve wellbeing of our teams Digital enablers: • Support the development of joined up digital interfaces in order to deliver integrated care • Increase use of technology to support patients to live well in the community		Key actions in year two (2025-6) • Through multi professional participation at both Joint Partnership Board and Cluster to support the opportunity to create integrated community teams across the footprint – focus on individualised care close to home and urgent pathways. • JPBs/Clusters working with partners to scope, commission and deliver coordinated health & social care which meet the needs of patients – • Continue to work with CTM Public Health, understand the opportunities to plan effectively using Population Health and segmentation data • Identify capacity and resource to implement a new sustainable end of life and palliative care model focused on ACP and care at home. Key actions in years three: • Focus on the growing and ageing population • Adapting our new ways of working, including introduction of new models of care through the Regional Partnership Agreement • Increasing the capacity and capability of our Workforce – Maximise the skills and competencies of our workforce Partnerships: The multi disciplinary cluster to build strong relationships with wider system partners – Joint and Regional Partnership Boards, Public Services Boards Estate & Facilities enablers: • Support the creation of environments suitable for integrated teams and patients to access • As a stakeholder, input into the development of an integrated Primary Care and Community Estates Plan	Patient outcomes: • Improved management of Long Term Conditions in Primary Care across the Clusters • Health and social care to work in collaboration to deliver coordinated services • Increased awareness amongst our population of the impact of lifestyle has on self limiting illness and living well • More patients being supported to live well at home • Improved access to coordinated services within the community • Increase uptake of screening and immunisation • Clusters to identify new or improved care pathways for their populations to support care at home and self care following an inpatient admission How we will measure success: • Robust evaluation of projects which is consistent across all Clusters to enable wider roll out where there is proven need identified • Improved health outcomes and reduction of health inequalities for Cluster population • ACP in place for top 0.5% registered population • Cluster budget is fully invested in schemes to improve access to joined up, responsive and integrated services • Workforce – HR processes support new roles to enable new projects to start

Cluster projects

In order for cluster projects to be recurrently resourced and where appropriate offered across the locality and/or region, there is ongoing work over the next year to identify the best process. This will form part of the wider locality and cluster development which is being overseen by the Primary Care and Community Transformation Board.

LOCALITY AND CLUSTER DEVELOPMENT

A review of the relationship of Joint Partnership Boards and Clusters within the planning framework of CTMUHB is being carried out through the auspices of the Primary Care and Community Transformation Board.

The outcomes of the review will provide clarity of roles and function to include any delegated authority in decision making. This work will also identify co dependencies with other programmes within the Primary Care and Community Care portfolio e.g. The Integrated Community Care Services Programme and contribute to the national summit planned for 2025.

PRIMARY AND COMMUNITY CARE



Primary and community care services span the life course and provide both planned and unscheduled care. The Primary and Community Services Care Group's goals are to:

- Improve patient outcomes and quality of care through robust governance
- Increase resilience of, and improve access to primary care services
- Develop integrated services through partnership working
- Give our teams the tools, training and support needed to deliver our vision
- Ensure financial sustainability through efficient use of resources

The portfolio is aligned to policy and strategic drivers, including the various Strategic Programmes for Primary Care, e.g. community infrastructure model, the Six Goals for Urgent and Emergency Care (notably goals one, two and three), Further Faster, Nursing Workforce Plan and Allied Health Professionals (AHP) Framework. The Care Group will build on the work undertaken in 2024-25 with plans developed and developments initiated coming to fruition during 2025-26. This firm foundation will enable the Care Group, in collaboration with other Care Groups and Community partners, to build and transform its services and delivery to patients across CTM's Communities. The following plan on a page provides a high-level overview of the care group's priorities for the 2025-2028 period.

Integrated Medium Term Plan 2025-2028		Primary Care & Community	V2 .12.2024
Our vision is the delivery of safe high quality, robust and sustainable Primary Care, Community and Population Health services, that improves the health and wellbeing of our population and is timely and accessible. Our priorities are: • Deliver Care for CTM Services - ensure continuity of access and delivery of services across all localities. • Building healthier communities and reducing health inequalities and focus on improving wellbeing & uptake of self care • Realise integrated community services (between community hospitals, teams and the navigation hub which supports our population health and urgent and emergency pathways). • Support sustainability and development of robust primary care - teams and services through the primary care transformation plan • End of life and Palliative Care - implementing a model of care which integrates with enhanced community care and supports patients to die well in their place of choice • Maximise opportunities for the shift left of services and resources to support the ACSF Workforce enablers: • Through a workforce planning change skill mix in key priority areas - increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery Digital enablers: • Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Increase use of technology to support patients to live well in the community		Key actions in year one (2025-2026) • Navigation Hub - continue to develop as first point of contact for the navigation through integrated care system. For Enhanced Community Care team but also for hospital discharge and hospital avoidance through. • Embed the integrated enhanced community - focus on individualised care close to home and urgent pathways. • Ensure the delivery of efficient stroke rehabilitation and geriatric orthopaedic services in our Community Hospitals • Increase access for Optometry, Dental and GMS • Embed the Palliative and End of Life Care model focused on ACP and care at home • Prison Health Care Services - maximise inhouse delivery to avoid hospital attendance, increase capacity for dental and optometry and focus on healthy and substance misuse, mental health. Key actions in years two and three: • Focus on the growing and ageing population • Adapting our new ways of working, including introduction of new models of care • Increasing the capacity and capability of our workforce - Maximise the skills and competencies of our workforce Partnerships: key strategic partners - Local Authorities, regional H&A, independent sector. Development of the section 33 across the CTM footprint Future & Facilities enablers: • Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy • Create environments suitable for integrated teams and patients to access	Future services blueprint and patient outcomes: Navigation Hub at the centre of integrated primary care and community services and teams, helping to deliver responsive individualised care. A system which is clearly understood by healthcare professionals and our population. Patient outcomes: • Improved management of Long Term Conditions in Primary Care across the CTM footprint • Health and social care to work in collaboration to deliver coordinated services • Increased awareness amongst our population of the impact of lifestyle has on self limiting illness and living well • More patients being supported to live well at home • Improved access to coordinated services within the community • High uptake of health protection measures • Patients will return home following a hospital stay or to their local community with additional support at earliest and safest opportunity to improve outcomes How we will measure success: • PHQ9 / PHQ15 • More people dying well as part of life • LOS & OTDC - impact on the whole system • Reduction in avoidable ED attendance and admissions • Safety / quality to be developed through Quality Risk Register Group • Reduced escalation reporting for GMS • Workforce - Mandatory Training & Skills • Balanced & sustainable financial outcomes to be reported through PCC Performance, Planning and Finance Monthly meetings as well as Monthly Finance Meetings • Reduction in health inequalities

Specific priorities for Primary and Community Care in 2025 - 2026 and beyond are:

1. Implementation of a single integrated Community Services model across the health board area and pathways for Urgent and Emergency and Population Health Management.

- To mature and progress the development of the Enhanced Community Care Service.
- To progress the development of the Section 33 Agreement across the footprint.
- To focus on maximising outcomes and capacity within community to help patients return home or avoidable unnecessary attendance in acute hospital services. 4 Focus on reducing delayed transfers of care and length of stay.
- Take advantage of digital options to help assess and monitor patients in their own homes.
- Sign up to a Section 33 Agreement between the Health Board and Partners.
- Focus on rehabilitation and re-ablement.
- Increase in number of patients receiving stroke rehabilitation in YCR community hospital
- Introduction of Geri-ortho ward in YCC (TBC)
- Seek to explore with partners how the care home market can be stimulated to ensure bed vacancies are minimised. Implement the new community bed model with focus on rehabilitation and improved flow.
- Establish a Care Home Support Service which provides regular and prompt care to residents in care homes (nursing and residential).
- Develop and implement a new palliative and end of life model which focuses on community not inpatient beds.

2. Implementation of new model of comprehensive Palliative Care & End of Life out of hospital services across the health board area

- To reduce the reliance on inpatient beds in our SPC units.
- To refocus the workforce into the community
- To commission more end of life support in the community from providers
- Develop a workforce equipped with the skills and knowledge to make every opportunity for future care planning to become a priority for all patients.
- Ensure each patient chooses where they wish to die and to respect this.
- Reduce the number of patients dying in hospital where their choice is at home.
- To ensure the vacancies within Consultant and Nursing are recruited to.
- To ensure CTM benchmarking is aligned to the Wales average.

3. Development of robust sustainable primary care services, including GPs, dentists and optometry services.

- To work with a consultancy agent to finalise the engagement sessions with stakeholders.
- To articulate a model of care which provides sustainability and capacity.
- To work with the consultancy to agree an implementation plan.
- To work through the resource implications for this new model of care and implement the models
- To explore the opportunity to commence or bring on board with other contractor professions.
- To complete the full review of contracts and tender for providers delivering services in HMPS Parc & YOU to reflect the needs identified in the last Health Needs Assessment.
- To reduce the need for patients in HMPS Parc and youth offending units to have to attend emergency departments or outpatient settings.

4. Building healthier communities by encouraging our communities to live healthier lifestyles and taking responsibility for the management of their own conditions management and preventing people from becoming unwell.

- Following review of WISE implement new operational model (if supported)
- Promoting and increasing uptake of vaccination and immunisations.
- Exploring behavioural change methods and finding new ways of encouraging patients to take responsibility for management of own conditions.
- Utilising and maximising communications to promote wellbeing, and increasing uptake of patient education programmes.
- Working with partners and with LA, all key employers in the community to promote amongst our own workforce.

5. Maximise opportunities to support the 'shift left' of services and the acute Clinical Services Plan

- Continue to review the GP supplementary services, decommission those ineffective and commission services others which are.
- Continue to implement the National Assurance Framework for general medical services and equivalents for the dental and optometry contracts to ensure core services are delivered.
- Regularly review the national benchmarking to identify areas for improvement. Maximise the Welsh General Ophthalmic Services contract's four services to enable the shift left.
- Focus on respiratory, obesity and diabetes for year one

MENTAL HEALTH AND LEARNING DISABILITIES



Our Mental Health and Learning Disabilities Care Group's vision is to deliver high quality, robust and sustainable services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement. Our 7 high profile objectives are:

- **Once for CTM** – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement
- **Strong primary prevention** – working in partnership across geography and population
- **Robust and responsive core service** which is timely, effective and promotes independence
- **No wrong front door** – welcoming, effective and responsive based on need
- Developing **new models of care** which respond to changing need and new opportunities
- **Sustainable use of resources** which are fit for the future
- A **people focus**, valuing, respecting and hearing the voices of all and supporting development for the future

The service plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities.

Integrated Medium Term Plan 2025-2028 Mental Health & Learning Disabilities		
Our vision is the delivery of high quality, robust and sustainable mental health & learning disability services, meeting needs and hearing all voices to enable: Our priorities are: • Once for CTM – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement • Strong primary prevention – working in partnership across geography and population • Robust and responsive core service which is timely, effective and promotes independence • No wrong front door – welcoming, effective and responsive based on need • Developing new models of care which respond to changing need and new opportunities • Sustainable use of resources which are fit for the future • A people focus, valuing, respecting and hearing the voices of all and supporting development for the future Workforce enablers: • Development of a future workforce plan aligned to Strategic Mental Health Workforce Plan • Strong & resilient inter-professional leadership & delivery • Cultural competence Digital enablers: • Implementation of a single care record across the Care Group • Exploration of improved technological approaches to delivery	Key actions in year one (2025-2026) • Once for CTM – all directorates embed SOPs & outcome measures • Strong primary prevention – 3rd sector review & commissioning, whole schools approach & cluster alignment, Mental Health Collaboratives, WISE • Robust & responsive core service – Embedding of outcomes of Inpatient Improvement, HMP Parc & Psychological Therapies redesign • No wrong front door – Expansion of 111 F2, alternatives to admission, psychiatric liaison • New models of care – CHC, Day Services, Older Adult Beds, Rehab & Recovery and Recovery College model • People focus – inter-professional, cultural competency, lived experience Key actions in years two and three: • Strong primary prevention – Establish MH Collaborative models • Robust & responsive core service – CHRTs, ESP, LD, Perinatal, COAT & specialised services • No wrong front door – Crisis & Wellbeing retreats • New models of care – Complex female care, LSU & suicide/self harm • People focus – psychologically informed workforce Partnerships: Ensure strong relationships with key strategic partners – 3rd sector, Local Authorities, regional HNs, independent sector, police & SPS/PSB Estate enablers: • Development of a robust and integrated estate plan • Improvement of inpatient facilities to support recovery and experience	Future services blueprint and patient outcomes: To be added pending the new MH strategy for Wales – approval anticipated in April 2025. • Vision Statement 1: People have the knowledge, opportunities and motivation to prioritise their own mental wellbeing • Vision Statement 2: Cross government action to protect good mental health • Vision Statement 3: Action to deliver a connected system where people will receive the appropriate level of support wherever they reach out for help • Vision Statement 4: Seamless mental health services – person centred, needs led and guided to the right support first time without delay • Vision Statement 5: Suicide & Self Harm Strategy Patient outcomes: These will be informed by the Unlived Experience but in the interim we will develop a mechanism for capturing PROMS and PRIMS across all services. How we will measure success: • PROMS / PRIMS to be developed through People's Experience Group • Mental Health Resilient and alignment with Targeted Intervention Association • Outcomes Activity & Work to be developed through Performance Group • Patient LCU & outcomes to be developed through Inpatient Improvement Programme • Safety & quality to be developed through Quality Improvement Group • Workforce – WACF, Mandatory Training & Skills Standard & sustainable financial outcomes to be reported through HR&D/HRP & Finance Planning Meetings

The outcomes of our vision, objectives and plan is that:

- People living in the health board area will have the knowledge, opportunities and motivation to prioritise their own mental wellbeing
- Services will be delivered within a connected system where people will receive the appropriate level of support wherever they reach out for help and ensuring seamless service delivery

During 2025-28 we will deliver further improvement across the whole patient pathway. We will strengthen existing relationships with Local Authority and Third Sector Partners and build a Once for CTM approach for all our services from community prevention, primary and secondary care to tertiary and specialised services. Key actions in this period include:

- Once for CTM – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvements
 - Review of tier 4 adult eating disorder commissioning arrangement with Cardiff and Vale University Health Board
 - Team working with our regional stakeholders
 - Lived experience plan and commissioning structure implemented
- Strong primary prevention – working in partnership across geography and population
 - Development of the regional partnership priority Parent/Infant Relationship project
 - Explore opportunities for the development of complex case panels with local authority partners
 - Development of joint working arrangements between child and adolescent mental health services and the children and young people's neurodevelopmental service
 - Development of regional dialectic behavioural therapy service following repatriation of service from SBUHB
- Robust and responsive core service, which is timely, effective and promotes independence
 - Development plan for the Adult Integrated Autism Service (IAS)
 - Improvement in access psychological therapies and ND services
 - HMP & YOI Parc - improved coordination of AMH and & CAMHS
- No wrong front door – welcoming, effective and responsive based on need
 - Introduction and monitoring of the transition policy between CAMHS and Adult Services
 - Working in partnership to support the embed the requirements for Right Care, Right Person
 - Development of a once for CTM psychiatric liaison service specification
- Developing new models of care which respond to changing need and new opportunities
 - Inpatient transformation programme (PICU, inpatient and workforce)
 - Older Adult - Inpatient Redesign Discovery phase
 - Development of rehabilitation deliverables with new patient flow and community recovery models
 - Phase 2 development of the ECA area in Ty Llidiard
- Sustainable use of resources which are fit for the future

- Procurement new single patient record offer
 - Exploration of improved technological approaches to delivery
- A people focus, valuing, respecting and hearing the voices of all and supporting development for the future
 - Implementation of People plan with a focus on diversification of workforce; new roles and succession planning
 - Enhanced training provision
 - Implementation of peer support worker supporting infrastructure and roles
 - Trauma informed workforce

URGENT AND EMERGENCY CARE



The Unscheduled Care Group provides a range of emergency, acute, integrated and specialty health and care services for our population. The focus is on providing safe and effective services for patients ensuring smooth and timely transitions along pathways as inpatients and/or outpatients. There has been increased investment and development in services to meet patients' health needs at the earliest point of contact for improved patient experience, avoiding unnecessary hospital admissions and to ensure that patients aren't staying in a hospital bed longer than they need to.

The 2025-28 plan builds on our previous plans, and our improvement plans are supported by the care group management structure and the Six Goals Programme.

Integrated Medium Term Plan 2025-2028		Unscheduled Care Group : Plan on a Page
Our vision is the delivery of high quality and robust Unscheduled Care services to enable the transformation of our services to sustainably deliver across all domains of quality through compassionate leadership. Our principles are: - Improved patient experience and outcomes - Creating a safe and inclusive environment - A people focus, through engagement, listening, involvement and understanding - Supporting learning and continual improvement to ensure we have the right people with the right skills and attributes - Equitable, safe and patient centred services - Improving the health of our population - Work together to achieve clarity of responsibility and ownership - Sustainable use of resources in line with a prudent and value based health care approach Workforce enablers: - Development of a future workforce plan - Workforce modernisation & alignment with new delivery models e.g. skill mix, 7 day working, cross site, increased investment in the Consultant and CNS Workforce. - Being able to attract candidates to key clinical roles. Digital enablers: - Understand and develop a strategy for digital health - Maximising the analysis of the Unscheduled Care dashboard to identify areas for service improvement and to design transformation of our services. - Creation of a Single Patient Record and tracker Estate enablers: - Alignment of the estates with the plans for the transformation of services.	Key actions in year one (2025- 2026) - To develop plans for a Neurology Liaison Service - To consolidate the Acute Stroke Service and drive the delivery of an integrated pathway across Therapies and Community - To develop and implement a Frailty SDEC service - To develop and implement an Ortho -Geriatric Service/STAR - To continue to transform Acute Medicine across all Sites - To establish a Frailty Liaison Service (FLS) - To review and re -design the Rheumatology Service - To expand the Acute Site based Urgent Treatment Centre - To review and develop plans for the re -design of the Diabetes and Endocrine Service and implementation of 5 year plan for HCL diabetic pumps. - To develop plans to sustain the Heart Failure VBHC service. Key actions in years two and three: - To implement a Neurology Liaison Service. - To implement the re -design of the Diabetes and Endocrine Service. - Monitoring performance of services implemented in year 1 with focus on identified improvements/rollouts. - To establish an inpatient Renal Service - To establish Respiratory Support Units (RSU) Value based healthcare: VBHC principles underpin all action plans. Specifically plans to be developed to sustain the Heart Failure VBHC service following evidenced impact. Research, development and innovation: - Ambition to foster research and innovation opportunities - Improve links with industry to take this forward	Future services blueprint : - Services aligned with best practice and Organisational and National drivers. - Equity of access and quality for patients across the Health Board's footprint. - Resilience built in to the development and delivery of services so that quality and capacity are sustained even in the face of challenging circumstances. - Focusing on pathways and a continuum across Care Groups to ensure that care, diagnostic and treatment services are developed to meet the needs of patients. - The clinical needs of patients met at the earliest point and where possible at the front door / UTC/ via SDEC so that patients can go home avoiding need for admission. - Effective and efficient pathways for patients requiring disease specific diagnosis, treatment, care as inpatient and outpatient. Patient outcomes: - Reduced waiting to be seen - Patient in the right bed first time - Reduced LOS - More patients being treated at the front door and avoiding admission to inpatient bed. - Reduced re -admission rates - Improved experience How we will measure success: - Care Group Monthly Performance Group to monitor and hold to account. - PROMS / PREMS and involvement of PALS. - Ministerial measures – monitoring performance against trajectories for ambulance handovers, 4 hour ED performance, Cancer and RTT. - SSNAP performance Indicators for Stroke. - Safety / quality to be monitored through Quality Safety Governance arrangements. - Activity and efficiency monitoring - Inpatient LOS and outcomes - Balanced & sustainable financial outcomes to be reported through PCC Performance, Planning and Finance Monthly meetings as well as Monthly Finance Meetings.

Our priorities for the 2025-28 period are set out in further detail below. The impact of actions on quality, safety and performance against key metrics will be consistently reviewed.

To review and roll out admission avoidance opportunities at the front door

- Establishment and development of community pathway with Welsh Ambulance Services Trust and primary care to reduce avoidable emergency department (ED) attendances
- To build on the successful impact of the Medical same day emergency care services (SDEC) and develop a specialist model for Frailty SDEC across the health board.
- To review all ambulatory pathways and maximise opportunities across all sites

- To extend the STAMP across all acute sites
- To increase capacity of the medical model to meet the demand and build on the evidenced impact in relation to admission avoidance and reduced length of stay
- To roll out and expand the urgent treatment centres across all sites.
- To work in partnership with Primary and Community Care Group to develop clinical pathways through the Navigation Hub

To review the development of the stroke service and pathway and the opportunities to align with the development of a new Neurology Service Model

- To develop and implement a model for the temporary centralisation of acute stroke at RGH. The learning and outcomes will inform the future model of stroke services which will be developed as part of our Acute Clinical Services Plan
- Work in collaboration with regional partners to establish a regional stroke service for the South Central Region.
- To oversee the development and delivery of the optimal stroke pathway through the Stroke Re-design Steering Group ensuring that the appropriate clinical model and bed base are established to enhance flow and maximise outcomes for patients.
- To develop a Neurology Liaison Service aligning with the developments for a wider Regional Neurology Model and exploring opportunities for synergies with the future development of the Stroke Model

To review and re-design care of the elderly (COTE) services

- To progress plans to extend the Frailty Liaison Service (FLS).
- Developing the COTE medical model at PCH
- Support the development of the Ortho-Geriatric Service with Planned Care colleagues
- Development of a Frailty same day emergency care service across all acute sites
- To review movement disorder services across the health board to establish an equitable model
- To develop a Frailty Data and Performance Dashboard to monitor and drive improvements

To review the opportunities for the development of Medicine specialties and rolling out the optimal model for:

- **Cardiology** including mapping pathways and reviewing demand and capacity and commissioning arrangements. Exploring opportunities to maximise Value Based Health Care e.g. Heart Failure
- **Respiratory services** including development of Respiratory Support Units
- **Diabetes and Endocrine** including to agree implementation of 5 year plan for HCL diabetic pump provision maximising opportunities via Value Based Health Care
- **Rheumatology** including ensuring that the service has the capacity to meet the demand and reviewing the role of Day Units
- **Renal** including establishing a new inpatient service

CHILDREN AND FAMILIES



The Children and Families Care Group provides services to children and young people, maternity and women's health plus sexual health services and comprises both directly provided and commissioned services.

Integrated Medium Term Plan 2025-2028 Plan on a Page Children & Families Care Group		
Our vision - delivery of high quality, robust and sustainable Obstetric, Gynaecology, Sexual Health, Paediatric, Maternity, and Neonatal services to enable the delivery of safe, high quality care, whilst striving for continuous improvement. Our priorities are: • Maintain high quality, safe and effective core services with robust governance arrangements • Sustainable use of resources ensuring considered use of finances, future-proof services and effective workforce modelling • Valuing our workforce - providing opportunities to develop, promote wellbeing, listening, and involving in service development • Strong partnership working - across geography and population to create effective relationships to develop and improve services • Listening to our service users to drive continuous improvement - establishing feedback mechanisms and promoting involvement, communication and engagement Workforce enablers: • Development of a future workforce plan, with consideration to advanced practice roles • Review of A&C across areas with consideration given to centralising and digitising processes where possible • To promote a learning culture and environment conducive to improved staff wellbeing • Review Children's Community Nursing Services Digital enablers: • Roll-out of text and remind service (GORD and D&H) • Implementation of electronic triage (WPRIS) • Implement digital dictation across all areas • Implement electronic results management (ISAC) Estates enablers: • Adequate theatre capacity across sites • Development of Consult Hub to include new service provision and increase capacity for hysteroscopy • Review of all accommodation across CTM specifically community settings for needs of community teams	Key actions in year one (2025/2026) • Work in partnership to support the development of a CYP Strategy across Cam Telf Margenweg - Looking at reducing health inequalities and prevention to early childhood diseases • Further development of Infant feeding, weight management and identity programme developments • Review Inpatient Paediatric services and agree and develop clinical services model for Children & Families • Consider, support and implement changes where required relating to WIC MD targets and locally agreed priorities • Implement elements of WHGSC Hospital of reconfiguration • Implement elements of the Women's Health plan and develop plans to implement a Women's Health Hub for CTM • Develop and unify Early pregnancy services across CTM, paying particular attention to the development to a Pregnancy Loss Remembrance Nurse • Develop plans to develop and implement co-production and young peoples engagement across our services • Introduction of Elective Caesarean Section lists at PCW • Completion of pilot and development of PWB on HCT service • Ongoing work plan with S&H&B to repatriate gynaecology services Key actions in years two and three: • Fully integrate agreed clinical services model • Care Group workforce plans across, with succession planning and specialised training roles considered and developed Values based healthcare: • W&HC principles underpins all action plans • Improved collection and reporting of outcome data, through patient reported outcome measures (PROMs) as well as clinical outcomes • Identify unmet/unmet variation in services • Focus on person-centred approach to healthcare Research, development and innovation: • Continue to support clinicians to conduct research and develop services to fit with care group position • Encourage involvement in local and national innovation projects	Future services blueprint and patient outcomes: MBB Women Planning Framework 2025-2028 • Improve quality and levels of services to ensure that women and children are not disadvantaged in accessing care and treatment • Primary and Community Care, with a focus on improving access and shifting resources into and across our primary and community care settings • Maternal Care and Cancer - focus on reducing waiting times for urgent and routine treatment, and reducing the single cancer pathway compliance • Closer collaboration between paediatrics and CAMHS, with a focus on delivery of the national mental health programme • Maximising opportunities for regional working • Implement Ministerial Priorities as required Patient outcomes: • Patients receive treatment in a timely manner and in line with individual guidance and National Targets • Patients are seen at the right place, at the right time; fewer appointments with fewer clinicians • Continue to listen and learn from service users; measured by developing PROMs and PREMS across all services How we will measure success: • NCT and patient performance, activity & costs to be measured through existing weekly performance review meetings • Improved LOS & outcomes to be monitored through Clinical Implementation Network for Gynaecology • Safety & Quality monitored through existing Quality, Safety & Patient Experience (QSPE) meetings • Patients & PROMs to be developed and fed back through work group QSPE meetings • Clinical & QSPE, Secondary Training, Services and KPIs compliance monitored through monthly Operational Management Board (OMB) meetings • National & sustainable financial outcomes to be reported through monthly clinical finance reviews and OMB • Action plan developed to monitor progress against ministerial targets

Our vision is that our population will

- **Be able to access services in the most appropriate place across acute and community venues as required**
- **Enhance and strengthen joint working processes to integrated physical and mental health services as required to include links with wider therapeutic and support services s required;**
- **Be able to inform the development of our services through engagement activities and the use of patient reported outcome and evaluation measures (PROMS and PREMS).**

During 2024-25 the care group have supported UHB and progress in the following areas:

- Temporary closure of the Maternity Ward, Labour Ward and Special Care Baby Unit due to urgent electrical and air handling units needing to be upgraded to meet current standards.
- Implementation of the care group organisational structure for nursing has seen developments in additional lead nurse post for key service areas to enhance nursing standards and service improvements.

- Supported the critical incident requiring the urgent replacement of the roof at the Princess of Wales site which delayed the return of the Maternity Ward, Labour Ward and Special Care Baby Unit including reconfiguring acute children's services.
- Worked across Neighbouring UHB's to ensure re-provision of services are undertaken within neighbouring UHB's as required to meet the need of our local communities.
- Engage and support the Babies, Children and Young People's weight management steering group to develop and implement a road map to healthy weight in line with our whole system approach to healthy weight

Children and Young People's Services

Key priorities for 2025-26 are set out below.

We will undertake review of our acute and community services in alignment with our acute clinical services plan development. Services will be reviewed with a view to ensuring equity of access across the CTM geography whilst meeting the needs of specific areas.

- Health visiting services are focused on supporting family resilience. The review will commence with scoping of the core and commissioned health visiting service models in place in collaboration with local authority partners and stakeholders and will comprise:
 - Reviewing the commissioning intention from each of the Local Authorities and agreeing future contracts.
 - Workforce review and development of a model based on a skill mix aligned to service needs.
- Workforce planning aligned with demand and capacity assessment, to incorporate consideration of new housing developments and associated expected population growth to include areas such as increased needs of children and young people with complex health needs, neonatal requirements e acute wards and improvements and joint developments for children and young people and their families in receipt of care packages;
- Work collaboratively with other care group and public health colleagues to ensure services are delivered in the right place by the right workforce (e.g. audiology, school immunisations)
- To work with colleagues both locally and nationally to develop and implement digital improvements in services – for example the E-consent system.
- School and Special School health services will be reviewed in collaboration with education partners and stakeholders. Workforce review commenced during 2024 and work will continue to ensure optimal allocation of service resources to meet need.
 - The delivery of services to support children and young people to achieve a healthy weight, as set out in the Growing Well section of this plan will be incorporated into the service planning.
- Our acute services improvement plans seek to ensure effective links with community services and to align the service capacity across a range of speciality areas to meet demand and be aligned with other service changes where paediatric services are or have a co-dependency with other Care Group Services to include developments in transition requirements across all services.
- Service specific priorities include the development of a health board wide paediatric diabetes service and aligning with therapies teams to develop a children's weight management services.
- Provision of equitable respiratory and allergy services in line with NICE Guidelines, the care group will consider these required developments in line with the development of regional and internal strategy and service model developments.

- Work in Partnership to support and develop neurodiversity services in line with Welsh Government targets and local needs to enhance and improve access to assessment and diagnosis services, along with treatment, care and support pre, during and post following diagnosis
- To review and develop children's play service based on the recommendations from the Play Wales review (2024).
- To work in partnership with Public Health Wales to transform the delivery of childhood immunisations – including those delivered in the school setting.
- Developments in advanced nurse practitioner (including paediatrics) roles will be reviewed across the care group as required.

During 2024-25, Children and young people's services we have made progress across a number of areas:

- Worked with health board colleagues and Welsh Government to access additional short term funding for Halcyon to provide specialist parenting support to enhance waiting well
- Commenced work with partners to develop a Regional Children's Strategy
- Improved our care group safeguarding level 3 training and compliance significantly, and implemented our clinical nurse specialist role for safeguarding role which has seen enhanced improvements to our models of care.

Maternity and Neonatal Services

Further to our significant work to improve maternity and neonatal services, during 2025-26 we will:

- Continue to implement phase two of the Neonatal Safety Programme introduced in April 2024;
- Implement digital patient records in line with the ministerial priority development Digital Maternity Cymru, as part of the Maternity and Neonatal Safety Programme;
- Undertake a review of the midwifery workforce in 2025 to ensure that the service remains Birth-rate + compliant and meets the recommendations from the All Wales Perinatal Workforce Plan.
- Participate in the review and reconfiguration of neonatal cot services which is being facilitated by the Wales Joint Commissioning Committee.
- Take appropriate quality and safety learning from the temporary Maternity and Neonatal service in 2024 and embed the best practice in the new way of working.
- Undertake a review of our governance processes to incorporate all relevant standards and requirements (ATTAIN, NRI/LRI and RCA backlogs), improve our mandatory training compliance and ensure we are taking the learning and embedding into practice any National reports e.g. MBRRACE etc.
- Implement the Cwm Taf Morgannwg Infant Feeding strategy in 2025.
- Expand and appropriately staff elective caesarean section lists to accommodate the demand for elective sections demonstrated through the temporary change and backed up by data.
- Implement the hot week and prospective medical rotas at Prince Charles Hospital in early 2025 to make our service safer and more resilient.
- Seek opportunities to establish Foetal Medicine services within the resources we have.
- Develop a model for midwife led ultrasonography services to further enhance continuity of carer

During 2024-25, Maternity services we have made progress across a number of areas:-

- Developed and launched the Health Board's Infant Feeding Strategy on 3rd February 2025.
- Successfully maintained services to our residents during the temporary closure at Princess of Wales Hospital Bridgend. The maternity unit reopened in February 2025.
- Worked with national colleagues to implement the recommendations of the national maternity and neonatal safety support programme
- Introduced digital inclusion project for pregnant women and families experiencing digital poverty
- Working with care group colleagues to achieve Diverse Cymru cultural competence
- UNICEF Baby Friendly Initiative Assessment completed at Prince Charles Hospital

WOMEN'S SERVICES

In line with our acute clinical services planning work, a key priority for 2025 will be to review the delivery of Obstetrics and Gynaecology services to include urgent and emergency care, inpatient, outpatient and community services across all sites and the further development of our Women's hub. We will incorporate learning from the temporary changes in 2024-25 which have identified areas for improvement in emergency care. The care group will review the services provided backed up with a robust demand and capacity model and benchmarked with similar sites in England to develop a potential future service model for the health board.

During 2024, we developed the Gynaecology Hub at Royal Glamorgan Hospital to increase access to ambulatory Gynaecology services, outpatient services, rapid access clinic, rapid access diagnostics, early pregnancy services and outpatient procedures.

- In 2025 we have a capital plan in proposal to install an air handling unit in the Women's hub and further develop a hysteroscopy suite that is capable of necessary air changes to deliver a high quality service for outpatient hysteroscopy. A full unit plan will be developed to demonstrate highly efficient, effective and patient centred care which will enhance the delivery of the single cancer pathway in a timelier manner.
- We will continue to work through the Minister for Health and Social Services' plan for Women's Health services and seek to develop the next steps towards a Primary and Secondary care Women's Hub. The detail of our plans is provided in the associated ministerial template.
- During 2024, the service commenced a single point of access pilot which has already shown a 30% benefit of new referrals not necessarily needing outpatient appointment or adding to a waiting list.
- We are benchmarking day case provision and the opportunity to undertake more hysteroscopy sessions under sedation as part of the modernisation of Gynaecology surgical services and will pilot this in 2025-26.
- In 2025 we have started using the surgical robot at Royal Glamorgan Hospital for gynaecological procedures successfully.
- Embed the National framework for Bereavement care into our pregnancy loss services, working closely with the Bereavement lead for the Health Board and maternity services to support a seamless service for families.
- Identify areas where nurse-led provision can enhance and benefit our service provision to improve patient experience and undertake associated workforce planning.

During 2024-25, Women's Services inclusive of Integrated Sexual Health services have made progress across a number of areas:

- During 2024 a partial disaggregation of the service level agreement with Swansea Bay University Health Board has taken place. The outpatients and theatre provision has now been repatriated to our geographical area and we are planning a phased repatriation of hysteroscopy and colposcopy in 2025-26. As part of the repatriation process, we have successfully expanded some of the outpatient services in Maesteg Community hospital in an attempt to keep services closer to home for our residents.
- Worked in collaboration with bereavement lead to improve how we provide bereavement care to women experiencing a pregnancy loss with refurbishment of quiet spaces and communal cremation.
- Introduced the role of menopause clinical nurse specialist that has greatly impacted waiting list and enhanced patient experience.
- Established the gynaecology hub improving the way we deliver gynaecology care
- Established the gynaecology rapid access service to improve the urgent care pathway for women experiencing post-menopausal bleeding.
- Developed nurse sonography in the Gynaecology Hub
- Enhanced and expanded the way we receive patient feedback through text messaging services
- Continued to meet and exceed targets within our colposcopy service, maintaining our high quality service for cervical screening wales
- We have repatriated integrated sexual health services for all patients living in the Bridgend locality to our health board area.
- Enhanced our termination of pregnancy services with a number of developments including the introduction of a clinic at Dewi Sant Health Park for women requesting a termination of an unintended pregnancy up to 12 weeks gestation and surgical services at Princess of Wales Hospital.
- Funding and procurement for an electronic results management system has been secured for integrated sexual health services. This will be installed during 2024-25 and will support improvement to the quality of care being delivered in addition to more effective use of resources and staff time
- Initiation of a weekly sexual health clinic at Parc Prison.

PLANNED CARE INCLUDING CANCER



During 2024/25, Planned Care teams achieved some notable and significant service improvements.

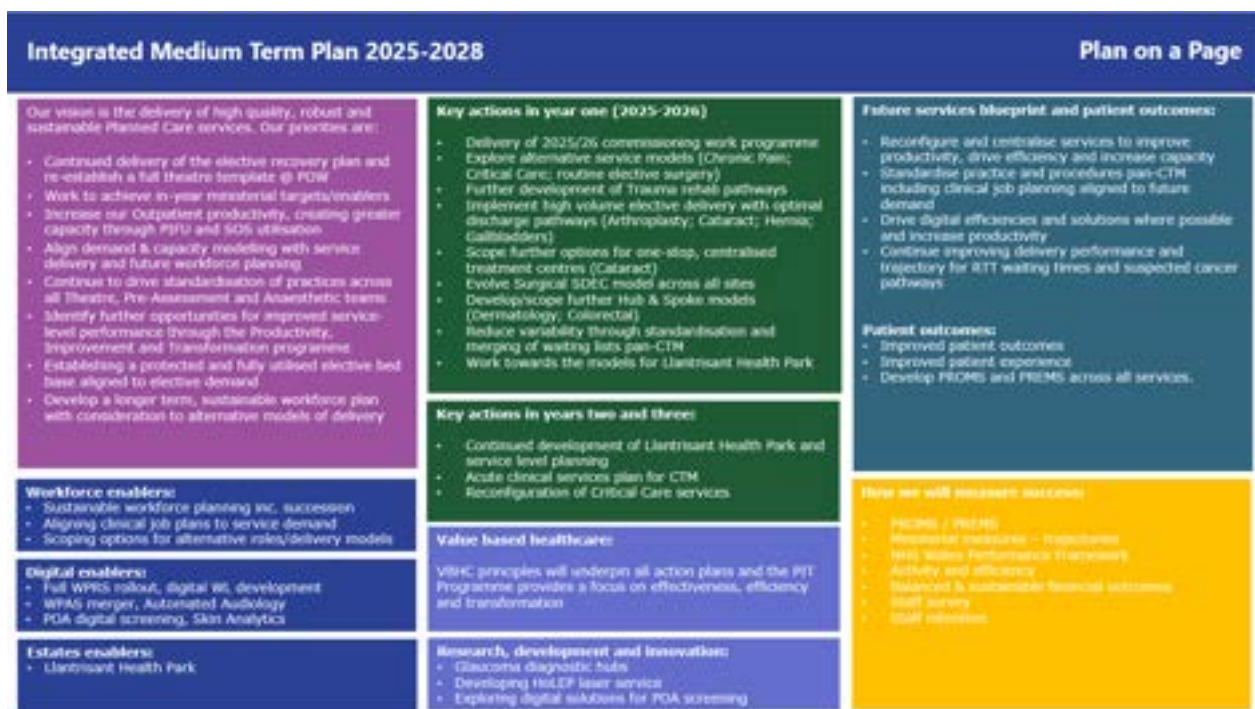
- Implementation of one-stop Breast Service at the purpose-build Snowdrop Centre
- Increased elective capacity at Royal Glamorgan Hospital through South Theatre
- Improved cancer pathway compliance from 49% (April 2024) to 61% (Nov 24)
- Improved Breast and Dermatology cancer pathway compliance to greater than 90%
- Increased both outpatient and elective capacity through productivity gains
- Delivered a 'perfect fortnight' for elective arthroplasty running high volume lists, reducing length of stay and making a materially positive impact on patient experience
- Commenced phase one delivery for the Glaucoma diagnostic hub
- Through emergency planning consolidated acute trauma admissions onto two main sites (North and South) as an interim measure
- Opened an additional endoscopy theatre at Prince Charles Hospital

However, in October 2024, a critical incident at the Princess of Wales Hospital resulted in the loss of eight surgical theatres and one-hundred and eight elective beds (gross). This has had a significant impact on the health board's ability to achieve the necessary levels of elective surgery to meet ministerial targets. A robust recovery programme was launched in November 2024, and with the support of both insourcing and outsourcing, we anticipate being able to clear all 104-week breach patients by the end of March 2025 with the exception of two service areas.

The predominant focus for 2025/26 will be maintaining our 104-week position through the elective recovery programme, overseeing the return to a stable substantive model of capacity with the Princess of Wales Hospital anticipated to return to become operational again from August 2025. Alongside that, the services will continue to drive their improvement agenda where possible and necessary. Our plans are founded and remain focused on the national recovery principles for Wales:

- Caring for those with the greatest need first, providing equitable access to all
- Doing only what is needed and do no harm, transforming the way we provide care
- Reducing inappropriate variation through evidence-based approaches, clinically-driven and quality pathway development

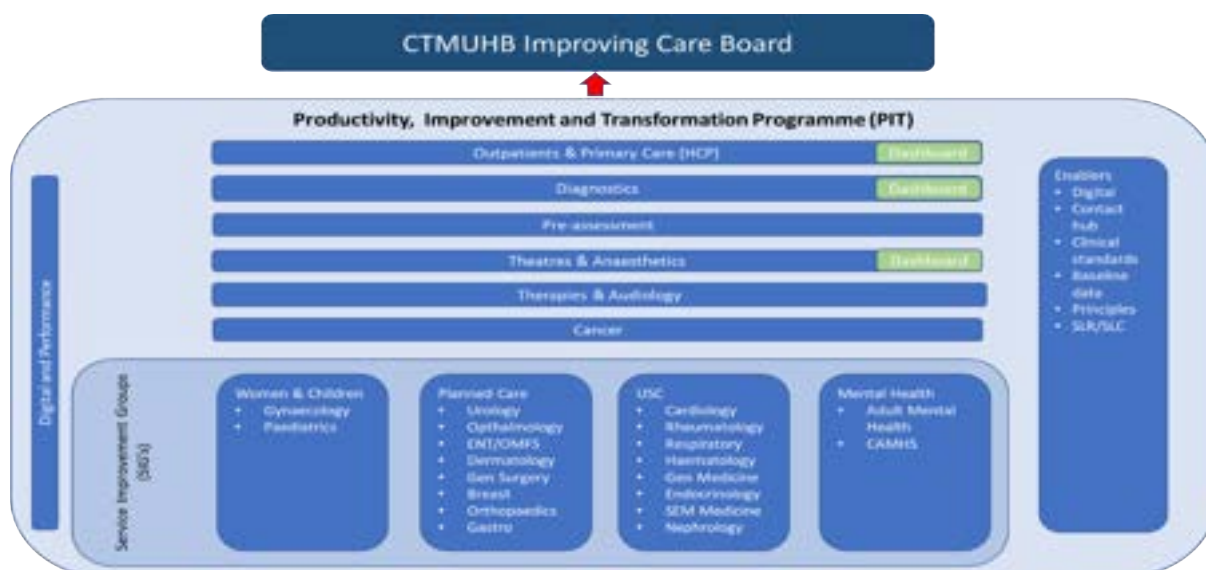
Our strategy is aligned to the national Five Goals for Planned Care and includes prioritising developments in areas of high-risk and of high impact, to ensure value driven improvements alongside work to maximise efficiency and effectiveness. The plan on a page for Planned Care, capturing the key actions and deliverables alongside enablers is set out below:



PRODUCTIVITY, IMPROVEMENT & TRANSFORMATION

During 2024, CTM launched a Productivity, Improvement and Transformation (PIT) Programme with the primary objective of improving both the efficiency and effectiveness of elective services, through optimising existing resource and reducing waste, whilst working to enhance patient outcomes. All areas of the programme are focused on the following crosscutting themes:

1. Increased efficiency
2. Enhanced Quality of Care
3. Optimised resource utilisation
4. Improved Patient Outcomes
5. Reduction of Variability
6. Data utilisation
7. Workforce Development



PLANNED CARE PRIORITIES

In line with our Acute Clinical Services Plan (ACSP), a key focus of our work moving into 2025-26 will focus on the continued redesign of our service to ensure they are fit for the future and drive optimised efficiency and effectiveness.

Key priorities for service review and improvement over the next 12 months are:

- **Anaesthetics & Theatres** – Maintain cross-cover model and standardisation; explore alternative models of care for Chronic Pain service; full theatre kit rationalisation across all theatres
- **Pre-Assessment** – Rollout digital system across all sites; standardisation of patient screening
- **Critical Care** – Develop Advanced Clinical Practitioner role
- **Trauma** - Develop pathways re trauma rehab and Orthogeriatric service
- **Orthopaedics** - and implement HVLC model of delivery for elective arthroplasty
- **Breast** - Rollout Pintuition across OP services; develop physio support for service
- **Endoscopy** - Develop capsule endoscopy business case; implement phase 2 delivery of the Prince Charles Hospital service developments (including TNE & manometry services)
- **General Surgery** – Standardisation and centralised WL; explore one-stop Colorectal clinics; develop the surgical same day emergency care model across all hospitals
- **Vascular** - Develop a sustainable workforce plan
- **Dermatology** - Rollout virtual platform for Acne clinics; Develop hub and spoke model; explore options for LES services for low risk skin surgeries
- **Head and Neck Services** – Explore Automated Audiology and additional nurse-led services; increase Oral and Maxillofacial Services' outpatient procedure capacity; develop a sustainable workforce plan for Restorative Dentistry
- **Ophthalmology** - Establish central cataract treatment centre including a direct to treatment model and work to achieve the surgical list efficiency requirements set out in the enabling actions in the NHS Wales Planning Framework; phase two glaucoma model; rollout WGOS programme
- **Urology** - Implement the HoLEP laser service

DELIVERY EXPECTATIONS/ MINISTERIAL MEASURES

Notwithstanding the challenges presented during 2024-25, we are ensuring adequate capacity and reconfiguration is in place to achieve and then sustain a zero 104-week waiting cohort through the elective recovery programme. Orthopaedics will require a significant undertaking to recover from the three-month loss of capacity, but plans are in place to commence and continue delivering this throughout 2025/26.

Many cancer services made significant improvements and the health board continue to work toward achieving an 80% SCP compliance across all areas. Planned Care recovery allocations will reset for 2025/26 allowing additional activity to commence. Services are supported on single cancer pathway performance at weekly focused sessions, and these will continue throughout 2025/26, with services working through their demand and capacity trajectories, identifying gaps and putting mitigation plans in place. Our Cancer Board continues to provide oversight and challenge for the delivery of our cancer services plans.

DIAGNOSTICS THERAPIES PHARMACY AND SPECIALITIES



The Care Group comprises Pathology and Radiology, Therapies, Pharmacy and Healthcare Sciences.

The Care Group has an important contribution to a number of key programmes and ministerial objectives including: primary care access, urgent and emergency care, pathways of care, planned care and cancer improvement.

During 2024-25 the Care Group made progress in a number of areas and has undertaken foundational work for the 2025-28 period.

MINISTERIAL MEASURES

A key aim of the Care Group will be to work towards the delivery of ministerial measures for diagnostics and therapies including:

- Diagnostic tests to be provided within eight weeks.
- Diagnostic tests to be accessible to deliver the single cancer pathway.
- Therapies services to be provided to patients within fourteen weeks of referral.

Radiology

During 2024-25, the Radiology Directorate have successfully reduced the over 8 week waiting times for non-obstetric ultrasound, magnetic resonance imaging (MRI) and computerised tomography (CT) diagnostic tests through various initiatives. The service actively strives to maintain the single cancer pathway compliance. CTMUHB are currently the best performing health board for cancer breast services due to the centralisation of services at the Snowdrop Unit. The service implemented the gold standard LATPB procedure for suspected prostate cancer. The service replaced a significant amount of capital equipment, driving efficiencies and better image quality. Phase 1 of the ground floor plan for the Radiology Department at Prince Charles Hospital has been completed, providing new welcoming environment for patients and staff. The team are currently engaged in the Maesteg Hospital plans to with a view to deliver additional imaging services. There has been successful permanent appointments into the senior Radiology management team structure, further strengthening the department's capabilities to meet 2025-26 objectives.

The radiology plan on a page is set out below.

Integrated Medium Term Plan 2025-2027		Radiology Plan on a Page
Our vision is the delivery of high quality, robust and sustainable Radiology services to enable the delivery of a high quality and timely clinical service. Our priorities are: - Delivering waiting times target of 8 weeks for all diagnostic modalities and reducing diagnostic wait within the SCF 62 day target. - Responding diagnostic investigations to support the urgent and emergency care pathway. - Rapid diagnostic investigations to deliver Single Cancer Pathway target through development of optimal pathways - Accelerated Imaging, 'One Stop' Clinics and Cancer Navigator role. - Develop and support the sustainable delivery for diagnostic capacity through the development of Llantrisant Health Park, Diagnostic Hub. - To create a plan to support the development of a modern and sustainable workforce including training and education that enable delivery of a high quality service. - To ensure robust contract management and financial control environment. - Robust legislation with compliance (DQM/2017 and RRI7). - To actively support the development, health and well-being of the team, creating a working environment with a kind and compassionate culture where staff feel valued and psychologically safe.	Key actions in year one (2025-2026) - Review demand and capacity plans - Develop workforce plan to meet demand including recruitment and retention plan - immediate requirement to increase CT radiography staffing to deal with increased demand in and out of hours - Continue with preparatory work for RIS/PACS implementation - Review governance arrangements/policies and support - Ongoing review of all SLAs to ensure they are fit for purpose - Explore income generation opportunities and cost improvement initiatives - Active engagement in the development of Llantrisant Health Park - Scope 24/7 MRI for Neuro/Cauda Equina CTM service - Centralisation of Nuclear Medicine provision at POW and sustainable workforce - Analysis of Staff Survey feedback and engagement initiatives - Embedding of Welsh language strategy - Harmonise Employers Procedures - one provider - Involvement in the development of Maesteg General Hospital - Trials/change of provision to Prehabilitation tags to improve patient experience and to drive efficiencies for breast cancer patients - To ensure the staffing allows timely reporting turnaround delivering prompt patient care Key actions in years two and three: - Plan further SLA disaggregation - Nuclear Medicine/Medical Physics - Implementation in the planning/procurement of Llantrisant Health Park - Move to all Wales single Radiology Information System - Develop MRI reporting radiographers - Ongoing workforce planning to ensure services will be sustainable	Future services blueprint and patient outcomes: Sustainable and appropriate services for patients Maximise the capacity of all radiology assets with links to appropriate workforce planning Closer alignment to other care group plans to ensure the radiology service can support Long term objectives identified in building the NHS Wales Imaging Workforce Model - Strategy for Developing a Radiology Workforce for Wales (2023) Need to consider 7 day working model to support the acute hospitals and patients needs 24/7 Patient outcomes: Patients receive routine and urgent diagnostics in a timely manner Patients are seen at the right place, at the right time, fewer appointments with fewer clinicians (bundling diagnostics where possible e.g. endoscopy to CT scan) Continue to listen and learn from service users, measured by developing PROMs and PROMs across all services. Will need better access to Data feedback.
		How we will measure success: - Improved and consistent standards, will be complete and supporting services meet and exceed expectations - Sustainable waiting times in the wait Standard & Single Cancer Pathway targets - Robust governance and better outcomes with more timely responses to all treatment plans - Sustainable workforce - Increased staff retention and successful recruitment - Maximise financial control target - High quality evidenced through meeting Quality Indicators & Risk Indicators (QIRIs) (measured and robust regulatory demonstration results)
Workforce enablers: - Review demand and capacity plan - Development of a future workforce short, medium and long term plan - Recruitment and retention in key posts - Flexible working and partial retirement - Role extension - developing roles to enable staff to work at top of professional licence and competency based training opportunities - Robust job planning to support the needs of the current and recognise the contribution of staff - Ongoing staff engagement initiatives - Using feedback from the staff survey to improve our staff experience - New model of radiography will harmonise and further engage radiography staff Digital enablers: - Reviewing and utilising new digital technologies as they arise i.e. AI 1 writing and full out use of electronic test requests - Implementation of new NIS 2026	Value based healthcare: - VBHC principles underpin all action plans - Increasing our advanced reporting radiographers workforce aligns with VBHC Research, development and innovation: - Ensure participation in reviews of new technology e.g. AI proposals linked to the Imaging Academy (IGORIE AI) Estate enablers: - Redevelopment of BA site, Llantrisant Health Park - LHP - ability to procure mobile scanners - Phase 2 Prince Charles Hospital	Disinvestment priorities: Opportunities for service rationalisation and disinvestment will continue to be considered

During 2025-26 we will:

- Continue our regional diagnostics work with our plans to develop a number of Community Diagnostic Hubs in the South East Wales region.
- Undertake scoping work for the development of 24/7 MRI provision for neurological conditions and suspected cauda equina.
- Review our service agreements with neighbouring health boards to ensure they are fit for purpose and in particular to strengthen the nuclear medicine provision with our partners.
- Work towards centralising nuclear medicine at Princess of Wales Hospital.
- Review demand and capacity plans and develop a workforce plan to meet demand including recruitment and retention plan.
- Continue with preparatory work for radiology information systems implementation.

Pathology

During 2024-25, we have made progress in the following areas:

- Worked towards the development of regional cellular pathology services
- Worked with colleagues in Swansea Bay University Health Board to assess the current service provision between the health boards and to assess future service options
- Worked towards the implementation of the new laboratory information management system (LIMS)
- We have delivered additional capacity to deliver timely access to diagnostics and supported the additional demands following the critical incident at Princess of Wales Hospital
- The Biochemistry and Laboratory Haematology teams have successfully moved into the new laboratory in Prince Charles Hospital which offers improved flow and resilience with the refreshed equipment

- We appointed a training Manager to support the improvements in training standards across disciplines
- Successfully completed the 2024 UKAS re-assessment and transitioned to ISO 15189:2022 standards

Across the four sub-speciality areas of Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology, our plans are set out in the following plan on a page.

Integrated Medium Term Plan 2025-2028		Pathology Plan on a Page
Our vision is the delivery of high quality, robust and sustainable pathology services to enable the delivery of a high quality and timely clinical service. Our priorities are: - To develop the pathology estate to ensure that it is fit for purpose. - The implementation of digital pathology approaches including the use of AI across all areas of pathology modernising and improving local and regional approaches. - To create a plan to support the development of a modern and sustainable workforce including ICT and training functions that enable the delivery of a high quality service. - To improve access to and the quality of information available to pathology service and Health Board supporting the development of robust performance and clinical management systems. - To ensure robust contract management and financial control environment. - To actively support the development, health & well-being of the teams creating a working environment with a kind and compassionate culture where staff feel valued and psychologically safe. Workforce enablers: - Engage in national benchmarking - Review capacity plan - Development of a future workforce plan - Recruitment of key posts Digital enablers: - Digital Reporting & AI - Cell Path - Digital Microbiology - Haematology - Digital Diagnostics - Digital Referrals - Mortuary Estate enablers: - Relocation / Redevelopment - Cellular Pathology lab - Adaptation provision of Room Capacity Risk - Completion of new laboratory as PCN with verification - Refresh of equipment in BCUH - Upgrading of OJ room	Key actions in year one (2025-2026) - Implementation of new UMS - Review of Cellular Pathology service agreement with SBUHB - Plan for future development of Cellular Pathology under the regional diagnostics programme structure - Completion of JPR Microbiology option appraisal - Haematology service review and CTA with SBUHB - Transition of HD service from BCUH to PCN laboratory - Local introduction of Digital Pathology - Equipment refresh in BCUH - Recommence Swansea Bay 11A review meetings - Seize opportunity to repatriate haematology service - Complete benchmarking and develop workforce plan Key actions in years two and three: - Review further Pathology service specifications and update as directed as required - Implement plan for regional Cellular Pathology - Implement Microbiology option appraisal - Develop business case to support Clinical Haematology and Transfusion service modernisation Value based healthcare: - Delivery of key enablers will support enhanced patient pathways and service efficiency and effectiveness (e.g. the implementation of LIMS) Research, development and innovation: - Development with Toyota & Q.S&I NHS Exac for Cellular Pathology collaboration in Wales - Development of new approach to clinical audit and governance	Future services blueprint and patient outcomes: - TAT across all specialities in line with SCP - A modernised service that is fit for the future and enables efficient and effective service delivery based on: - A sustainable workforce to ensure the ongoing delivery of services - Digital Enablers will be in place to support the workforce to optimise service delivery - POCT developments to support National 6 Goals Patient outcomes: - Positive patient experience and outcomes as demonstrated via PROMS and PREMS.
		How we will measure success: - New LIMS will be fully implemented - Cellular pathology will be managed and delivered by PCN and local TAT's - Review and Capacity assessments will be complete and supporting service modernisation - The impact will be shown in contribution to a range of financial measures
		Disinvestment priorities: Service agreement review will confirm requirement to deliver optimal services or where disinvestment is required.

During 2025-26 we will:

- Continue our work within the regional diagnostics programme to develop regional Cellular Pathology Services. Baseline data sets have been agreed by health boards in 2024/2025 and a recognition that standardisation is urgently required to better understand the workforce implications. Working groups are to be established to progress implementation.
- Work towards the delivery of digital cellular pathology with recruitment underway and digital advocates appointed within the service. There is a requirement for space to allow for this to be sited in the department and run efficiently.
- Continue our work with Swansea Bay University Health Board (SBUHB) to review the jointly provided Pathology services to confirm the optimal future option for both health board populations.
- We undertook a review to create a sustainable future model for the Haematology service and a business case for investment was submitted. This has been successful and recruitment will be undertaken to support the stabilising of the service and transformation to the new model of care. Further work will be undertaken with SBUHB to plan for the changes required to services to our Bridgend patients.
- Continue to work in collaboration with Digital Health Care Wales for the implementation of the LIMS 2.0 system in 2025

Therapies

During 2024-25, we have made progress across a number of areas.

Workforce:

- The therapies department have developed consultant and advanced clinical practice roles with the appointment of a Musculo-skeletal (MSK) consultant podiatrist, consultant MSK rehab physiotherapist and an advanced clinical practice physiotherapist for the Princess of Wales Hospital emergency department.
- We have widened access of allied health professional registration by supporting occupational therapy and physiotherapy technicians to access part time professional registration courses whilst maintaining their employment.
- Supported 2 physiotherapists to undertake clinical fellowships.
- Undertaken a targeted recruitment campaign and professional registration events in collaboration with Welsh Universities to improve recruitment of workforce.
- Undertaken deep dive workshops and developed an action plan following the NHS staff survey in collaboration with workforce partners.
- Increased research, audit and quality improvement activity with the continued development of an AHP wide interest group and led the development of a weight management research group in partnership with academic partners and our Research and Development team.

Clinical Transformation:

- Development and co-production of a multi-professional neonatal follow up service.
- Established rapid access and admission avoidance service model across therapies with the implementation of falls prevention service, dietetic, speech and language therapy and podiatry hot clinics and the rapid assessment and prevention occupational therapy service in the navigation hub.
- Developed the Stroke Early Supportive Discharge service in Bridgend, improving access to rehabilitation after stroke closer to home.
- Led the development of the Children and Young Persons weight management service model of care and working with stakeholders developed a case for change.
- Established the AHP Collaborative to support Accelerated Cluster Development and the AHP Transformation Board.
- Spread the implementation of the PIPYN to Rhondda and Taf Ely clusters, utilising the new cluster networks.
- Implemented diabetic foot inpatient podiatry service which is currently being evaluated by our Value Based Healthcare team.
- Realigned and adapted the AHP workforce in response to the POW critical incident and urgent Prince Charles Hospital stroke service relocation.
- Established the multi-professional cancer pre-habilitation service supporting patients to get fitter, stronger and psychological ready for cancer treatment. Established the Macmillan Clinical psychology service in Bridgend.

Our plans for 2025-2028 are set out in the plan on a page below.

Integrated Medium Term Plan 2024-2027	Plan on a Page	Therapies - DTP5
Vision Transform and deliver high quality, robust and sustainable services across the Morgan. To ensure the delivery of safe, efficient and effective services, whilst striving for continuous improvement. Our priorities are: Prevention – Improving population health, reducing the burden of chronic disease through early intervention and proactive care. Enhance community based, prevention, treatment and person-centred care. Embed Value Based Health care in our Services – delivering outcomes that matter to people. Maintain high quality, safe and effective core services with robust governance arrangements. Sustainable use of resources ensuring considered use of resources, avoiding waste, transformation of services and effective workforce modelling. Valuing our workforce – providing opportunities to develop, promote wellbeing, learning, and knowledge in service development. Strong partnership working – across regions and population to create effective relationships to transform services. Listening to our service users to drive continuous improvement by establishing feedback mechanisms through co-production.	Key actions in year two (2025-2026) - Establishment of AHP service for Neonatal Units: POW and PCH in line with M&M standards. - Obesity – Scope opportunities for the expansion of adult weight management service (WMC) and development of a CYP weight management service. - Diabetes – Rollout of the DM service, development of diabetes remission, continuation of VBHC podiatric service, identify funding opportunities for psychology and dietetic workforce for hybrid closed loop system in line with WU quality statement. - Ensure Therapies fully engaged in the remodel of Primary Care and Community services including first contact practitioners, the Urgent (e.g. navigation hub, ECC) and population health pathway and the community hospital redesign. - Stroke service – engagement in its site redesign and development of 7 day services. - Engagement in acute clinical services plan and service transformation in line with health board plans. - Long term conditions (LTC) – Develop rehabilitation model and self-management offer including website development in collaboration with GPs. - Critical Care – Recruitment of AHP workforce – Dietetics in POW and Psychology across CTM. - Evaluate and identify Macmillan funded roles. - Collaborate with digital directorate to establish AHP clinical informatics role. Key actions in year three: - Establishment of AHP workforce in line with national standards for critical care. - Continuous evaluation and transformation of neonatal, weight management and stroke services. - Expansion of Level 1 and 3 CYP Weight Management Services. - Expansion of DDO / stroke service across CTM. - Benefits realisation and identification of funding for successful short term / pilot projects e.g. pre-DM and VBHC projects. Value based healthcare underpins all action plans: - Improve collection and monitoring of outcome data, through PRODEM and clinical contracts in collaboration with VBHC teams. - Identify unmet patient needs in services.	Research, development and innovation: - Continue strong therapy Q&A efforts. - Mount M&I opportunities and innovation through physical work. - Collaboration with academic partners. - Increase M&I therapy roles/functions. Future services blueprint and patient outcomes Adherence to and delivery of the aims of including but not limited to: - AHP Framework for Wales. - Primary & Community care AHP Workforce Guidance: Organising principles to optimise utilisation. - Quality Statements. - UK AHP Public Health Strategic Framework 2020-2030. - Welsh Government – A Workforce Strategy for Health and Social Care. - National Clinical Guidelines for Stroke (2023). - National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges, BAPM standards for neonatology. - National Clinical Framework Wales. - Integrating Programme for Primary Care. - Mental Health Workforce Strategy. - Neonatal Urgent and Emergency Care – GPCs standards. - Healthier Wales: Our Plan for Health and Social Care. - GDH targets, NICE and National stroke guidelines. Patient outcomes Deliver outcomes that matter to people by adhering to STSP principles: - Patients receiving routine and urgent treatment in a timely manner. - Patients being seen at the right place, at the right time, fewer appointments with fewer clinicians. - Continue to listen and learn from service users, measured by developing PRODEM and PRODEM across all services. How we will measure our success: - Our service outcomes data being collected and evaluated in line with the 11 and performance targets. - Quality improvement through Q&A meetings. - Mount M&I projects to promote learning and innovation through physical work. - Our Health and Wellbeing teams, VHC, Macmillan Learning and Innovation teams, and the Health and Wellbeing team.
Workforce enablers: - Continue to support staff wellbeing and implement actions from staff surveys. - Implement targeted recruitment and retention plans. - Support advanced and continuous level AHP opportunities. - Promote a learning culture conducive to improving outcomes. - Promote flexible working. - Continue to develop strong, visible AHP leadership across the system. - Continue to integrate workforce planning into service delivery. Digital Enablers: - Full-time employment of the Therapies Informatics lead to support digital transformation. - Adopt digital technologies and support digital capability amongst the workforce. Enabling enablers - Work with our and community health to ensure appropriate representation. - Support from Regional Partnership Board to ensure local facilities e.g. secure.		

Key areas for development in 2025-26 include:

- Neonatal Units:** Establish AHP services at POW and PCH.
- Diabetes:** Rollout Pre-DM service, develop diabetes remission, continue VBHC podiatric service, and secure funding for psychology and dietetic workforce for hybrid closed loop system.
- Primary Care & Community Services:** Engagement in service remodel, including first contact practitioners, urgent care, population health pathway, and community hospital redesign.
- Stroke Service:** Engage in stroke redesign and develop 7-day services.
- Obesity:** Expand adult weight management services and develop CYP weight management services.
- Critical Care:** Recruit AHP workforce for Dietetics at POW and Psychology across CTM.
- Acute Clinical Services:** Participate in service transformation aligned with health board plans.
- Long Term Conditions (LTC):** Develop rehabilitation model and self-management offer, including website development.
- Digital Collaboration:** Establish AHP clinical informatics role in collaboration with the digital directorate.
- Macmillan Roles:** Evaluate and identify Macmillan funded roles.

Pharmacy/ Medicines Management

The Pharmacy and Medicines Management service comprises direct services in acute and community hospitals, a broad and developing service in General Practice which includes delivery of clinical pharmacy, prescription management and medicines safety and efficiency work, close working with community pharmacy colleagues to deliver public health initiatives including vaccination, specialist services, including support for patients who are treated within services for interstitial lung disease, rheumatology, heart failure, pain, mental health, addictions and Your Medicines at Home.

During 2024-25, key developments included:

- Redesigning the workforce to strengthen clinical leadership, and to create the potential for development of consultant pharmacist roles
- Ensuring Organisational compliance with controlled drugs legislation

Integrated Medium Term Plan 2024-2027 Plan on a Page Medicines Management DTPS		
Values: Supporting the people in our communities to improve their health through effectively managing their medicines. Mission: In all our communities, people have access to the medicines that will improve their health and wellbeing, and are supported to discontinue those that don't. Our priorities are: • 3iH policy: Promote healthy behaviours, prevent deconditioning whilst patients are waiting and prepare patients for treatment and recovery. • Harmonisation of services: across the acute sites and from primary and secondary care to put us in the best position to support patients with their medicines throughout our communities. • Antimicrobial and Analgesic Stewardship: support patients to prevent harm and improve quality of life through rational use of analgesics. • Frailty: align medicines management services with HB wide frailty plans to support patients living at home, better, for longer. • Palliative Care: develop specialist palliative care pharmacist role to support patients to receive timely safe, dignified care across primary and secondary care, with a focus on care homes. Workforce enablers: • Development of a future workforce plan, with consideration to capacity and supervision requirements • Rotational band 6 and 7 pharmacist plan to improve capability and strengthen cross site, cross sector agile working. Estate enablers: • Work with site teams and community teams to ensure appropriate accommodation for all teams and reduced estate. Digital Enablers: • HEPMA (secondary care) • Automated pharmacy systems • EPS and the NHS App • Shared Medicines Record • Updated cancer, ITU and homecare systems	Key actions in year two (2025-2026) • Assurance and ongoing review of staffing levels to ensure clinical services prioritised according to highest risk. • Establish networks and functional relationships between Care Groups • Ensure all specialist clinical pharmacists embedded in MDT and attending and contributing to all Quality and Safety, Planning and Performance and Operational meetings within each Care Group to support safe, effective and cost effective use of medicines. • Improve progress with the NMP and local antimicrobial stewardship agenda • Health Board wide analgesic stewardship group to be established • Produce acute / inpatient pain guidelines • Develop a planned audit / review process and schedule for primary and secondary care • Enhanced clinical service to the wards at RCH and RCC linking with cluster pharmacists in primary care to promote de-prescribing and decrease anticholinergic burden. • Continue to embed Your Medicines Your Health and MICE approach into all clinical pharmacy work on all sites - focus on smoking cessation • Develop and agree Technician and rotational band 7 pharmacist plan • Implement On Call review tool suite • Implement learning technology across the HB • Continue to lead on safety of analgesic medicines and adherence with emerging safety legislation • Develop palliative care service with creation of consultant pharmacist post to lead strategy development and delivery • Ensure smooth transition of aseptic services to ToMAs Key actions in year three: • Develop cross sector competency framework for analgesic stewardship and pain management for pharmacy and pharmacy technicians • Develop consultant pharmacist and clinical roles within specialties, in line with the Welsh Government Acute Services Review recommendations • Rotational band 7 pharmacist plan implemented Research, development and innovation: • Develop strong pharmacy QI portfolio • Develop consultant pharmacist in research and development role • Ensure R&D opportunities are maximised • Incorporate R&D/QI into all PACTs to support development	Future services blueprint and patient outcomes Adherence to and delivery of the aims of: • Welsh Government Review of Hospital Pharmacy Services/Acute Services Review • Wellbeing of Future Generations Act • Six Goals Urgent and Emergency Care and GPCs standards • A Prescribers Newydd • Strategic Programme for Primary Care • WGH Hospital Discharge Guidance September 2024 Patient outcomes: • Reduction in patient complaints/adverse experience • Continue to listen and learn from service users, measured by developing PROMs and PREMs across all services. How we will measure success: • Medication prescribed by Pharmacy Independent Prescribers • Medicines optimised prior to surgery • Improved medicines reconciliation rates within 24 hours • Reduction in complaints around discharge experience • Increased board round ward round attendance • Increased number of discharge TCMs clinically checked at ward level • Reduction in duplication of workload • Reduction in pharmacy critical incidents • Increase in number of ward based interventions • Reduction in prescribing errors and DART incidents • Improvement across all NMTTC National Prescribing Indicators • Enhanced medicines optimisation and management for patients in non-acute settings • Successful HEPMA rollout

Key priorities for development in 2025-26 are:

- Ongoing review of staffing levels to ensure clinical services prioritised according to highest risk.
- Ensure all specialist clinical pharmacists embedded in multi-disciplinary teams and attending and contributing to all Quality and Safety, Planning and Performance and Operational meetings within each Care Group to support safe, effective and cost effective use of medicines.
- Improve progress with the national and local antimicrobial stewardship agenda
- Health Board wide analgesic stewardship group to be established
- Produce acute / inpatient pain guidelines
- Develop a planned audit process and schedule for primary and secondary care
- Enhanced clinical service to our community hospital wards linking with cluster pharmacists in primary care to promote de-prescribing and decrease anticholinergic burden.

- Continue to embed Your Medicines Your Health and Making Every Contact Count approach into all clinical pharmacy work on all sites – focus on smoking cessation
- Develop and agree Technician and rotational band 7 pharmacist plan
- Implement On-call review outcome
- Implement Blueteq technology across the HB
- Continue to lead on safety of teratogenic medicines and adherence with legislation
- Develop palliative care service with creation of consultant pharmacist post to lead strategy development and delivery
- Ensure smooth transition of aseptic services to Transforming Access to Medicines.

Healthcare Sciences

Healthcare sciences comprises of Audiology, Clinical Engineering, Medical Illustration, Cardiac Physiology, Neurophysiology and Respiratory Physiology.

During 2024-25, we have made progress across a number of areas:

- Embedded a Clinical Director of Healthcare Science role
- Established robust Senior Leadership Team
- Reviewed performance reporting and enhanced governance structures.
- Baselined demand and capacity data and reviewed workforce in audiology.
- Ensured consistent Healthcare Science representation on appropriate local, regional and national forums.
- Delivered key actions of our Healthcare Sciences Delivery Plan 2023-2026

Integrated Medium Term Plan 2025-2028		Plan on a Page	Healthcare Sciences-DTPS
Our vision - Deliver high quality, transformational, patient centred care through promotion of the professions and development of our highly skilled and diverse Healthcare Science Workforce, ensuring value and equity of service provision across our CDM population. Our priorities are: Quality & Safety - Maintain high quality, evidence based, data driven, timely, accessible and safe care Accessibility & Responsiveness - Work with our communities / partners to reduce inequalities, promote well being, & prevent ill health Workforce - Co create a learning and growing culture Sustainability - Ensure sustainability in all that we do: economically, environmentally, and socially Digital & Data - Provide high quality, evidence based, data driven, and accessible care Research & Innovation - Create a supportive and pro active research culture, able to provide the opportunity and capacity for HCS's to undertake high quality research	Key actions in year one (2024-2025) - Transition school hearing screening from the school nursing team into Audiology and ensure screening across CDMHB is compliant with the Welsh Health (2021) - Benchmark current CPAP usage within CDM, develop and implement standardised processes for the procurement and usage of CPAP devices across all CDM whilst ensuring high quality and value based healthcare - Continue to benchmark current Bed Management Service provision across CDM, Develop, agree and implement Bed Management Service provision from OCT 2025 onwards - Ensure sustainable Medical Illustration services through the ongoing funding of dermatology posts and ongoing review of service provision - Undertake a review of current neurophysiology service provision against demand and capacity data to develop more sustainable service provision that complies with waiting time targets - Ensure recruitment and retention of workforce through continued staff development including MSC clinical assessment, increasing training & placement capacity, improved training experience and work based models of training	Future services blueprint and patient outcomes: Reference to: - Healthcare Science in NHS Wales – Looking Forward Framework 2019 - Diagnosis Recovery and Transformation Strategy for Wales 2023-2025 - A Healthier Wales – long term plan for health and social care 2022 - Welshing of Future Generations Act 2015 - CDM AWP & HCS Delivery Plan 2023 - National Clinical Framework – a learning health and care system 2023 - NHS Wales Planning Framework 2022-2025 - Implementation of the Future Regulations 2024 (M06) - A Healthier Wales, A Workforce Strategy for Health and Social 2020 Patient outcomes: - Patients receive all health care science interventions in a timely manner - Strengthened service provision on sites that best support service delivery - Continued to listen and learn from service users, measured by developing PROMS and PREMS across relevant services	
Workforce enablers: - Through workforce review, develop & implement plans for each HCS profession, that align with the future demand for workforce, with increased use of specialist / advanced practitioner / support roles - Improve attraction, recruitment and retention through education, training and employment, career development and opportunity - Dedicated workforce capacity to support STP/PTP placements - Use of Avoca 21 to retain staff	Key actions in years two and three: - Benchmark performance against peers in other health boards - Standardised service provision across HB - Implementation of robust audit measures - Improved service pathways - Improved recruitment in hard to fill areas - Developed and implemented workforce plans	How we will measure success: 100 HCS role and 100 service are integral & robust within DTPS measured outcomes, vision and culture amongst HCS teams 100% HCS staff - Continuous performance and service reporting across all HCS - Standardised, accessible HCS data collected for each HCS service - Improved waiting time/ patient experience - Proactive HCS Quality improvements - Reduction of business continuity - Good understanding of the work and impact of all HCS Professionals across the organisation - Research and development and quality improvement will be fully embedded into HCS job plans - Strengthened service provision on sites that best support service delivery	
Estate Enablers Collaboration with site boards to ensure appropriate accommodation for all HCS services and support functions	Value based healthcare underpins all action plans: - Improved collection and reporting of outcome data, through patient reported outcome measures (PROMS) as well as clinical outcomes - Identify unmet/needed variations to services - Focus on person centred approach to health care		
Digital Enablers: - Testing and implementation of national digital programmes - Procurement and implementation of appropriate Quality Management Systems to ensure MDR compliance - Patient managed booking systems - Standardised digital functionality across HB	Research, development and innovation: - Collaboration with academic partners - Support HCS to engage with the CDMHB R&D department to develop a research active culture through registration and presentation of their work (e.g. service evaluations, research) locally, regionally and nationally		

During 2025 – 26 we will:

- Develop & implement plans for each HCS profession that align with the future demand for workforce, with increased use of specialist / advanced practitioner / support roles.
- Improve attraction, recruitment and retention through education.
- Continue to standardise healthcare sciences digital functionality.
- Work to progress paediatric audiology services following review in 2024-25.

REGIONAL PLANNING AND COMMISSIONING

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional service provision, we continue to see the benefits that wider partnership working can provide to a sustainable future.

Working across organisational boundaries is not easy and with the partnership soon to be entering into its third year we have collectively reflected on our journey to date. A key output from this reflection is that through 2025/26 the partnership will look to test and operationalise a 'collaborative commissioning model' in order to even better plan and deliver effective regional services. This model is depicted in the image below.



As we moved into 2024/25 all partners spent time together reviewing where the focus of the partnership needs to be. It was agreed that the Llantrisant Health Park (LHP) programme (delivered by CTMUHB) is the number one priority for the partnership

Llantrisant Health Park

This programme of work will see the creation of a regional diagnostic and treatment centre on a brownfield site adjacent to the Royal Glamorgan Hospital. To ensure this programme of work proceeds at pace and with the rigour required;

- Radiology and Endoscopy components of the historic regional diagnostic programme that are directly relevant to the LHP development now sit within the LHP programme structure.
- Orthopaedic components of the historic Regional Orthopaedic Programme that are directly relevant to the LHP development now likewise sit within the LHP programme structure.

By the end of 2024/25 we envisage that all partners will have agreed, through their respective Boards, the regional LHP endoscopy business case. In 2025/26 we will;

Key area of focus	Action the partnership will take	By when / from
Radiology	Agree through respective Boards a regional business case regarding radiology service provision at LHP.	July 2025
Orthopaedics	Agree through respective Boards a regional business case regarding Orthopaedic service provision at LHP.	October 2025
Other Opportunities	Take a collaborative approach to understanding and agreeing additional opportunities that the LHP offers.	End of Q1

Ophthalmology

The regional Ophthalmology programme (hosted by ABUHB) should be a second clear priority as partners continue to collectively address immediate pressures across cataract services but also importantly implement the pre-existing regional eye care strategy for South East Wales.

The programme will continue to build on work undertaken to date by addressing waiting time challenges across cataracts whilst in parallel developing a long term sustainable cataract surgery solution and similar plans for glaucoma services. In 2025/26 we will collectively with partners;

Key area of focus	Actions the partnership will take	By when / from
Cataract services	Develop, agree & implement further interim cataract plan for 25/26	In Q1 for delivery through to March 2026
Cataract services	Develop sustainable cataracts business case for 26/27 and beyond	May 2025 – November 2025
Open Eyes	Develop plans and governance processes for the regional rollout of open eyes (dependent on funding).	September 2025 – March 2026
Glaucoma services	Set out regional plans for Glaucoma (dependent on open eyes)	June 2025 – March 2026

Stroke

The SEW region have agreed to the delivery of a transformative programme aimed at enhancing stroke care services across Cardiff and Vale University Health Board (CAVUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB) through the provision of a Stroke Network for South Central. Whilst the programme is driven forward by CAVUHB and CTMUHB it will have profound implications for ABUHB, PTHB and WAST through the changes in flows created. All three partners consequently remain active and engaged in the work. The programme is being delivered through 3 phases;

- Governance and Planning
- Analysis and Assessment
- Planning and Development
- Implementation, Readiness, and Launch

At the end of 2024/25 we have completed the governance and planning phase. In 2025/26 we will undertake the following actions.

Key area of focus	Actions the partnership will take	By when / from
Analysis and Assessment	Demand/Capacity Modelling Supported through National Programme	End of Q2
Analysis and Assessment	Define/Agree Regional Clinical Care Model	End of Q2
Planning and development	Development of a regional business case	End of Q4

Pathology

Pathology has historically been a work stream of the existing regional diagnostic programme. A specific regional Pathology programme has been created for 2025/26 in recognition of the fragility of the services due to workforce challenges, inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting times and diagnosis. The objective of the programme will be a focus on cellular pathology in include;

- Standardisation across all organisations and services. Leading to,
- Exploration of the feasibility for a single South East Wales managed cellular pathology service

We continue to note the key dependency regarding the implementation of a digitised clinical information system for the service, for which a national business case has been approved by all partners. Specifically in 2025/25 we will, collectively with partners;

Key area of focus	Actions the partnership will take	By when / from
Standardisation	Conduct a baseline assessment of all tests and processes	By Qtr 2
Standardisation	Develop standardised processes for adoption	By Qtr 4
Single management model	Undertake fieldwork into options pertaining to a single management model	By Qtr 4
Single management model	Subject to agreement- production of a single management model OBC	By Qtr 2 26/27

Cancer

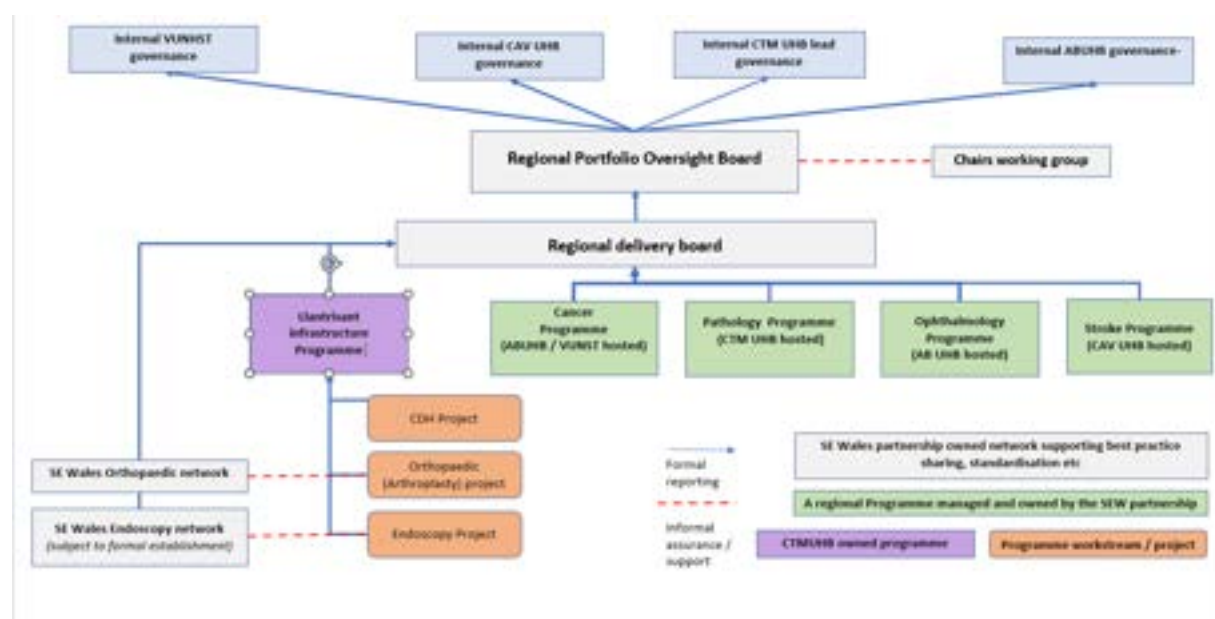
Finally, partners recognised the importance continuing to make progress across cancer services in the region and consequently the commitment to continue proceed with a regional cancer programme (jointly hosted by ABUHB and VUNHST).

Early scoping of the cancer programme as identified four objectives for the programme. This objectives will see a focus on.

- Shared Regional Cancer PTL (Patient Tracking List)
- Regional MDT Governance & Support
- Regional Cancer Workforce Development
- Prehabilitation to Rehabilitation

At the time of writing projects progressing these areas continue to define project approach and milestones.

The image below articulates the governance of these confirmed areas.



SWANSEA BAY AND CWM TAF MORGANNWG SERVICES

The Health Board has continued to work with SBUHB to repatriate services where appropriate, the contractual mechanisms including Long Term Agreements (LTA), Clinical Capacity service level agreements (SLAs) and individual medical staff, service and staff agreements that were established to ensure the continuation of services for the Bridgend and Neath populations following the boundary change.

The 2024/25 work programme was agreed by the Joint Executive Group (JEG) which is represented by both organisations. This plan outlined the intention to work together on specific service changes and whilst a number of these changes and contractual reviews will be enacted by 31st March 2024, the Princess of Wales critical incident has impacted on our ability to complete all changes and reviews within that financial year.

Our intention is to roll forward any items not completed in the 2024/25 work plan and incorporate them in the 2025/26 work plan. We will also jointly review the remaining services supported by delivered through clinical capacity agreements on either Health boards sites.

The work plan and process will continue to ensure a focus on full benefits appraisal and option assessment to ensure that cross-boundary services can be retained and strengthened, as required, where this provides benefit to both health boards' patients alongside further repatriation where most appropriate.

Both organisations are committed to ensure any change is for the benefit of patient care and positive outcomes for our population, with any programme of change ensuring that both organisations work collaboratively in reviewing current pathways and patient flows to identify the best sustainably provision going forward and ensure that the appropriate level of Llais and patient consultation is undertaken.

AGREEMENTS WITH OTHER HEALTH BOARDS

There is an intention for CTMUHB to work with all Health Boards that have LTA arrangements in place with our organisation in rebasing the LTAs, whilst the timelines for this exercise have not been agreed CTMUHB would expect the reviews to be undertaken during 25/26 and implemented for 26/27 commissioning arrangements.

The reviews will ensure that the services and activity that is being commissioned reflects current cost and demand levels whilst considering the impact of any strategic changes.

Where NHS to NHS SLAs are in place CTMUHB will be working with our colleagues in the external Health Boards to review and update the agreements to ensure commissioning levels are set at sustainable levels with robust service specifications to support the commissioned services.

THIRD SECTOR SERVICE AGREEMENTS

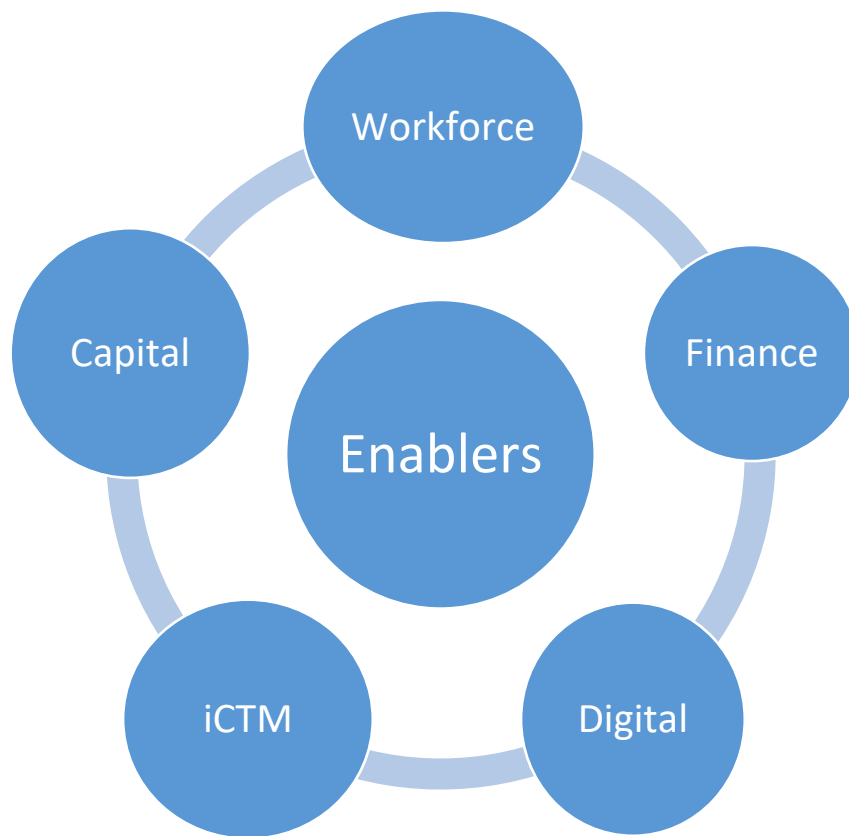
Due to the new Procurement Act and Health Services (Provider Selector Regime) (Wales) Regulations 2024 expected to come in to force WEF 24/2/25 CTMUHB will be conducting a review of 3rd/Voluntary sector SLAs that sit within the central commissioning team during 2025/26 to inform commissioning arrangements from 2026/27.

This review will strengthen partnership working, ensure that robust commissioning arrangements are in place, that the Health Board is compliant with mandatory procurement processes and that the service commissioned meet the needs of our population and align to CTMUHB's plans set out in the wider IMTP and underpin the strategic priorities included in the latest NHS Planning Framework.

SPECIALISED SERVICES AND AMBULANCE SERVICES

The Health Board commissions specialist services and ambulance services for its population via the newly-formed Joint Commissioning Committee (JCC). The committee works on behalf of all 7 Health Boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Health Board is also host to JCC.

The Health Board has been engaged in the processes for the development and agreement of the JCC's first integrated medium term plan through to its completion.



PEOPLE



During 2024-2025 our People team has facilitated a number of achievements including:

- Coordination of the NHS Wales staff survey achieving a response rate of 26.7% against an all-Wales average of 21.8%. An additional 1,251 people in the health board shared their views. The health board had an engagement score of 70.4% and there will be ongoing work to respond to the feedback in the survey.
- We launched our Inspire programme which aims to develop collective and compassionate senior systems leadership.
- Our 5-year Strategic Plan for Welsh Language was developed and endorsed. 200 staff took advantage of the Welsh Language learning offer.
- Development of automated workforce reporting and dashboards, including implementation of Nursing Dashboard phase 1
- Improved retention: rolling 12-month turnover was 11.66% in Jan 24 and at January 2025 had reduced to 10.16%.

The plan on a page sets out further achievements and our plans for the next three years.

Integrated Medium Term Plan 2025-2028		People Directorate
Key achievements in 2024-2025:- - Staff survey response rate of 26.8% against All Wales response of 21.8%. extra 1,251 people shared their views. Engagement score 70.4% - Core Learning compliance reached highest level to date with level 1 subjects at 87.6% (+1.31% YTD) - Inspire programme launched, to develop collective and compassionate senior systems leadership - Launched Allina Team Performance diagnostic and coaching programme, training 25 in house practitioners - QENV psychometric assessment tool embedded into senior leadership recruitment - CTH workforce is reflective of our population. Work is underway to embed inclusion, with 4 teams gaining Diverse Cymru's Cultural Competence accreditation 5-year Strategic Plan for Welsh Language developed and endorsed. 200 staff took advantage of the Welsh Language learning offer - CTH is the only HB in Wales with a comprehensive VR service; statistically significant positive impact on staff wellbeing - Developed Social Media Strategy to enhance our employer brand, increase engagement and attraction - Development of automated workforce reporting and dashboards, including implementation of Nursing Dashboard phase 1 - Improved retention: rolling 12-month turnover was 11.66% in Jan 24; now at 10.16% (Jan 2025) - Lateral Moves Scheme resulted in over 30 successful internal moves, retaining our RS Nurses and Midwives - Silver Employer Recognition Scheme Award, recognising CTH's support for the Armed Forces - Collaborative Occupational Health Services with Carifff and Vale VHB in second phase with integrated management functions - Launched MBO rate cards, enabling consistent pay for additional duty hours and increasing workforce flexibility	Our People Plan:- Our People Plan priorities are being co-developed to drive continuous improvement. These priorities will be refined through involvement, communication and engagement with staff and trade union colleagues: Leadership and culture A workplace where you can belong, feel safe and healthy at work, with excellent management and leadership support Becoming an employer of choice A great place to work, train and grow, where your contribution is valued Right size and shape, now and for the future We have the right number of people, with the right skills to enable you to get your work done safely. We innovate and future proof our services and models of care.	Key priorities in years two and three:- - Embed strategic workforce planning methodology across CTH to support workforce development, productivity, efficiency and sustainability - Define approach to Talent Management and Succession Planning, aligned to strategic workforce plans - Maximise new roles /advanced/ extended skills and clear career pathways (including grow our own initiatives) - Publish and set ambitions for reducing all pay gaps, with an initial focus on gender - Broaden leadership development opportunities through Ignite and Aspire - ES&D readiness: data validation and resource plan
		How we will measure success:- - Improved engagement results - Mandatory training compliance - Reduction in sick absence - Reduction in ER cases and case resolution time - Reduction in turnover - Increase in Welsh speaking staff - Increase in staff vaccination rate - Reduced OH waiting times - Improved EDI outcomes (reduce inequalities and pay gap) - Increase in Diverse Cymru accreditation - Retain living wage accreditation - Achieve Gold Defence ERS Award - Reduction in vacancies vs establishment - Support financial efficiencies- 30% reduction in agency - Support job monitoring/ 90% job planning compliance

The People team's priority actions for 2025-2026 are as follows.

- Co-develop and publish our revised People Plan
- Develop workforce plan for ACSP, LHP and other transformation programmes, maximising innovative multi-disciplinary workforce models and regionalisation agenda
- Implement establishment controls to support workforce planning
- Strategic review of e-systems and contract renewals
- Enhance and enable business accountability for job planning and rota monitoring compliance
- Improve data quality, enabling access to meaningful data insights via new people dashboards
- Review and harmonise our health board approach to shift patterns
- Reduce racial inequities as per WRES, including progression/ appointment inequity, Board representation and capability/ disciplinary inequities.
- Reduce our gender pay gap
- Embed Speaking Up Safely and a restorative and just culture
- Reform access points for People Services and Wellbeing support
- Focussed effort on implementing progressive People Policies

FINANCE

1. FINANCIAL PLAN

To be added following board discussion

1.1 FINANCIAL PERFORMANCE IN 2024/25

2. CAPITAL AND ESTATES

In response to the challenging financial climate, in 2023/24 Welsh Government developed a framework to provide a common basis for investment decision making across NHS Wales. Organisations were requested to submit prioritisation forms for all schemes requiring All Wales Capital Funding over a c10 year period, excluding schemes requiring funding through the Digital Priorities Investment Fund (DPIF) and the Integration and Rebalancing Capital Fund (IRCF).

As a result of the above request and in alignment with known risks and service planning the Health Board developed a prioritised list of schemes looking to be developed over the short (0-3 years) and medium (4-9 years) term. The below summarises this programme of work and was submitted to WG in March 2024.

		2024-25	2025-26	2026-27	Further Years	Total
Priority	Scheme	£m	£m	£m	£m	£m
1	Llantrisant Health Park Infrastructure Programme	12.27	67.42	74.05		153.74
2	POW Theatres - Fire Safety Requirements	0.50	15.00	0.50		16.00
3	PCH - Phase 3		23.20	23.20	11.60	58.00
4	POW Programme of infrastructure work	1.00	15.00	45.00	189.00	250.00
5	Endoscopy Scope Decontamination POW	3.00	2.00			5.00
6	RGH Mechanical Infrastructure	0.50	3.00	2.50	3.00	9.00
7	Diagnostic Imaging Replacements	2.00	3.00	2.00		7.00
8	Additional ward facilities on 3 major DGH sites	2.00	4.00	3.00	3.00	12.00
9	Phased Outpatient Reconfiguration	1.00	2.00	3.00		6.00
10	Consolidation of Mental Health Services	1.00	3.00	5.00	41.00	50.00
11	ITU - reconfiguration		0.50	1.00	13.50	15.00
12	HSDU Single Site Decontamination			0.50	13.50	14.00
13	Third Eye Theatre at POW				5.00	5.00
14	Regional Pathology		0.50	1.00	48.50	50.00
15	Interventional Cardiology Unit				5.00	5.00
16	Emergency Dept South			0.50	11.50	12.00
17	Reconfiguration of Obs & Gynae South				20.00	20.00
18	Mortuary capacity PCH				5.00	5.00
19	Diagnostic Imaging Replacements				19.00	19.00
20	Centralised haematology day unit				3.00	3.00
21	Expand Central Production Unit			0.50	11.00	11.50
22	Single CTM Contact Centre				2.00	2.00
		23.27	138.62	161.75	404.60	728.24

The outcome from the NHS prioritisation exercise was recently communicated to Health Boards and this confirmed that for CTMUHB, Llantrisant Health Park and Prince Charles Hospital – Phase 3 are schemes which WG endorse to be taken forward for business case development and submission. All other proposals fall outside the scope for the capital plan at this point. There are however alternative options through the recently launched Targeted Estates Fund (TEF), ring-fenced diagnostics replacement programme, DPIF and IRCF. The Health Board will therefore need to maximise funding through these avenues in order to address risks across the estate.

The Health Board experienced an exceptionally challenging year in 2024/25 with the critical incident in Princess of Wales Hospital and the requirement to decant a significant portion of the hospital. The situation has obviously been extremely challenging and disruptive from a service perspective but the Health Board was able to secure a significant amount of funding from the All Wales Capital Programme to address a number of longstanding risks on the site

(part of priority 4), including lifting the fire enforcement notice on the theatres which has been in place since 2019 (priority 2) and re providing some lost capacity (priority 8).

The table below re-lists priorities that were submitted as part of the prioritisation process with an added update on plans for how the Health Board now sees these progressing. As described, there are potential funding routes which cover at least the top 8 priorities for the Health Board. Further discussion will be required on options for the remaining priorities given the WG position, particularly if key TEF bids are not supported.

Priority	Scheme	Update
1	Llantrisant Health Park Infrastructure Programme	Endorsed by WG for business case submission
2	POW Theatres - Fire Safety Requirements	Approved as part of PoWH Roof and Compliance Programme
3	PCH - Phase 3	Endorsed by WG for business case submission
4	POW Programme of infrastructure work	Approved in part with PoWH Roof and Compliance Programme, other priorities also being submitted through TEF
5	Endoscopy Scope Decontamination POW	To be submitted through TEF
6	RGH Mechanical Infrastructure	To be submitted through TEF
7	Diagnostic Imaging Replacements	Ringfenced funding to support
8	Additional ward facilities on 3 major DGH sites	Additional ward facilities being provided in community sites linked to PoWH roof
9	Phased Outpatient Reconfiguration	
10	Consolidation of Mental Health Services	
11	ITU - reconfiguration	
12	HSDU Single Site Decontamination	
13	Third Eye Theatre at POW	Initially addressed with Surgicube
14	Regional Pathology	
15	Interventional Cardiology Unit	
16	Emergency Dept South	
17	Reconfiguration of Obs & Gynae South	
18	Mortuary capacity PCH	
19	Diagnostic Imaging Replacements	Ringfenced funding to support
20	Centralised haematology day unit	
21	Expand Central Production Unit	
22	Single CTM Contact Centre	

Discretionary Capital Programme

Confirmation has been received that additional discretionary funding of £1.77m will be received in 2025/26 taking the total discretionary allocation to £12m. In addition, if the Health Board is successful in the sale of Pontypridd Health Centre there could be up to an additional £0.295m of funds available in the year.

Bids of just under £26m over 2 years were submitted for TEF funding, these are not all expected to be approved at this point however an amount of c£3m per year will be earmarked for the 30% contribution required to this fund. This increase in discretionary capital is welcomed by the Health Board and is a much-improved position compared to the cuts seen in previous years.

The latest risk adjusted backlog maintenance position for the Health Board, as reported in the latest EFPMS return is £84.4m. This is based on 2023/24 data and hence there will be additions to this however, with the additional funding received in 2024/25 combined with an

increase in discretionary funding and potential TEF bids an improvement on this figure is expected over the next few years.

Despite this welcome progress the demand on the discretionary position remains a significant challenge. Requirements for equipment replacements as well as the growing digital replacement demands far exceed the current allocation, combined with requirements to support service sustainability work and service improvements in several key areas.

The internal IMTP process together with organisational risk registers will determine how the discretionary funding is utilised to ensure service continuity, compliance and to address smaller scale service change requirements. The Health Board will however still be reliant on additional slippage funding to address the majority of the medical equipment and digital replacement requirements.

Approved All Wales Capital Programme - 2025/26

The table below illustrates the approved schemes for 25/26 and anticipated funding requirements. At this time the figures are estimated as profiles are yet to be confirmed but all allocations below are within already approved funding limits. This will be reviewed and discussed with WG before a formal Capital Resource Limit is issued.

Capital Projects with Approved Funding 2025/26	£m
Prince Charles Hospital Refurbishment - Phase 2	40,000
Princess of Wales Roof and Compliance Programme	9,678
YCC Extra Capacity Works	574
Llantrisant Health Park - Demolition	700
Llantrisant Health Park - RIBA Stage 3 Fees	999
IRCF - Sunnyside	12,250
IRCF Maesteg HWBC -Business Case Fees (SOC/OBC)	400
DPIF - ePMA Implementation	1,493
DPIF - Single Clinical Record (MHLD)	250
National Imaging Academy Wales Discretionary	200
Total	66,544

Prince Charles Hospital Refurbishment Phase 2– This refurbishment programme was developed to address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. Approval of the £220m Full Business Case for Phase 2 was received in October 2020 and work commenced in November 2020. Phase 2 is broken into 6 sections (some of which overlap) and is now estimated to complete October 2026. Over this period the scheme will deliver new Theatres, ITU, Radiology, Pathology and a combination of ambulatory care service accommodation housing Outpatients, Maxillo-facial, Endoscopy, Transfusion as well as some support accommodation.

To date four sections have completed (1, 2, 3 and 6), section 3 being the largest of the works with some key handovers achieved in 24/25. Sections 4 and 5 have both now commenced on site and include 23:59, theatres, critical care, pathology and radiology.

Phase 3 is final phase to deliver the remaining accommodation improvements and lift the Fire Enforcement Notice.

Princes of Wales Roof and Compliance Programme - Following the Health Board decision on the 9th October 2024 to declare a 'Critical Incident', CTMUHB decanted a significant proportion of the first floor of PoWH hospital. This included closing six operating theatres, Intensive Care Unit, Endoscopy facilities and Wards 5, 6, 7, 8, 9, 10, 11&12. The Neo Natal Department was already vacant as it was in the process of being refurbished. The Health Board rapidly prepared and submitted a business case to Welsh Government which was approved, and the works commenced November 2024.

The scheme includes the replacement roof covering for the impacted area as well as the work required to lift the existing Fire Enforcement Notice in Theatres. In addition to this a number of high-risk fire and backlog maintenance concerns are being addressed such as fire compartmentation, replacement of end of life air handling units and IPS/UPS installations. Funding was also provided for a new PV installation on the roof.

Work is progressing well with the first areas already being handed back early 2025. The scheme is due to fully complete in the summer 2025

YCC Extra Capacity Works – linked to the above scheme and the temporary loss of beds, funding was provided to create additional capacity on other sites across the HB. This scheme brings Ward 5 at YCC back into use and will complete early in the financial year.

Llantrisant Health Park – In 2023 CTM purchased the former BA site in Llantrisant using WG strategic capital funding to enable the development of an elective care centre for the South East Wales Region. During 2024/25, whilst the development of the main scheme has been progressing, the site has been used to accommodate a mobile MRI facility and a mobile CT.

Significant design work has progressed throughout the year and tenders completed both for a demolition contractor and a main contractor for the project. Initially the appointment will support design development for the remainder of RIBA 3, at which point a business case will be submitted to WG for approval to proceed to the next stage.

Alongside this work has been ongoing on the development of a community diagnostic hub on the Llantrisant Health Park (LHP) site. This will look to include MR, CT, ultrasound, plain film and endoscopy services. A preferred service provider is required to be appointed ASAP to complete the RIBA 3 design.

IRCF – Sunnyside - Funding for Bridgend Health and Wellbeing Centre was initially approved by WG in October 2020 for this scheme being delivered in partnership with LINC Cymru. In early July 2021 the contractor (WRW) went into administration and hence the scheme has experienced significant delays. A new contractor was finally appointed at the end of 2024/25, a funding uplift was secured from IRCF and works commenced on the 3rd June 2024. The scheme is progressing well and is due to handover January 2026

IRCF - Maesteg Health and Wellbeing Park - In 2022/23 a significant community and stakeholder engagement exercise was undertaken to develop future plans for the Maesteg Community Hospital site. Funding was secured from the Integration and Rebalancing Capital Fund (IRCF) to enable the development of a joint Strategic Outline Case and Outline Business Case for a Health and Wellbeing Park on the site. A Supply Chain Partner (SCP), Project Manager and Cost Advisor were appointment from the Building for Wales Framework and the SCP provided a feasibility report for the RIBA Stage 1 design work on the short listed options for the development. Before progressing to RIBA 2 the information collated to date was shared with NWSSP and the IRCF team to ensure it is progressing in line with expectation. The feedback provided is that the estimated funding ask greatly exceeds the amount available and hence the HB have been tasked with a further review of the options. This work

is ongoing but as a result the remaining fees originally intended to be spend in 2024/25 have slipped into 2025/26

DPIF – ePMA and Single Clinical Record – Two business cases were submitted and successful in gaining funding approval in 2024/25 from DPIF, both are for delivery over multiple years and have both revenue and capital funding streams associated with them.

National Imaging Academy Wales (NIAW) A recurrent allocation for NIAW was secured in 2024/25 and has been very gratefully received by the Academy and the Health Board. The allocation has enabled a planned programme of works and replacement equipment items to be developed and delivered, rather than relying on year end slippage funding.

Anticipated All Wales Capital Programme Allocations 2025-26

As per feedback from the All Wales NHS Prioritisation exercise, the only schemes currently being progressed through to a business case are LHP and PCH Phase 3.

Anticipated Allocations	
Llantrisant Health Park	35,500
Prince Charles Hospital Refurbishment - Phase 3	4,000
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC
Diagnostics Replacement Programme	TBC
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC
IRCF Llanilid - Business Case Fees	TBC
Total	39,500

Llantrisant Health Park – the below funding assumes fees are provided for the completion of RIBA 4 design and construction commences late 2025.

Prince Charles Hospital Refurbishment Phase 3 - this is final phase to deliver the remaining accommodation improvements and lift the Fire Enforcement Notice. A business case is expected to be submitted in autumn 2025 and hence a start on-site is forecast for early 2026.

Targeted Estates Funding (TEF) - bids for funding were submitted 31st January 2025. A total of 59 bids were submitted for consideration over the 6 defined categories totalling just under £26m over the 2 years of the funding.

Category	Available Funding (over 2 years)	Bids Submitted
	£m	£m
Infrastructure	51	11
Fire Safety	14	3
Mental Health	14	3
Decarbonisation	17	4
Infection Prevention Control	9	3
Decontamination	9	3
Total	114	26

The bids look to address a number of backlog maintenance and estates risks across the sites as well as initiatives aligned to the NHS Wales Decarbonisation Strategic Delivery Plan.

Key bids include

- RGH Phase 1 Mechanical Package - AHU replacement theatres 1 – 4, links to priority 6 from prioritisation framework above - £2.455m
- Negative Pressure Isolation Rooms RGH and PoWH -£2.2m
- PoWH Centralised Scope Decontamination, links to priority 5 from prioritisation framework above - £1.8m

Diagnostics Replacement Programme – the Health Board are awaiting further information on the criteria and process for securing funding from the ring-fenced pot.

IRCF - Maesteg Health and Wellbeing Park - assuming submission of the SOC/OBC is achieved early in 2025/26 and approved by WG then funding will be required to develop the FBC. The timing of this is uncertain with the current review of options being undertaken as mentioned above.

IRCF Llanilid- Through joint working with Rhondda Cynon Taf County Borough Council (RCT), Bridgend County Borough Council (BCBC) and third sector colleagues, the aim is to develop an integrated Health and Wellbeing Hub that addresses the growing challenges residents have accessing primary care provision in Llanilid and surrounding communities (Pencoed, Bryncae and Llanharan).

Persimmon Homes are currently building 1800 new homes (c.450 built currently) in a new development in Llanilid, which will increase in a second phase to c.3000 homes. Through recent draft RCT and BCBC Local Development Plans, there is the potential that a further 4000 homes will be built within c.2 miles of the planned Centre at Llanilid over the next 15 years, including c. 700 new homes on the Bridgend College site in Pencoed. There is currently limited capacity across local primary care providers (Pencoed Medical Centre and New Street Surgery), which will be exacerbated as new houses are built and local population grows.

Utilising Section 106 'Variation of Condition', RCT instructed the development of a new Health Centre in the 'Village Centre' of the Persimmon Homes Llanilid development, along with a new primary school and a number of retail units. As such, the development provides a fortuitous opportunity to develop a new Health and Wellbeing Centre that meets growing local demand.

An initial draft application has been submitted for review by the Regional Partnership Board and if supported, fees will be requested to develop the first stage business case for the scheme.

Digital Priorities Investment Fund - The Health Board will continue to work with the WG digital team in the allocation of DPIF funding and the development of both national and local ICT initiatives. As detailed above, funding for two schemes has been approved in 2024/25 and funding is also expected for new Radiology Informatics System Programme (RISP) however CTM are at the end of the programme for delivery of RISP and hence are not due to go live until 2026/27.

Alternative Funding Sources

With ongoing pressures on WG capital funding, the Health Board will continue to take advantage of any other funding opportunities or routes which become available. One route actively being pursued is the repayable grant funding available for decarbonisation schemes through the Welsh Government Energy Service.

The Health Board have been working with Local Partnerships for some time and have now appointed a Partner from the Re:fit framework. An initial High-Level Assessment (HLA) has been completed with suggestions for schemes that could potentially be included in a programme for phase 1 of the works. The Health Board is now in the process of agreeing the schemes within this that will be taken to the next level of Investment Grade Proposal (IGP). Once suitably developed a funding application will then be made to the Welsh Government Energy Service.

Alongside this there is work ongoing to support and facilitate private wire connections with solar farms for RGH and POWH. Whilst support in the form of estates staff resource is required, no direct capital investment is expected to be required for these schemes to progress.

Development of Further All Wales Capital Programme Schemes

Whilst the message re the current All Wales Capital Funding position is clear re development of business cases, it is assumed that this is the position for the next 2/3 years maximum. Work will therefore still continue internally on a number of key priorities as listed in the original prioritised submission. Notably Outpatient Reconfiguration, Critical Care Reconfiguration and Mental Health Inpatient Capacity.

DIGITAL & DATA



The Health Board's Digital & Data sets out that: *the Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.*

To achieve this vision, we must have the **digital and data architecture, roadmap, skills and capability** to deliver. To this end we need the digital infrastructure to support our ambitions to deliver a digitally enabled health and care system.

This Digital and Data Strategic themes underpin the four strategic goals for the Health Board, and teams from across the Digital and Data Directorate have been actively supporting the delivery of core services, as well as supporting and shaping a narrative for the delivery of future service ambitions. The Digital and Data strategic themes are as follows:

1		Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2		Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3		Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4		Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5		Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6		Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7		Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8		Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

The development of our digital and data capabilities underpins our ambition to provide integrated care around the patient, improving our information and understanding as to the relative value of the interventions that we take and which in turn can identify those interventions that have the most impact on improving our health and wellbeing for the population of Cwm Taf Morgannwg.

The Health Board is focused on enabling the seamless working across hospital and community boundaries, with services integrated between health, social care, and other professionals. The flow of common and reliable information is at the heart of successfully implementing this

approach. It is also a critical enabler to our ambition to improving our communities' health and wellbeing through preventative and predictive population health measures.

As the Health Board aligns its **Digital and Data Strategic Plan** with the wider Clinical Strategy for CTM 2030, work has begun on mapping the path to achieving an Integrated Health Record and developing the vision and case for change to transform the way in which patients are engaged with our services. At the heart of these programmes is how the Health Board will deliver a core platform and suite of digital tools to enable an integrated pathway of care, deliver Clinical Workflow and redefine the management of Administration processes and workforce for all specialties. Simultaneously, streamlining the variation in processes and practices currently at play. This wholesale system development will form a cornerstone for digital maturity and inclusion across the Health Board.

During 2024/2025, work has continued on the alignment of our Health Board systems with the team now focused on completing the technical elements and moving to a single **Welsh Patient Administration System (WPAS)** instance in May 2025. This work has demonstrated collaboration, not just across the Health Board, but also aligning delivery with Swansea Bay University Health Board and Digital Health and Care Wales.

The year has also seen the launch of **electronic Prescribing for secondary care**, and the programme is now actively engaging across the Health Board, working in partnership with our supplier Nervecentre, to implement a first go-live in the autumn of 2025.

The data and compliance functions have continued to support the **National Data Repository** programme and develop the Health Board's **Clinical Data Repository**, both of which are core components of our data interoperability strategy.

The introduction of technology to support Clinical Coding activities saw the team shortlisted for an NHS Wales award during 2024. This team has seen a transformation in its performance and have become an exemplar for other coding teams across NHS Wales.

Cyber Security continues to be a core element of the Digital and Data programme, with further development and additional capabilities to support our **Cyber Security Assurance Plan**.

In terms of operational delivery, a restructure of our service provision has taken place to better equip the team in readiness for the wider requirements of Digital and Data services from our clinical service teams as they drive their own transformation and service improvement programmes of work. This includes the introduction of a new leadership role for **Cloud and Data Services** to support our transition to Cloud and development of our wider Health Board infrastructure.

Towards the end of 2024, the Health Board approved two key business cases that will form a core element of our delivery plans throughout this IMTP. Development of a digital solution for **Mental Health** services is long overdue and will enable the capture of key data sets to improve our services. Furthermore, the Health Board will also implement a solution to support our **Maternity** Services in alignment with key priorities set by Welsh Government.

For the duration of this plan, the Health Board has divided its digital and data work programme into some key strategic priorities, core national implementations, and tactical projects to ensure objectives for the Health Board and NHS Wales are met. While elements of the programme are resourced to deliver, additional investment decisions are required to ensure the Health Board realises and maximises the opportunities of digital and data technologies and ultimately support the wider Health Board ambitions for integrated health and care across the region of CTM.

Key priorities for our Integrated Digital and Data Plan:



There are many opportunities to improve and develop technology solutions that would improve access to services, improve the working lives of staff and deliver efficiency and productivity gains across the NHS in Wales.

The Health Board is committed to integrating care and drive the shift from the acute setting to meeting the health needs of our communities and neighbourhoods. Working collaboratively with our Health Board Digital & Data Clinical Network, other Health Boards, and wider NHS Wales partners, CTM has begun to develop its plans for a modular approach to its future **integrated health and care system**, underpinned by development of plans for an electronic patient record at its core.

Any approach to implementation of an **electronic patient record**, although a key component, is only part of the technology solution. At a time when across the UK, Health organisations are focused and committed to front line digitalisation, we need to ensure a robust, resilient and future proofed way of record patient information to enable their care for the long term.

While there is strong empirical evidence that an electronic record will improve efficiency, reduce length of stay and see significant reductions in life-threatening conditions such as Sepsis, it is also acknowledged that financing such solutions are a significant undertaking for any Health organisation. A **modular, iterative and incremental** implementation is at the centre of our strategic plan. As such, for 2025/2026, CTM will look to build out our capabilities for urgent care, with procurement of Emergency Care functionality.

In continuing the focus on unscheduled care, and a drive to provide care outside of the physical acute setting where appropriate, the introduction of a “virtual Emergency Department” will need to be enabled by a digital front door. In attempting to “schedule” unscheduled care, patients will connect with the NHS before attending Emergency Department (ED) so they can be potentially triaged to alternative options. Where a patient does need an ED attendance, then this is booked for a specific time to manage demand / flow into the ED.

Advancements in digital technologies and automation have created opportunities to replicate administrative tasks that will reduce the administrative burden on manual tasks and create capacity within the current workforce to focus on higher value tasks for patients.

As a core priority for the Health Board, the **Patient Contact** programme will enhance the patient experience and reduce costs. By providing these automation services, this improves patient experience and gives more time back to administrators and clinicians to spend more time focused on delivering patient care. When we consider our interactions with patients, a key enabler will be the wider implementation and adoption of the **NHS Wales App**, and the team are currently working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.

For the past few years, a digital solution for **Maternity Services** has been a priority for the Health Board. Following the decision to pause the procurement process for the Digital Maternity Cymru programme, the Health Board will be procuring a digital solution in Quarter 4 of 2024/2025 with a view to implementing during 2025/2026.

The Health Board have commenced a collaborative procurement process with **Betsi Cadwaladr University Health Board** for a new digital solution to capture **Mental Health Services** activity. Availability of Mental Health data is currently limited within the Health Board, so a new digital solution will be critical to our future digital and data service provision. It is anticipated that the procurement will be completed during 2025/2026, with implementation occurring during the remainder of the IMTP duration.

Cyber Security and delivery of our **Cyber Security Assurance Plan** will be a key priority for the Health Board through the lifetime of this IMTP. Building on the capabilities the Health Board has previously invested in, it is hoped that further capabilities and technology can be developed.

The **National Digital Cellular Pathology Project** have developed a business justification case, for the national scale up of digital enablement across Wales, emphasising that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future.

The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence /computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

Therefore, Digital Pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy and is a key interdependency of any move to a regional cellular pathology service, which is an agreed priority of Health Boards in South-East Wales.

The development of the **Llantrisant Health Park** is a fantastic opportunity to showcase digital and data services at a regional level. During the term of this IMTP, the digital and data teams are committed to ensuring digital and data capabilities are integral to the fabric and design of the building, which in turn, will be essential to enable technology solutions to thrive in a state-of-the-art facility.

Building on work already underway for Ophthalmology, Orthopaedics and Diagnostics, the digital and data teams continue to explore and identify opportunities to work with **regional partners** across South-East Wales, not only at a Health Board level, but also at a Local Authority and Third Sector level.

Underpinning the above programmes is a focus on the standardisation, digital capture and reusability of data items. The Health Board is committed to a programme of **integration at a data level**, which includes the ongoing development and expansion of the Health Boards **Clinical Data Repository**.

Digital and Data literacy for both our workforce and wider community continues to be a challenge that the Health Board faces. Work continues with academia to help support the development of our workforce, alongside an ongoing exercise to map digital literacy and skills needs with colleagues in Health Education and Improvement Wales. While ambitious, the above Digital & Data Strategic Plan for the next 3 years is fundamental to the success of the wider service improvement and transformation programmes of the Health Board.

IMPROVEMENT, INNOVATION, VALUE BASED HEALTHCARE, RESEARCH & DEVELOPMENT



Over the past three years, iCTM (Improvement CTM) has delivered significant advancements, directly benefiting patients, staff and communities, while supporting organisational and national priorities around quality, safety and patient care. These initiatives have improved patient outcomes, empowered staff with new skills, and strengthened community ties. By prioritising quality, sustainability, and value, iCTM has laid the groundwork for continued progress, aligning with national healthcare objectives and enhancing care for all.

QUALITY IMPROVEMENT

A dedicated QI team and the introduction of the 'ABCDE' model have driven improvements in patient safety, enhancing care quality.



Our staff ideas platform has empowered staff to contribute ideas addressing priorities such as sustainability, winter pressures and staff wellbeing, directly improving patient care and operational resilience.

The comprehensive quality improvement training programme and the 2024 launch of the Improvement Community of Practice have strengthened staff

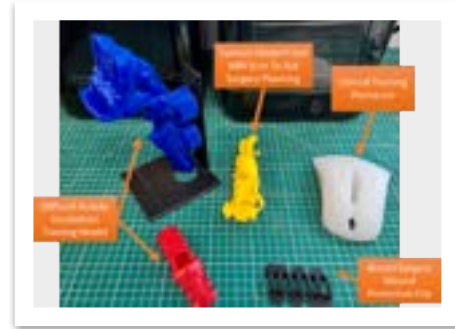
capabilities and fostered collaboration, delivering safer and more efficient services for patients.

- Significant improvement in the health board's assessment in relation to quality improvement maturity moving from a Welsh Government assessment of Basic to now Mature with some elements of Exemplar achieved
- Falls Reduction Collaborative launched and Pressure Damage Collaborative maturing
- Implementation of '5 minute improvements' – a quick and easy tool for teams to use to find improvement solutions to day to day problems or challenges on our wards.
- Now over 1,600 members of health board staff actively engaged with the staff ideas and improvement platform with over 140 improvement suggestions made

INNOVATION

Our maker space and partnerships with academia and local business has encouraged collaboration resulting in innovations like a breast wound protection clip, which promises to improve post-surgical outcomes.

Sustainability initiatives, such as recycling theatre plastics into chairs and other products and repurposing cardboard into commercial products, have reduced waste and benefited local communities while aligning with national environmental goals.



- Sustainability including exploring operating theatre Recycling of plastic packaging into 3D printer filaments, Cardboard Recycling with ELITE Paper Solutions, into commercial viable products including horse bedding for South Wales Police
- Healthy Housing programme an exemplar for Wales linking poor housing with Health and working with UK Government ECO5 scheme
- Launch of first health aligned 'challenge' into University of South Wales as part of our academic partnership

VALUE-BASED HEALTHCARE (VBHC)

A dedicated VBHC team has developed key projects addressing health priorities like diabetes and heart failure, improving patient pathways and outcomes.



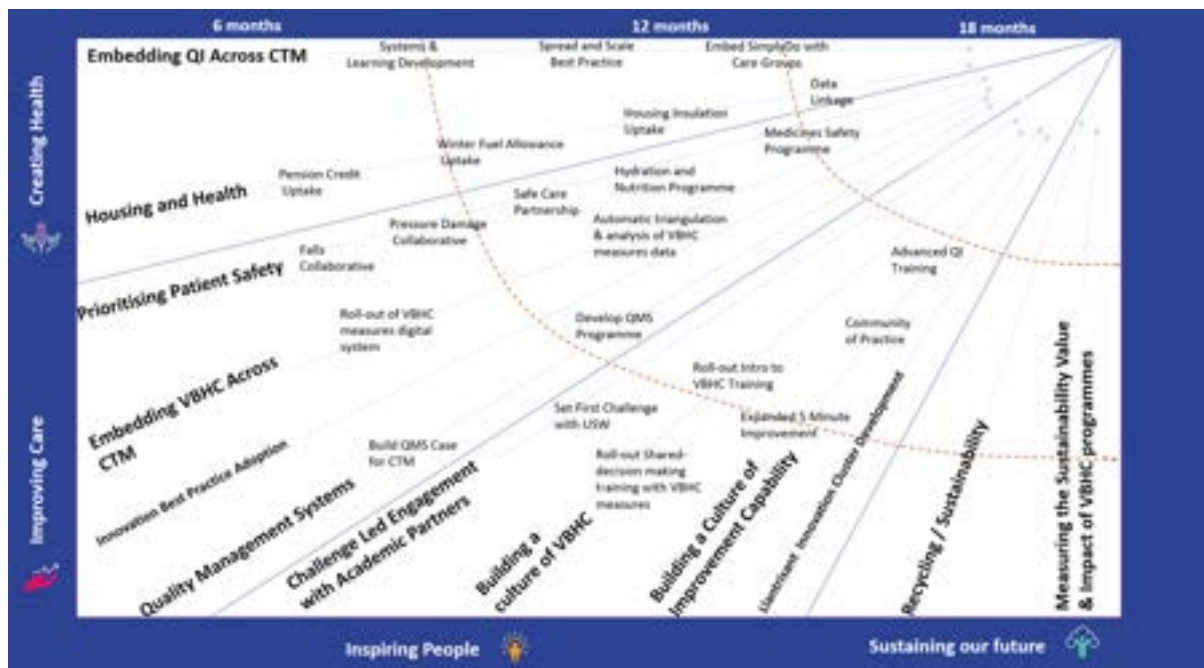
The implementation of a digital system for capturing PROMs (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures) and CROMS (Clinical Reported Outcome Measures) has enabled real-time data analysis, enhancing patient experience and supporting shared decision-making.

Tailored VBHC training has equipped staff to embed value-driven care into everyday practices, ensuring alignment with organisational strategies and

improving resource utilisation.

- Key specialty projects across CTM to improve pathways and person centred care, reducing inequity and un-warranted variation, improved patient outcomes and experiences, and maximising utilisation of resources
- Implemented the VBHC digital system enabling the collation and analysis of patient reported outcome measures, people reported experience measures and clinical reported outcome measures
- Enabled partnership working and co-design with service users, partners, community voluntary councils, Parc Prison and industry - ensuring that stakeholders involved in the health system work together to identify solutions that are person-centred and addresses what matters most to them, with them

iCTM FOCUS FOR 2025 AND BEYOND



- 1) BUILDING A CULTURE OF IMPROVEMENT CAPABILITY
 - a. Outcome: Empowered staff with advanced skills will drive safer patient care, higher staff satisfaction, and increased system efficiency, fostering a culture of excellence and continuous improvement.
- 2) EMBEDDING QUALITY IMPROVEMENT ACROSS THE ORGANISATION
 - a. Outcome: Enhanced collaboration and ownership of Quality Improvement efforts at all levels will enhance patient outcomes and operational excellence.
- 3) PRIORITISING PATIENT SAFETY
 - a. Outcome: Reduced patient harm, optimised data utilisation and enhanced patient safety metrics.
- 4) ADOPTING AND SCALING INNOVATIONS
 - a. Outcome: Solutions aligned with patient and staff needs will drive improved safety, efficiency, and satisfaction.
- 5) STRENGTHENING COLLABORATIVE NETWORKS
 - a. Outcome: A stronger innovation ecosystem will lead to faster problem-solving and resource optimisation for population health challenges.
- 6) FOSTERING A CULTURE OF INNOVATION
 - a. Outcome: Empowering a workforce that embraces innovation will enhance patient care, streamline workflows, and reduce costs.
- 7) DEVELOPING VBHC MEASURES
 - a. Outcome: Enhanced patient outcomes and reduced unwarranted variation in care.
- 8) LEVERAGING DATA AND ANALYTICS
 - a. Outcome: Data-driven decision-making will improve patient-centred care and financial sustainability.
- 9) FOSTERING COLLABORATION AND LEARNING
 - a. Outcome: A culture of shared learning will advance VBHC practices, benefiting staff and patients alike.

Value Based Healthcare 2025-26 plans

Our roadmap into 2025/26 will extend further across specialties in the digital rollout, supported by training and engagement of staff, patients, and partners. In addition, we work with a whole systems approach throughout the patient journey and engage with Primary and Community Care, Third Sector, and Industry partners.

The VBHC team will continue to support key transformation programmes across the Health Board, including diabetes, acute medicines and unscheduled care, planned care, (3Ps), outpatients, primary and community care, pre-habilitation and persistent pain. In addition, a new round of temporary fixed-term VBHC projects will commence.

The team will continue to support service areas to engage stakeholders, building meaningful partnerships to improve services through lived experiences and co-production. Through work in areas including diabetes, alcohol care, Community Voluntary Councils, and Parc Prisons' elimination of Blood-borne viruses, the team fosters open dialogue with patients, communities, and frontline staff. This inclusive approach ensures that service improvements are shaped by those who use and deliver them, leading to more responsive, effective, and compassionate care.

The team will continue to enable collaborative cross-specialty working, breaking down silos and enhancing patient care. Connecting specialties, including maternity and alcohol care, diabetes and lymphoedema, and heart failure and smoking cessation and frailty services, the team facilitates the sharing of knowledge, expertise, and resources. This synergistic approach streamlines pathways, reduces duplication, and ensures patients receive holistic, coordinated care that addresses the full spectrum of their needs.

RESEARCH AND DEVELOPMENT

CTMUHB's R&D Strategy 2025-30 has been drafted, outlining how CTMUHB will further develop its visibility, infrastructure and research culture to embed research as a core function of the organisation, in alignment with key UK, national and CTMUHB policies and strategies and is being progressed through formal governance routes. This will form the basis of the team's work during the lifetime of the 2025-2028 IMTP.

CTMUHB's R&D Department continues to prioritise the set-up and delivery of Clinical Research Portfolio (CRP) and commercial research across the UHB. The R&D Department circulate information on studies in need of recruiting sites, trawling the CRP for open studies in specific areas of interest and working with our academic and industry partners in the development of collaborative research studies. There was an 11% increase on number of open non-commercial studies and 8% increase on recruits to CRP studies on the previous year. CTMUHB's R&D team identifies and circulates potential grant funding calls to all research active professionals across CTMUHB, with the offer of support to help with the costing and submission of funding applications and assistance in sign posting to academic colleagues to develop joint applications. Securing external grant funding provides capacity to develop and deliver research through cost recovery for existing infrastructure or the appointment of additional fixed term posts. Securing external funding through a competitive process also enables research projects to be adopted onto the Clinical Research Portfolio, attracting delivery support from the CTMUHB R&D team. Recent grant successes include an SBRI Award (£125,626) in collaboration with Cansense Ltd to undertake a project investigating the use of AI and blood testing to reduce colonoscopy

demand on cancer pathways and a Kidney Research UK Allied Health Professional Fellowship (£181,467.50), in collaboration with Cardiff University. An outcome for 5 further grant applications is currently awaited in collaboration with our academic partners to include Swansea University, Cardiff University and Cardiff Metropolitan University.

The UHB provides £15k development funding per annum for CTMUHB's R&D Department to release an annual funding call for up to 6 collaborative research projects with our academic partners to address specific health care challenges, with the aim that the resulting partnership will lead to the development of collaborative grant applications. This year's funding call closed in November 2024 and 11 applications were received. 6 projects have been funded with Cardiff Metropolitan University, University of South Wales and Swansea University in the fields of infection, laboratory Sciences / ICU (long covid), Parkinson's disease, paediatric diabetes, breastfeeding provision for CTMUHB's workforce, staff perceptions towards healthcare support for migrant populations.

Following the award of funding from Moondance for 0.2 wte Consultant for 18 months to act as a Research Champion to further increase and support cancer related research, the UHB has continued to fund 0.2 wte consultant sessions to continue this work. This work will be in partnership with CTMUHB's R&D Department and will help support the Tackling Cancer through research national initiative.

The R&D Department continues to work with academic partners to offer clinical placements for health care professionals in training. Placements to date include one-week placements for University of South Wales student nurses, a two-week Trainee Clinical Scientist (AWMGS) placement and a three-day Cardiff University student midwife placement. Discussions are also in progress to host a research placement for an Audiology STP trainee. In addition, the R&D Department continues to support the development of our researchers, through enrolment on the Associate Principal Investigator (PI) Scheme. Currently, there are 8 Associate PIs supporting research across the Health Board.

Undertaking commercial research is crucial to increasing the UHB's research capacity as it enables the re-investment of overheads and capacity building funding paid by pharmaceutical and medical device companies for the UHB to act as a recruiting research site. This funding is in addition the recovery of the necessary costs for the study to be undertaken and potential cost avoidance / savings through the provision of medications for clinical trials. Current areas of strength in the delivery of commercial research includes Cardiology, Dermatology, Rheumatology, Vaccines and Primary Care.

A 5-year voluntary scheme for branded medicines pricing, access and growth (VPAG) initiative was agreed by the UK Government, NHS England and the Association of the British Pharmaceutical Industry (ABPI) to provide £22.1 million investment for Wales between 2024/25 and 28/29. The purpose of the funding is to develop capacity to deliver commercial research, with a view to developing a network of clinical research facilities, research delivery and a re-investment plan. CTMUHB R&D will be submitting applications for any funding calls that will be released as part of the VPAG initiative. To date, £180k funding has been received from the VPAG equipment funding call.

A key priority is identifying and securing designated clinical and administrative space for research is critical to delivering a sustainable and increasing research portfolio across the health board, avoiding the reliance on available space in clinical areas e.g. outpatients. The

development of the Clinical Research Centre at Royal Glamorgan Hospital has transformed the types of research that can be undertaken and has enhanced our reputation with our academic and industry partners. Increasing clinical and administrative space at Prince Charles and Princess of Wales Hospital sites remains a key strategic objective, to facilitate the equitable access of CTMUHBs population to participate in research. Discussions with the project team for the Llantrisant Health Park, CTMUHB's R&D Department and Health and Care Research Wales have also been undertaken to seek to include capacity for staff and facilities to provide research support.

A key national metric from Health and Care Research Wales continues to be for 80% CRP and 80% commercial studies to close having met their recruitment to time and target. Meeting this metric can attract research sponsors to use the organisation as a recruiting site and is also key to the organisation maintaining autonomy on the management of the Local Support and Delivery budget received from Health and Care Research Wales. During 2024/25, 100% CRP and 100% commercial studies in CTMUHB closed having met their recruitment to time and target and 2024/25's recruitment to time and target is currently 100% for closed CRP studies. The metric is not yet applicable for commercial studies in 2024/25 as no commercial studies have closed to date during this financial year.

The R&D Department is cognisant of the need to support and deliver research that is aligned to national and local health priorities. A key focus for Wales is to increase cancer research activity and CTMUHB's R&D Department supports the set up and delivery of a number of CRP cancer related research projects to include breast, lung, colorectal, gynaecological and head and neck cancer.

The R&D Department continues to support the development of the population health research agenda through a dedicated Principal Researcher to set up and delivery of public health research. A collaborative project with the University of South Wales, funded by Burdett Nursing Trust is underway to co-produce and test a behaviourally-informed intervention to empower nurses to address smoking & promote smoking cessation with hospital patients in Wales. A research project evaluating CTMUHB's Level 3 weight management service is in progress and a research project investigating the prevalence of fat mass and obesity-associated genes in people with severe obesity attending a weight management service, in collaboration with Cardiff Metropolitan University is in set up. There have also been ongoing discussions between CTMUHB's R&D Department, weight management service and a commercial company to explore the potential of CTMUHB acting as a recruiting site for commercial research in obesity. CTMUHB's Public Health and R&D teams continues to support the NIHR Health Determinants Research Collaboration (HDRC) with Cardiff University, Rhondda Cynon Taf Local Authority and Interlink, which will provide an opportunity to develop research at the interface of health and social care.

Mental health remains another key focus for CTMUHB's research activity and current studies include Adapting evidence-based guided internet-based treatment for veterans with post-traumatic stress disorder, the use of electronic devices to predict relapse of psychosis and a randomised controlled trial of tailored acceptance and commitment therapy for older people with treatment resistant Generalised Anxiety Disorder. CTMUHB's R&D Department continue to work with the National Centre of Mental Health and the Wolfson Centre for Young People's Mental Health in support of their work.

In line with Cwm Taf Morgannwg Regional Partnership Board's Population Needs Assessment 2022-2027, priority areas for future set up and delivery of research includes dementia, domestic violence, substance misuse, sensory loss, economic well-being, and safety and security.

A key strategic objective is to ensure that CTMUHB supports a portfolio of research that provides inclusive and equitable access to its diverse population. The R&D Department recently undertook an evaluation to ascertain a baseline of the demographic and socio-economic profile of participants recruited to research studies in secondary care supported by the delivery team in CTMUHB between 1st April 2023 to 31st March 2024. Results indicate that in general, participants were representative of CTM's population in terms of age, gender and deprivation quintile. The R&D Department plan to extend this work further by recording additional data for analysis (e.g. ethnicity, health status) and by evaluating the barriers and facilitators to participants who undertake research in CTM. The R&D Department is also exploring ways to further support the set up and delivery of research in under-represented populations in CTM. Recent examples include a research project exploring the barriers and facilitators to breastfeeding infants among the gypsy and traveller population and a research project exploring attitudes to vaccination in prison residents.

CTMUHB's R&D Department continues to work closely with the communications teams at CTMUHB and Health and Care Research Wales to share examples of research best practice and successful grants awarded to CTMUHB's researchers. The development of a communications plan is key priority for the R&D Department to raise the profile of research both within the UHB and externally amongst academic and industry partners and the public.

CTMUHB's R&D Department holds an annual R&D conference to showcase and disseminate the high quality multi-disciplinary and multi-professional research being undertaken across the Health Board, which also provides a networking opportunity for delegates from the NHS, academia, industry, Welsh Government and patient representatives. Last year's R&D Conference was held on Tuesday 26th November 2024. There were 10 oral presentations, 60 posters presentations and 224 delegates in attendance. Planning is now underway for this year's conference, which will be held on Wednesday, November 26th 2025.

GLOSSARY

WHSSC	Welsh Health Specialised Services Committee
CTMUHB	Cwm Taf Morgannwg University Health Board
RCT	Rhonda Cynon Taf
ABUHB	Aneurin Bevan University Health Board
FYE	Financial Year Ending
VBHC	Value Based Health Care
BCBC	Bridgend County Council Borough
SOC	Strategic Outline Case
UNCRC	United Nations Convention on the Rights of the Child
ND	Neurodevelopment
PROMS	Patient Reported Outcome Measure
PREMS	Patient Reported Experience Measures
WREMS	Workforce Reported Experience Measures
MECC	Making Every Contact Count
PHW	Public Health Wales
PHM	Population health management
CAVUHB	Cardiff and Vale University Health Board
WG	Welsh Government
RPB	Regional Partnership Board
MAS	Memory Assessment Service
VIPS	Values, Individuals, Perspectives Social
NCIG	Neurological Conditions Implemented Group
TI	Targeted Intervention
EM	Enhanced Monitoring
IMSOP	Independent Maternity Service Oversight Panel
RIF	Regional Integrated Fund
MAMMS	Models of Access for Maternal Smoking Cessation Services
IMR	Infant Mortality Rate
LBW	Low Birth Weight
DAP	Decarbonisation Action Plan
NWSSP	NHS Wales Shared Services Partnership
JVCI	Joint Committee on Vaccination and Immunisation
AHP	Allied Health Professionals
MDT	Multi-disciplinary Team
AMD	Age Related Macular Degeneration
CAMH	Child and Adolescent Mental Health
SLA's	Service Level Agreement
LTA	Long term Agreement
DES	Directed Enhance Services
SDEC	Same Day Emergency Care Service
ED	Emergency Department
MD's	Minimum Dataset
GIRFT	Getting It Right First Time
HEIW	Health Education and Improvement Wales
CDC	Community Diagnostic Centres
NEP	National Endoscopy Programme
ICP	Integrated Commissioning Plan
EASC	Emergency Ambulance Service Committee
WAST	Welsh Ambulance NHS Trust
ED&I	Equality, Diversity and Inclusion
PDR	Personal Development Review

HIW	Healthcare Inspectorate Wales
RLW	Real Living Wage
RIC	Regional Innovation Coordination
WIDI	Wales Institute of Digital Information
EQIA	Equality, Impact Assessment
PFI Scheme	Private Finance initiative
CSSD	Central Sterile Services Department
R&D	Research and Development
FBC	Full business case
DGH	Distract General Hospital
EFAB	Estates Funding Advisory Board
LPHT	Local Public Health Team
PSRS	A population health management tool
ANP	Advanced Nurse Practitioner
SOP	Standard Operating Procedure
WISE	Wellness improvement Service
JAG	Joint Advisory Group
HSDU	Hospital Sterilization and Disinfectant Unit
HCSW	Healthcare Support Worker
INNUS	Intervention not normally undertaken
BAPM	British Association of Perinatal Medicine
D2RA	Discharge to Reassess
BSW	Bowel Screening Wales
ACSP	Acute Clinical Services Plan
DCM	Dementia Care Mapping

Thematic Area: Operational Productivity & Efficiency - Urgent and Emergency Care

Objective: Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation

Summary statement: Cwm Taf Morgannwg University Health Board's Six Goals for Urgent and Emergency Care Programme provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Primary and Community Services and Urgent and Emergency Care)

Enabling actions	Plan reference	Adoption status and monitoring	Baseline and milestones/delivery trajectory
Implementation of the Community Based Falls Response - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1 6 Goals UEC Programme Board Key Deliverables: - Finalise Strategic Outline Case for implementation of community based falls response service based on demand data and analysis of gaps i.e. LA provision of mobile response covering Merthyr Tydfil area. - Enhanced Care in Community (ECC) Level 4 Phase 3 implementation – 'Admission Avoidance' – urgent response in community to include falls response (8am – 9pm/7-days a week coverage) to supplement Telecare and LA-funded mobile response teams - Comprehensive Directory of Services for community, primary and secondary care services to ensure clear pathways and point of referral when fall occurs in community - Continue training provision for care home providers to increase capability, provision of timely response to those who suffered fall and reduce admissions where safe and appropriate	Baseline data: WAST falls conveyance total Dec 23 – Nov 24 3224 WAST falls (Level 1-2) response total Dec 23- Nov 24 2,476 (77% of total number of ED conveyances): Bridgend 810 Merthyr 318 RCT 1,348 Care home conveyances to ED total Dec 23 – Nov 24: 4054 25% of total number related to Fall as primary cause for conveyance Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C1.1 – C1.12. All will be assessed and reviewed monthly.

Implementation of the remote clinical assessment services framework - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Community Steering Group/Workstream 1 6 Goals UEC Programme Board Key Deliverables: • Build on Navigation Hub capacity: admission avoidance - Implementation of Doccla Virtual Wards as part of the SDEC pathway in RGH. • Care home support – support conversation/review before conveyance. Roll out the WAST-led LUSCII project in care homes with the view to mandate care home calls to NH as first point of contact where safe and appropriate • Merge operational activity of Discharge Hub with Navigation Hub to support delivery of enhanced care in community (discharge and admission avoidance) Phase 3 of ECC Level 4 implementation • Falls: central coordination for admission avoidance with ECC level 4 in place to support urgent response in community including falls.	Baseline data: Jan 24 – Jan 25 – 87% total calls vs successful Interventions Jan 24 – Jan 25 – avg 1932 WAST conveyances to ED Jan 24 – Jan 25 – avg 490 WAST conveyances to ED from care homes Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C2.1 – C2.9. All will be assessed and reviewed monthly.
Implementation of acute frailty model at the Front Door - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1 & 2 6 Goals UEC Programme Board Key Deliverables: • Produce acute frailty implementation plan guided by frailty at the front door framework (national team completion end of March 25)	Baseline data: Front door: March 2024 – February 2025 – 5082 patients over 65 seen in SDEC On average 42% discharged the same day Admission to hospital bed:

		- Align front door provision with Integrated Discharge Team (front door discharge) and Navigation Hub for support in community (ECC and hot/frailty clinics - @Home service) – trusted assessor model - Scale up Acute Care of Elderly (ACE) model in RGH and PCH with additional clinical capacity and therapy input for effective in reach to ED and SDEC services across all three sites. - Align Fracture Liaison Service with overall frailty approach and falls framework as well as community services to support patients closer to home (Falls Response – priority 1)	April 2022 – February 2025 – avg 61% of admissions to inpatient wards for patient over 65 On average 1533 admissions per month Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C3.1 – C3.18. All will be assessed and reviewed monthly.
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Workstream 2 6 Goals UEC Programme Board Key Deliverables: - Pilot eTriage in RGH and evaluation for further implementation in POW and PCH - Evaluation of HISU extended operational activity in PCH (national slippage funding Dec 24 – March 25) with view to extend investment in revenue - Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door - Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites - Monitoring and delivery of 7 priorities as defined by ED Quality Statement	Baseline data: 4 hr ED performance – target 72% Jan 25 at 68.2 % Handover delays over 15 min - 1730 in Jan 25 - Lost hours per ambulance arrival avg 3038 Jan 24 – Jan 25 Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C4.1 – C4.29. All will be assessed and reviewed monthly.

		4. Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026 5. Ongoing review of GIRFT/SEDIT data to evaluate EDs current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes													
Implement the Optimum Hospital Flow Framework - 6 Goals Programme	Six Goals Plan/ Programme	Adoption status: delivery phase Governance and monitoring: Workstream 3 6 Goals UEC Programme Board Key Deliverables: • Continue delivery of Optimal Hospital Flow Framework and pan-CTM training and mentoring programme (Optimise) including embedding of adding value in every day care through Red 2 Green principles and increase capability and knowledge around deconditioning • Launch and monitor compliance for ESR training uptake ‘Optimise’ modules: R2G, SAFER, deconditioning, D2RA • Design and implement board round audit tool to support delivery of SAFER compliance improvement 1. Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. 2. Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH	Baseline data: Avg LoS on discharge acute sites – 12 days, Jan 24 – Jan 25 Avg LoS on discharge community sites – 72 days, Jan 24 – Jan 25 Avg number of discharges p/m acute sites – 2372, Jan 24 – Jan 25 Avg number of discharges p/m community sites - 86, Jan 24 – Jan 25 POCD: • 20% reduction in total delays target achieved and exceeded • 24% reduction in days delayed target achieved and exceeded • 28% reduction in assessment delays target achieved and exceeded <table><tr><td></td><td>Number of Delays</td><td>Days Delayed</td></tr><tr><td>Dec-24</td><td>270</td><td>11,648</td></tr><tr><td>Jan-25</td><td>274</td><td>12,656</td></tr><tr><td>Feb-25</td><td>273</td><td>12,657</td></tr></table>		Number of Delays	Days Delayed	Dec-24	270	11,648	Jan-25	274	12,656	Feb-25	273	12,657
	Number of Delays	Days Delayed													
Dec-24	270	11,648													
Jan-25	274	12,656													
Feb-25	273	12,657													

		3. Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model 4. Improve timeliness of DST/CHC processes in community beds - integrated discharge model and implementation of Integrated Discharge Team	Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus tier three C5.1 – C5.52. All will be assessed and reviewed monthly.
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.	Six Goals Plan/ Programme	Key actions included in 50-day challenge guidance have been included in the delivery plan of 5 ministerial priorities for 2025/2026 across workstream 1, 2 and 3: Point 1 - 'Refresh focus on embedding six goals programme Optimal Hospital Flow Framework (workstream 3) Point 2 – 'Apply 7 day working to enable discharge of patients during weekend' (workstream 1 and 3) Point 3 – 'Undertake Decision Support Tool (DST)/CHC process in the community (workstream 3) Point 4 – 'Regional collaboration to ensure that an integrated approach to system navigation exists' (workstream 1 and 2) Point 5 – 'Regional weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge (workstream 3) Point 8 – 'Trusted Assessor model for all care settings' (workstream 3)	Key benefits measures as defined above and per attached document.  Benefit Measures 2025-2026.xlsx

		Point 9 – Home first should be the default for all patients clinically optimised – discharge planning begins on admission’ (workstream 3) Point 10 – ‘Community services to focus on 7 day community-based falls response pathways’ (workstream 1) Point 6 – ‘Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams’ and Point 7 – ‘Improving Primary and Community Care Integration for People Most at Risk of Admission or Readmission due to Frailty and/or co-morbidity – within the scope of Primary Care Transformation Board linking to 6 Goals UEC Programme Board re delivery of outcomes and collaborative/enabling actions	

Thematic Area: Operational Productivity – Planned Care

Objective: Improving timely access to care, reducing unwarranted variation in clinical productivity

Summary statement: Cwm Taf Morgannwg University Health Board's Productivity Improvement and Transformation Board (PIT) provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Planned Care and other care groups providing planned care services). Each service area has a service improvement group within the PIT structure.

The PIT programme will establish a reporting and monitoring cycle for the enabling actions alongside the requirements of the Performance Framework.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	PIT Programme/ Planned Care	The health board will adopt this action. Guidance on the publication of the guidelines is awaited. Within the PIT programme, the Outpatients Group will provide the mechanism for monitoring and delivery for these actions. Each service area will implement and report through their service improvement group (SIG) The health board has set requirements for PIFU and SOS. Confirmation of expected completion date is requested.	No baseline as currently not part of standard measures. Orthopaedics has been identified as the first priority area TARGET DELIVERY DATE: Orthopaedics Q1 25/26 Ophthalmology Q2 25/26 Other appropriate services Q3 25/26 Key enabler: Digital support
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	PIT Programme/ Planned Care	Adopt This requirement is included in the Planned Care priorities for the IMTP 2025-2028.	No baseline as currently not part of standard practice at CTM. TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity

Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	PIT Programme/ Planned Care	Adopt The health board has set this standard for DNA rates/ overbooking and will review the impact of CNA rates to align with the requirements of this action.	DNA rate 8% (Jan – Dec 24) CNA rate 10% (Jan – Dec 24) No baseline as currently not part of standard practice at CTM TARGET DELIVERY DATE Q2/3 25/26 Key enabler: service-level implementation, mitigation planning
Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	PIT Programme/ Planned Care	Adopt The health board will adopt this action and will monitor through operational and PIT monitoring processes.	See enabling action no 1 (above)
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	PIT Programme/ Planned Care	Adopt The health board currently actively works to protect planned care services and avoids cancellation of surgery other than when in high escalation (business continuity impact level). This will be monitored through the Theatre Project within the PIT programme.	TARGET DELIVERY DATE Monitoring dashboard Q1 25/26 Performance mgmt. Q2/3 25/26
Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	PIT Programme/ Planned Care	Adopt This requirement aligns with the existing health board internal targets and will be delivered and monitored via the Theatre Project within the PIT. The CTMUHB team currently reviews all missed opportunities extending beyond the other than the late start/ early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.	TARGET DELIVERY DATE Q1 25/26 Key enabler: job planning

Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	PIT Programme/ Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme. The health board anticipates a longer delivery timeframe due to current constraints in the health board estate that impact on operational delivery. Arthroplasty – The health board anticipates delivery by the end of Q3 (following completion of all work on the PoWH site by the end of Q2) In the interim period, the current bed footprint allows only three cases per day. Cataracts – the health board current operates an average of 4/5 per list. Noting the impact of the loss of the eye unit space at PoWH, on some of our improvement work, a delivery date of end of Q3 is anticipated. General surgery lists are affected by our current limitations on bed base and theatre capacity. Delivery is anticipated to require until the end of Q3.	Baseline: Cataract 5.5 p/list 30% of list cap Arthroplasty 4 p/list 100% list cap during Oct 24 pre-POW critical incident. Specific HVLC lists will be actively monitored through PIT programme monthly TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity

Thematic Area: Workforce Productivity

Objective: Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.

Summary statement: Cwm Taf Morgannwg University Health Board's Corporate People Team will provide the structure for delivery and governance for the workforce productivity actions.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	People Chapter Monitoring via Operational Delivery Committee	Adopt - Enhancing quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes. - Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual or agreed national rate. - Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those	CTM Workforce Shape and Supply Steering Group established to improve supply pipelines. Subgroups on Attraction/Resourcing and Retention in place, alongside current staff development and promotion of bank working. These are delivered in partnership to develop strategies to recruit and retain our substantive workforce to reduce agency cover and spend. This all aligns to the IMTP Education Training Commissioning returns. Local people policies ensure that our workforce is paid in accordance with the applicable Agenda for Change, Medical and Dental and ESP Pay Scales. CTM is an accredited Real Living Wage Employer, committed to ensuring the workforce, including workers are paid above the National Minimum Wage. The Agenda for Change Pay rates for band 1 – 3 posts are increased on 1 April annually and applied to

		people who work flexibly through the NHS Staff Bank. • Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups). • Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs. • Identify measures to address long standing hard to fill roles which are reliant on agency cover.	employees and worker, to comply with our accreditation requirements. CTM has an in-house Staff Bank for nursing, midwifery, healthcare support workers, as well as for administrative staff. Work is being undertaken to establish the feasibility of creating a bank for facilities workers. Payment of bank workers is accordance with all Wales AfC rates of pay for each band. A Bank modernisation will promote recruitment to the bank and improve rostering practices, to reduce reliance on agency cover. There is also a plan to develop bank and rostering KPIs to monitor improvements reported to the Nurse Productivity Programme. CTM is participating in the work with NHS Employers to develop an All-Wales Rate Card for M&D staff. CTM applies the All -Wales agreed national rates of pay. There are no provisions in place to increase capacity, outside of agreed national terms and conditions. There is a targeted action plan in place to address M&D long standing agency cover arrangements, into either substantive contract

			of employment or alternative, flexible workforce models to address hard to fill post and to reduce agency usage and spend by 31 March 2026. CTM has submitted a bid to the WG to recruit 17 International educated doctors. A response is expected response by April 2025.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	People plans Monitored via the Value and Sustainability Board	Adopt CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts. The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board. Two programmes are in place: - - Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme. - Nursing agency reduction is managed via our Nurse Productivity Programme The Health Board is actively working towards delivery of this requirement. It is anticipated there is an opportunity for the further reduction in M&D in 2025/26 from the 2024/25 outturn. A continued and sustained reduction in nursing agency expenditure is	Total medical agency in M10 £676k. This has reduced on average by £530k per month when compared to 23/24. The introduction of consultant and non-Consultant pay rate cards in 2024/25, with a target for 2025/26 to maintain 95% compliance by 31 March 2026. There is focussed work being undertaken to substantively recruit or redesign the workforce to reduce vacancies and hard to fill posts, by 50% by 31 March 2026. International Medical Recruitment bid submitted to WG to support the recruitment of 17 M&D posts. Update on the funding available is expected in April 2025. CTM's NMR agency spend in M10 2024/25 £1,886k compared to £1900k at the same period in 2023/24. CTM has not used off contract NMR agency workers via Thornbury, since September 2024.

		likely to take longer due to the complexity service demands and the HB specific challenges which will continue to impact 2025/26 (e.g. POW critical incident, stroke services, ACSP, LHP etc.).	
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates & Ancillary agency spend is monitored at Operational Delivery Committee	Adopt Focussed workforce planning to ensure we are enabling opportunities for workforce redesign, improved attraction, retention and bespoke recruitment drives to reduce agency usage for hard to fill/specialised roles where, skills are in short supply. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the trajectory to zero usage is expected to be after 30 September 2025. A Facilities Bank is in discussion to reduce the agency spend.	HCSW CTM significantly reduced using HCSW agency workers from 1 October 2023 and only in exceptional circumstances were such requests to be approved for the area of Mental Health. CTM has been using, on average 50 WTE HCSW agency per month. Usage reduced in October 2024, with a spike in December 2024. However, by February 2025, usage had reduced to 28.12 WTE per month. CTM undertook a bespoke bank recruitment campaign for Mental Health HCSWs in November 2024. The numbers are being worked through as the recruitment process progresses. Admin and clerical Within CTM A&C agency spend during Month 10 of 2024/25 was £397,197 down from £1,088,579 for the same period in 2023/24. The main areas of spend for A&C workers are within specialist areas where skills are in short

			supply. Focussed recruitment to attract specialist digital resource is underway and alternative options are being considered. Estates and Ancillary Within CTM the E&A agency spend during Month 10 of 2024/25 was £2,752,953, an increase of 50% on the same period in 2023/24 when expenditure was £1,367,215. CTM is currently in discussion to develop a Facilities Bank in 2025/26 to reduce the reliance on premium agency cover.
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	People plan Monitoring is via Medical Workforce Productivity Programme Board	Adopt The Health Board has an existing structure to oversee the delivery and compliance of job planning. This is overseen by the Executive Director for People and the Executive Medical Director. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the time to achieve a completion rate of 90% of job plans, is likely to be later than 30 September 2025.	Job planning compliance within CTM, as of January 2025 was 34% (Consultants and SAS combined). The Care Group with the highest level of completed job plans was Children and Families with 75% (Consultant and SAS combined). Delivery targets are milestones are: 50% by Q2 30 June 2025; 60% by Q3 30 September 2025; 85% by Q4 31 March 2026; and 90% compliance timescales to be agreed at MWPP. From 1 March 2025, the current job planning process will be amended from 10 to 4 weeks, to support faster sign off plans. This process amendment should assist with the achievement of the target compliance rates.

Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels	People plan Monitoring is via Operational Delivery Committee	Adopt To support a reduction in sickness absence, CTM is focussing activities under three areas: - Policy awareness - Skills development - Case management. This will be monitored by Care Groups, via People Directorate. The People Directorate produce weekly sickness absence monitoring reports. This data forms part of the Care Group's monthly Performance Dashboard and is reviewed at Senior Leadership Team meetings, to identify hot spots and interventions. The People Services Team hold regular case management meetings with the Care Group Heads of People, to ensure action is taken. CTM is also part of the national working group reviewing the current All- Wales Managing Attendance at Work policy. It is anticipated that there is currently some under-reporting of sickness absence on ESR, so an increased focus on sickness absence is anticipated to result in an initial spike in absence rates. CTM is making good process implementing the All-Wales Occupational Health Minimum Service Levels and KPIs.	Rolling 12-month sickness rate at the end December 2024 was 7.98% against the Welsh Government target of 4.5%. 2024/25 sickness absence will be included once data is available. The focus in 25/26 will be to reduce sickness rates in our highest sickness % areas. Within CTM the staff group with the highest sickness levels is estates and ancillary with an average absence rate of 11.16%. 77% of our workforce live in the CTM area. The Census 2021 confirmed that only 76.6% of the CTM population reported having very good or good health, which is lower than the Wales position of 78.6%, It is anticipated that there is currently some under-reporting of sickness absence on ESR. The increased focus on sickness absence is anticipated to result in an initial spike in recorded absence rates, in addition to seasonal variations. At January 2025 CTM was complaint in 43 of the 49 activities and was making progress in implementing the outstanding 6 activities. This information is monitored and reported on a quarterly basis. This information will next be reported in April 2025.

Thematic Area: Maximising Value for Money

Objective: Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness

Summary statement: The Value and Sustainability and Individual Commissioned Patient Care Programmes have provided the structure for delivery of the requirements of the V&S programme. The health board is reviewing the structures to implement robust programme delivery mechanisms for all actions.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.		Adopt	
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Medicines Management Value and Effectiveness Portfolio	Adopt The Medicines Management Value and Effectiveness Portfolio aims to optimise the value, safety, and clinical effectiveness of medicines. The programme will focus on ensuring appropriate medicine use, reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.	There is a PID setting out all requirements for delivery in 2025-2026. A copy is available, if required.
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital	Individual Commissioned Patient Care Programme	Adopt The Individual Commissioned Patient Care Programme is undergoing a review to reframe the programme and priorities for action in 2025-26.	The ICPC structure will deliver, monitor and review progress internally. All health boards will consider a proposal for a programme

solution to support effective intelligence capture on a national basis.		These will include a continued focus on improving clinical and financial effectiveness for packages of care and work towards a digital solution. The priorities identified include: 1. An all Wales digital system for CHC 2. All Wales support for NHS CHC assessors and reviewers training and competency 3. A process to identify opportunities to ensure value through consistent pricing 4. A continuation of the High Cost Mental Health & Learning Disabilities Placements Reviews 5. CHC Health and Social Care Co-operation group 6. Strategic Commissioned Care Planning 7. Improving governance and oversight national and local CHC work	approach at the JCC meeting on 18th March. The programme would facilitate delivery of all key recommendations and actions.
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		Adopt The health board will continue to review and revise the use of its estate in alignment with both the Acute Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.	

Thematic Area: Improving Value, Optimising Outcomes, & Minimising Variation

Objective: Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory								
Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme.	Cancer services	Adopt	SCP Dec 2024 63% Improvement trajectory for 2025-26 <table> <tr> <th>Quarter 1</th><th>Quarter 2</th><th>Quarter 3</th><th>Quarter 4</th></tr> <tr> <td>66%</td><td>69%</td><td>72%</td><td>75%</td></tr> </table>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	66%	69%	72%	75%
Quarter 1	Quarter 2	Quarter 3	Quarter 4								
66%	69%	72%	75%								
Ensuring full compliance with straight to test guidance		Adopt The health board is committed to delivery of straight to test pathways and has implemented a number of these.	This is a fundamental tenet of the Community Diagnostic Hub plans and the health board's plans to develop a CDH will facilitate significant increase in the ability to refer straight to test. The delivery of the CDH is facilitated by the Llantrisant Health Park programme and has supporting delivery plans.								
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Strategy group chapter	Adopt The Diabetes Programme Board has adopted the high-impact diabetes pathway as part of its broader metrics to monitor progress against the developing 5yr Diabetes plan.	The dashboard will be in place and in use from Quarter 2 to monitor delivery of the pathway.								
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Strategy group chapter	Adopt The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data	Delivery will be during 2025-2026								

		reporting has commenced on the National audit platform. The team is working with the CTM VBHC Team and ABUHB to develop a National PROM which will be implemented during 25/26.	
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)		Adopt Work will commence with the service to adopt the high-value Arthroplasty pathway. Once relevant PROMs have been updated and agreed nationally they will be implemented across CTM	
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Digital	Adopt The health board has approved investment to support the implementation of the digital maternity system and is working towards the implementation of the NHS Wales app.	Maternity – Q4 2025/2026 NHS App – Ongoing Q1-Q4
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.		Adopt The health board is team working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.	NHS App – Ongoing Q1-Q4
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation		Cyber Security Assurance Plan will be a key priority for the Health Board through the lifetime of this IMTP.	Deliver Cyber Assurance Framework / Plan Ongoing Q1-Q4
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	PIT Programme	Adopt INNU are part of the PIT programme. The health board will work to incorporate the requirement for the 8 priority procedures.	Ongoing during 2025-26

Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	PIT Programme	Adopt The health board will align the approach being led by the PIT Programme to the national requirements.	Ongoing during 2025-26
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.		Adopt The CTMUHB Health Pathways team has overachieved on the national targets for 2024/25 (100 localised pathways by end of March 2025 was achieved in October 2024). Work is progressing well with the CIN/SN priorities. This is monitored and reported on a monthly basis to the following meetings/groups: ▪ PIT via the PIT Outpatient Cross Cutting Group, ▪ National Health Pathways Programme Group, ▪ Planned Care Recovery meetings with the NHS Executive. Targets for 2025/26 have not yet been set by the national programme but the team will endeavour to ensure these are met. (Please note that Pathways Alliance has rebranded to Streamliners UK.)	Ongoing during 2025-26

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	14/03/2025	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

Early in 2024, Welsh Government released the NHS Performance Framework for 2024/25. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL: <https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

- 1.1** The UHB submitted to Welsh Government a balanced integrated medium-term plan (IMTP) for 2024-27. In August 2024, the Former Cabinet Secretary for Health, Social Care and Welsh Language approved our IMTP. In doing so, she stipulated to a number of accountability conditions to ensure that the UHB continues to focus on delivering her Government's priorities. These are all current measures within the Performance Framework and our progress in delivering on these is shown in Quadruple Aim 2 of this report (page 9).

2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's performance framework, the Cabinet Secretary's accountability conditions and a small number of local priority measures such as ambulance red releases, lost hours, stroke quality improvement measures and hip fracture recovery.

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 11 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	
29 NRI's remain open >90 days↓ <i>This is a reduction of 4 on the previous period & the lowest level observed in the last 12 months</i> The rolling 12 month mortality rate is 2.60%→ <i>Compared to the equivalent period last year the rate was 2.53%</i>	79.99 is the rate of E.coli per 100,000 population (2024/25)↓ <i>Compared to 2023/24 the rate was 85.13</i> 76.9% of complaints received a response within 30 days↑ <i>Compared to last month the rate was 40.6%</i>	As at Q2 2024/25 - 2.81% of adults who smoke made a quit attempt with predicted performance for 2024/25 being 5.62%→ <i>Compared to the previous year 5.65% of smokers made a quit attempt</i> 68.8% of adults aged 65+ received the influenza vaccine during Jan 2025→ <i>Compared to the previous period the rate was 67.1%</i> 89.2% of children aged 5 were up to date with their vaccinations→ <i>Compared to the previous quarter the rate was 90.2%</i>	
Operational Performance		People	
68.1% of patients were seen within 4 hours from arrival at an Emergency Department→ <i>Compared to last month compliance was 67.1%</i> As at end of Dec 2024; 16 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 75% <i>(please refer to page 17)</i> Provisionally 2,353 patients are waiting longer than 2 years for referral to treatment↓ <i>Compared to the previous period 3,189 patients had waited this length of time</i>	100% of GP Practices have achieved in-hours access standards during 2023/24→ <i>The rate the previous year was also 100%</i> 61.9% of patients started their cancer treatment within 62 days→ <i>Compared to the previous month the rate was 64.2%</i>	6.88% of staff have been absent due to sickness during the 12 mth period (Feb 24 to Jan 25)→ <i>Compared to the previous year the rate was 7.58%</i> The CTMUHB Nursing & Midwifery reported turnover rate for Oct 2024 is 5.35%↑ <i>Compared to Oct 2023 the rate was 8.61%</i> 66.8% of staff (excluding M&D) have received their PADR→ <i>Compared to Feb 2024 the rate was 65.6%</i> 80.4% of staff have completed Level 1 mandatory training→ <i>Compared to Feb 2024 the rate was 78.9%</i>	
Finance			
The Month 10 YTD financial position is £0.2m deficit. This has remained the same as the previous month of £0.2m→			

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management																																																																																																											
Performance Measure		Target	Key: Trend Target/Trajectory			Key: Hit Target Target Failed																																																																																																					
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	<table border="1"><thead><tr><th>Period</th><th>2020/21</th><th>2021/22</th><th>2022/23</th><th>2023/24</th><th>2024/25</th></tr></thead><tbody><tr><td>Q1-Q4</td><td>4.0%</td><td>4.2%</td><td>4.1%</td><td>4.5%</td><td>2.8%</td></tr></tbody></table>			Period	2020/21	2021/22	2022/23	2023/24	2024/25	Q1-Q4	4.0%	4.2%	4.1%	4.5%	2.8%	2.81% on the basis of this extrapolation compliance should hit 5.62% at year end																																																																																									
	Period	2020/21	2021/22	2022/23	2023/24	2024/25																																																																																																					
	Q1-Q4	4.0%	4.2%	4.1%	4.5%	2.8%																																																																																																					
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target	<table border="1"><thead><tr><th>Period</th><th>2024/25</th></tr></thead><tbody><tr><td>Quarter 1 to Quarter 2</td><td>9.50%</td></tr></tbody></table>			Period	2024/25	Quarter 1 to Quarter 2	9.50%	9.50%																																																																																																	
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	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend	<table border="1"><thead><tr><th>Period</th><th>2021/22</th><th>2022/23</th><th>2023/24</th><th>2024/25</th></tr></thead><tbody><tr><td>Q4</td><td>68%</td><td>72%</td><td>70%</td><td>65%</td></tr><tr><td>Q1</td><td>75%</td><td>78%</td><td>75%</td><td>68%</td></tr><tr><td>Q2</td><td>72%</td><td>75%</td><td>78%</td><td>65%</td></tr><tr><td>Q3</td><td>78%</td><td>80%</td><td>75%</td><td>65%</td></tr><tr><td>Q4</td><td>75%</td><td>78%</td><td>72%</td><td>65%</td></tr><tr><td>Q1</td><td>70%</td><td>75%</td><td>78%</td><td>65%</td></tr><tr><td>Q2</td><td>72%</td><td>75%</td><td>75%</td><td>65%</td></tr><tr><td>Q3</td><td>75%</td><td>78%</td><td>72%</td><td>65%</td></tr><tr><td>Q4</td><td>70%</td><td>75%</td><td>75%</td><td>65%</td></tr><tr><td>Q1</td><td>65%</td><td>70%</td><td>75%</td><td>65%</td></tr><tr><td>Q2</td><td>68%</td><td>72%</td><td>70%</td><td>65%</td></tr><tr><td>Q3</td><td>70%</td><td>72%</td><td>68%</td><td>65%</td></tr></tbody></table>			Period	2021/22	2022/23	2023/24	2024/25	Q4	68%	72%	70%	65%	Q1	75%	78%	75%	68%	Q2	72%	75%	78%	65%	Q3	78%	80%	75%	65%	Q4	75%	78%	72%	65%	Q1	70%	75%	78%	65%	Q2	72%	75%	75%	65%	Q3	75%	78%	72%	65%	Q4	70%	75%	75%	65%	Q1	65%	70%	75%	65%	Q2	68%	72%	70%	65%	Q3	70%	72%	68%	65%	66.2%																																				
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Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%	<table border="1"><thead><tr><th>Period</th><th>2020/21</th><th>2021/22</th><th>2022/23</th><th>2023/24</th><th>2024/25</th></tr></thead><tbody><tr><td>Q1</td><td>92%</td><td>93%</td><td>91%</td><td>90%</td><td>89%</td></tr><tr><td>Q2</td><td>93%</td><td>94%</td><td>92%</td><td>91%</td><td>90%</td></tr><tr><td>Q3</td><td>94%</td><td>95%</td><td>93%</td><td>92%</td><td>91%</td></tr><tr><td>Q4</td><td>92%</td><td>93%</td><td>91%</td><td>90%</td><td>89%</td></tr><tr><td>Q1</td><td>93%</td><td>94%</td><td>92%</td><td>91%</td><td>90%</td></tr><tr><td>Q2</td><td>94%</td><td>95%</td><td>93%</td><td>92%</td><td>91%</td></tr><tr><td>Q3</td><td>92%</td><td>93%</td><td>91%</td><td>90%</td><td>89%</td></tr><tr><td>Q4</td><td>93%</td><td>94%</td><td>92%</td><td>91%</td><td>90%</td></tr><tr><td>Q1</td><td>94%</td><td>95%</td><td>93%</td><td>92%</td><td>91%</td></tr><tr><td>Q2</td><td>92%</td><td>93%</td><td>91%</td><td>90%</td><td>89%</td></tr></tbody></table>			Period	2020/21	2021/22	2022/23	2023/24	2024/25	Q1	92%	93%	91%	90%	89%	Q2	93%	94%	92%	91%	90%	Q3	94%	95%	93%	92%	91%	Q4	92%	93%	91%	90%	89%	Q1	93%	94%	92%	91%	90%	Q2	94%	95%	93%	92%	91%	Q3	92%	93%	91%	90%	89%	Q4	93%	94%	92%	91%	90%	Q1	94%	95%	93%	92%	91%	Q2	92%	93%	91%	90%	89%	89.2%																																				
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Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (applicable during 01.04.24-30.06.24 & 01.01-31.03.25)	90%	<table border="1"><thead><tr><th>Period</th><th>2023/24</th><th>2024/25</th></tr></thead><tbody><tr><td>Q1</td><td>88%</td><td>84%</td></tr><tr><td>Q2</td><td>87%</td><td>84%</td></tr><tr><td>Q3</td><td>85%</td><td>84%</td></tr><tr><td>Q4</td><td>84%</td><td>84%</td></tr><tr><td>Q1</td><td>85%</td><td>84%</td></tr><tr><td>Q2</td><td>84%</td><td>84%</td></tr><tr><td>Q3</td><td>85%</td><td>84%</td></tr><tr><td>Q4</td><td>84%</td><td>84%</td></tr></tbody></table>			Period	2023/24	2024/25	Q1	88%	84%	Q2	87%	84%	Q3	85%	84%	Q4	84%	84%	Q1	85%	84%	Q2	84%	84%	Q3	85%	84%	Q4	84%	84%	84.6%																																																																											
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Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%	<table border="1"><thead><tr><th>Period</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th><th>Oct-24</th><th>Nov-24</th><th>Dec-24</th><th>Jan-25</th></tr></thead><tbody><tr><td>Uptake</td><td>55%</td><td>60%</td><td>65%</td><td>68%</td><td>68%</td><td>68%</td><td>68%</td><td>68%</td><td>68%</td><td>68%</td><td>15%</td><td>20%</td><td>40%</td><td>60%</td><td>65%</td><td>68%</td></tr></tbody></table>			Period	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Uptake	55%	60%	65%	68%	68%	68%	68%	68%	68%	68%	15%	20%	40%	60%	65%	68%	68.8%																																																																				
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Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people (applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)	<table border="1"><thead><tr><th>Period</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th><th>Oct-24</th><th>Nov-24</th><th>Dec-24</th><th>Jan-25</th></tr></thead><tbody><tr><td>Spring</td><td>35%</td><td>55%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td><td>65%</td></tr><tr><td>Autumn</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td></tr></tbody></table>			Period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Spring	35%	55%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	Autumn	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	44.4%																																
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Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	<table border="1"><thead><tr><th>Period</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th><th>Oct-24</th><th>Nov-24</th><th>Dec-24</th></tr></thead><tbody><tr><td>Offered</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td></tr><tr><td>Uptake</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td><td>5%</td></tr></tbody></table>			Period	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Offered	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	Uptake	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	1.90%
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Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	<table border="1"><thead><tr><th>Period</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th><th>Oct-24</th><th>Nov-24</th><th>Dec-24</th></tr></thead><tbody><tr><td>Complete</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr></tbody></table>			Period	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Complete	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	97.2%																																		
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Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	<table border="1"><thead><tr><th>Period</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th><th>Apr-24</th><th>May-24</th><th>Jun-24</th><th>Jul-24</th><th>Aug-24</th><th>Sep-24</th><th>Oct-24</th><th>Nov-24</th><th>Dec-24</th><th>Jan-25</th></tr></thead><tbody><tr><td>Conclusive</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr></tbody></table>			Period	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Conclusive	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	96.0%																																
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To Quarter 2, 2024/25 = 2.81% (Predicted performance for 2024/25 = 5.62%)	Quarter 1 to Quarter 2, 2024/25 = 9.50%																																	
CTMUHB % of adult smokers who make a quit attempt via smoking cessation services <table><caption>CTMUHB % of adult smokers who make a quit attempt via smoking cessation services</caption><tr><th>Year</th><th>% quit attempt</th></tr><tr><td>2020/21</td><td>4.0%</td></tr><tr><td>2021/22</td><td>4.5%</td></tr><tr><td>2022/23</td><td>4.5%</td></tr><tr><td>2023/24</td><td>5.62%</td></tr><tr><td>Predicted Performance 2024/25 based on Q1-Q2 data</td><td>5.62%</td></tr></table>	Year	% quit attempt	2020/21	4.0%	2021/22	4.5%	2022/23	4.5%	2023/24	5.62%	Predicted Performance 2024/25 based on Q1-Q2 data	5.62%	<table><tr><th colspan="3">CTMUHB</th></tr><tr><td>Estimated number of smokers</td><td>Estimated % of CTMUHB population who are smokers</td><td>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</td></tr><tr><td>53,900</td><td>14.7%</td><td>2,700</td></tr><tr><td>Number of smokers treated by the smoking cessation service</td><td colspan="2">Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</td></tr><tr><td colspan="3">Q1 - Q2 2024/25</td></tr><tr><td>1516</td><td colspan="2">144</td></tr><tr><td>2.81%</td><td colspan="2">9.50%</td></tr></table>	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	53,900	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 - Q2 2024/25			1516	144		2.81%	9.50%	
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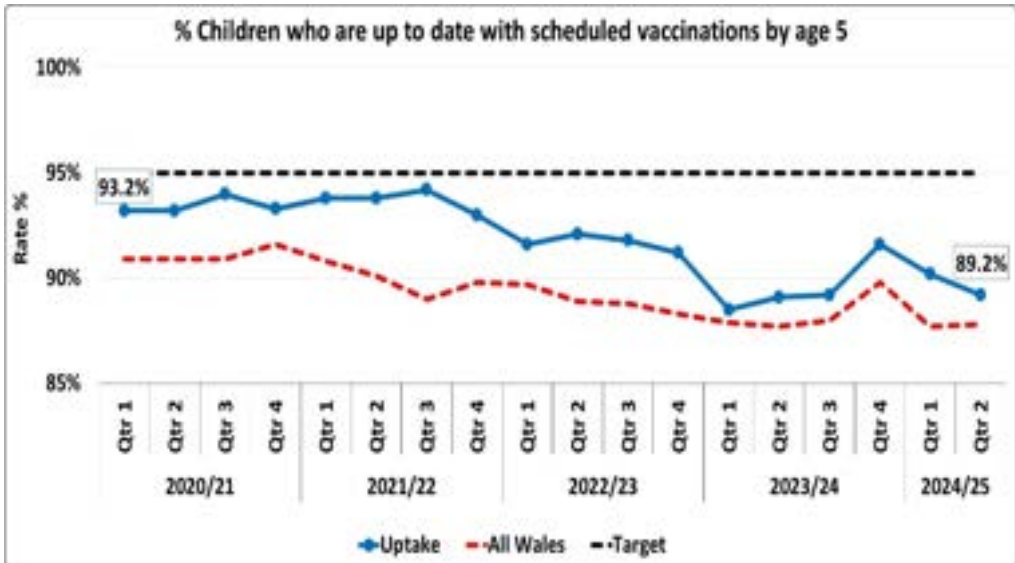
What are the key challenges & actions in delivering smoking cessation targets?

Challenges: Resource - Achievement of the 5% target is limited by the capacity within smoking cessation services. During 2023/24 there was significant work and some additional investment to increase capacity and this resulted in CTM reaching the 5% target for the first time ever. There was a successful effort to increase commissioned Community Pharmacies in actively delivering a smoking cessation service, however we are aware this is very dependent on capacity in this sector with many competing demands. CO validation of 4 week quits: It is proving very challenging to meet this new target and it is unlikely to be met in 2024/25. This is 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 is also useful to note that other Health Boards are experiencing similar challenges in achieving the target. <i>(It should be noted that 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, taking this into consideration the overall quit rate for Q1 & Q2 2024/25 is 47%).</i>	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 this 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 - - Continued support to increase the number of Community Pharmacies delivering smoking cessation & improve quit rates. CO validation of 4 week quits: - Self-reported and CO validated quit data is being collected locally to give a full picture. - The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues, to enable CO validation. - Input to a national review of the Community Pharmacy smoking cessation service specifications and advocate for inclusion of routine CO validation when clients collect their pharmacotherapy which would enable the target to be met. Other actions to develop and promote smoking cessation services include: - Implementation of Help Me Quit (HMQ) in Hospital model, ensuring we support inpatients to stay smoke-free or initiate a quit attempt during their hospital stay. - Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service. - Implementing a communications plan to promote uptake of HMQ services. - Increasing awareness and referrals from Primary Care, including a MECC pilot (Making Every Contact Count) with Optometry practices.

CTMUHB Improving Population Health & Wellbeing

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

Age 5 schedule includes: '4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)



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

Quarter 2 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	89.2%
RCT LA	88.2%
Bridgend LA	91.0%
CTMUHB	89.2%
Quarter 2 2024/25 Welsh HB's Uptake	
ABUHB	85.7%
BCUHB	90.2%
C&VUHB	85.2%
CTMUHB	89.2%
HUHB	86.1%
PTHB	93.0%
SBUHB	89.1%
All Wales	87.8%

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

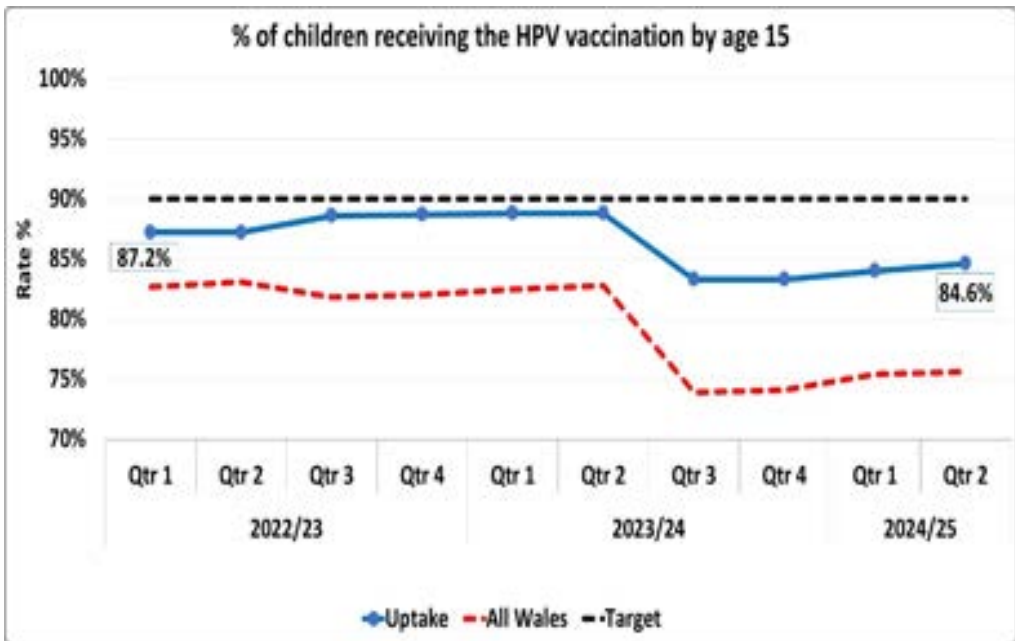
Challenges:

- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities - changes to ages under 5 schedule will affect delivery.
- MMR uptake - Welsh Health Circular (2024) 008, received with the action that every school in Wales with 50 pupils or more on roll, has 90% of its pupils recorded as having received two doses of MMR.
- Influenza - there have been challenges delivering to 3 year olds who attend LA nurseries in Merthyr and RCT areas. The uptake for 2 & 3 year olds is currently 29.9%, primary school is 60.0% and secondary school is 49.3%.
- 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 - out of season training for vaccinators to support schedule changes. Practice Nurse Forum and newsletter used to disseminate relevant information. National work to provide education and resources to support the proposed changes to the childhood schedule is underway.
- MMR uptake - additional work has seen an increase in uptake from this time last year from 90.4% to 92.4%.
- Influenza - work is ongoing to support the uptake of fluenz for 3-year-olds who attend LA nursery setting.
- Data systems - Work in being undertaken at a national level to resolve this.
- Transition from Health Visiting to School Nursing - The ISSAC (Immunisation Standards for School Age Children) and VISs (Vaccine Information Statements) standards are currently being reviewed by VPDP (Vaccine Preventable Disease Programme).

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



(reporting frequency is quarterly, and applicable during 01.04.24 to 30.6.24 & 1.1.25 to 31.03.25)

Quarter 2 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	73.8%
RCT LA	86.5%
Bridgend LA	86.0%
CTMUHB	84.6%
Quarter 2 2024/25 Welsh HB's Uptake	
ABUHB	68.0%
BCUHB	78.2%
C&VUHB	62.1%
CTMUHB	84.6%
HUHB	78.0%
PTHB	78.6%
SBUHB	88.7%
All Wales	75.6%

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

Challenges:

- Communication support - School Nursing Service engaged 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' evenings in secondary schools to raise the profile of all immunisations.
- Consent for immunisation - The School Nursing Service are still using paper consent forms, although work has been ongoing for two years to develop an E-consent system for immunisation. The need is for a system that fulfils functionality and satisfies information governance requirements at both HB, LA and at an all Wales level. E-consent remains a work in progress. A pilot is planned and it is imperative to complete prior to September 2025 Flu campaign. Paper - uptake of paper consent returns remains poor significantly in Comprehensive Flu programme.
- Personal data accuracy (address, contact number, school attended) - Recent Fluenz and MMR catch up programmes has further highlighted that a number of address and contact details are not always up to date.

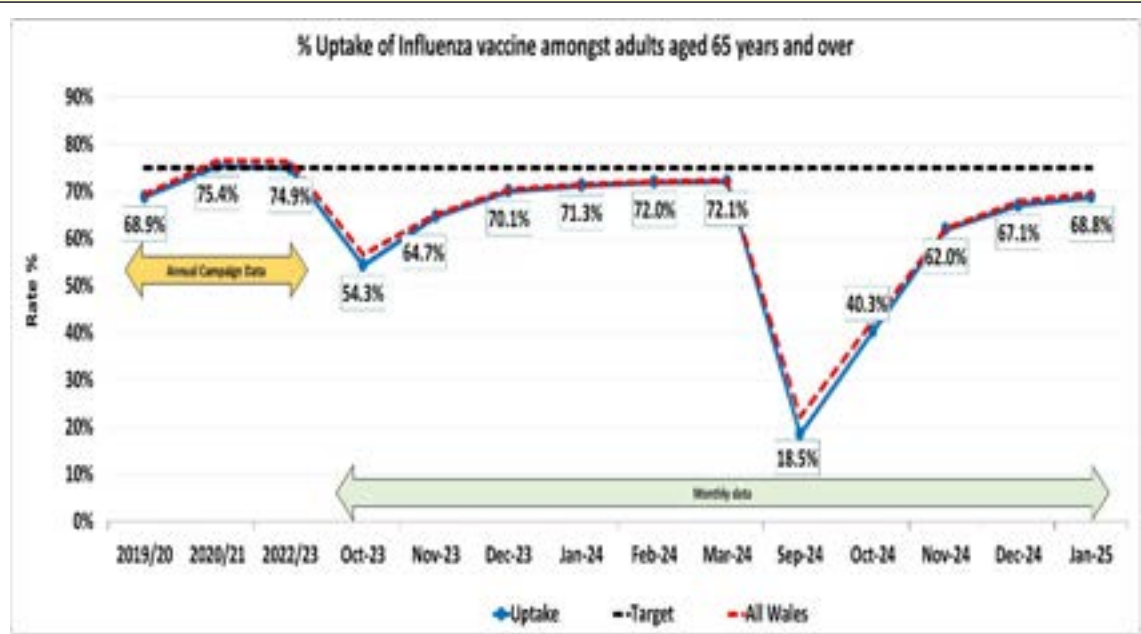
Actions:

- 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 variety of assets and comms 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 numbers 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 August 2024.
- Consent for immunisation - paper: progress has been made by engaging with parents and promoting immunisations on school social media platforms. Verbal consents via phone calls to parent/carers to increase uptake and pupils able to self-consent to immunisations via a Frazer competency assessment in the absence of a consent form. The aim is to ensure very child has an outcome and there are no missed opportunities. E-consent: it remains a priority to replace paper consent with E-consent. Considerable work undertaken with the platform and is now in final testing.
- 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.

CTMUHB Improving Population Health & Wellbeing

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

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



Uptake Welsh HB's January 2025	
ABUHB	72.3%
BCUHB	72.3%
C&VUHB	69.4%
CTMUHB	68.8%
HDUHB	64.1%
PTHB	68.6%
SBUHB	68.1%
All Wales	69.6%

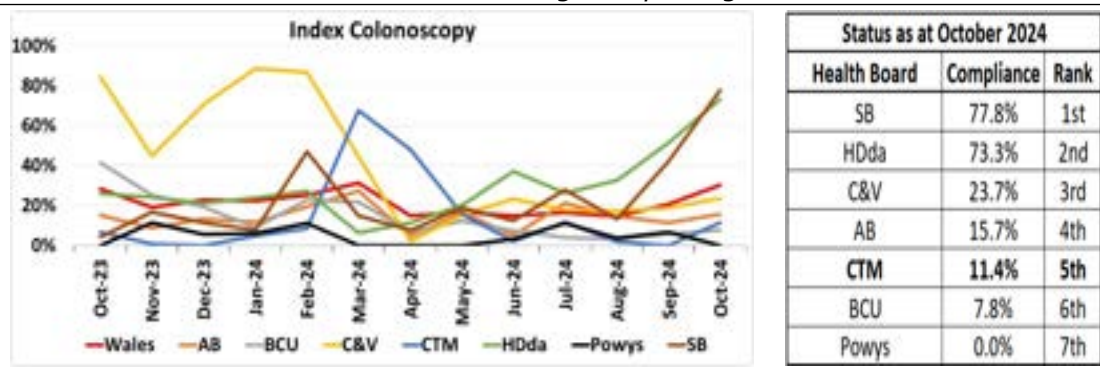
- Challenges:**
- Vaccine fatigue - in line with other HBs, CTM are experiencing a drop in vaccination uptake generally and especially since the pandemic. Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
 - Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 1st October 2024, several weeks later than usual.
 - Demand on vaccination services - there are continued changes to programme scheduling and introduction of new vaccination programmes including RSV and the bringing forward of the Fluenz programme putting additional pressure on primary care.
 - Uptake of Flu and COVID-19 - poor uptake for care home & health board staff and those who are immune-suppressed, under 65's clinically at risk in 2023/24 and is being monitored throughout 2024/25
 - Community pharmacies - limited clinical space and continuing workforce challenges will likely require some pharmacies to balance provision of vaccination services against rising demand for other clinical services. Some pharmacies with low vaccination numbers may withdraw provision now it is no longer a mandatory service.
- Actions:**
- Vaccine fatigue - ensure consideration for vaccine equity in all programme planning and increased communication.
 - Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) - recruitment into the health protection system will add some resource, but will not alleviate all the vaccination pressures in GP practices.
 - Demand on vaccination services - maintain multi professional collaboration.
 - Uptake of flu and COVID-19 - offer of flu champion training was taken up by several care homes, but unfortunately not by primary or secondary care services.
 - Collaboration and programme alignment - multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging to support the optimisation of flu uptake; immunisation awareness sessions undertaken with multiple disciplines.
 - CTM to support national work on community pharmacy premises improvement grants.
 - CTM to encourage pharmacy technicians to engage with HEIW vaccinator accreditation framework and increase the number of vaccinators available within community pharmacies.

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appoint. - Target 90% - Dec 2024 = 1.94%



Please note there is a time lag in reporting of 2-3 months



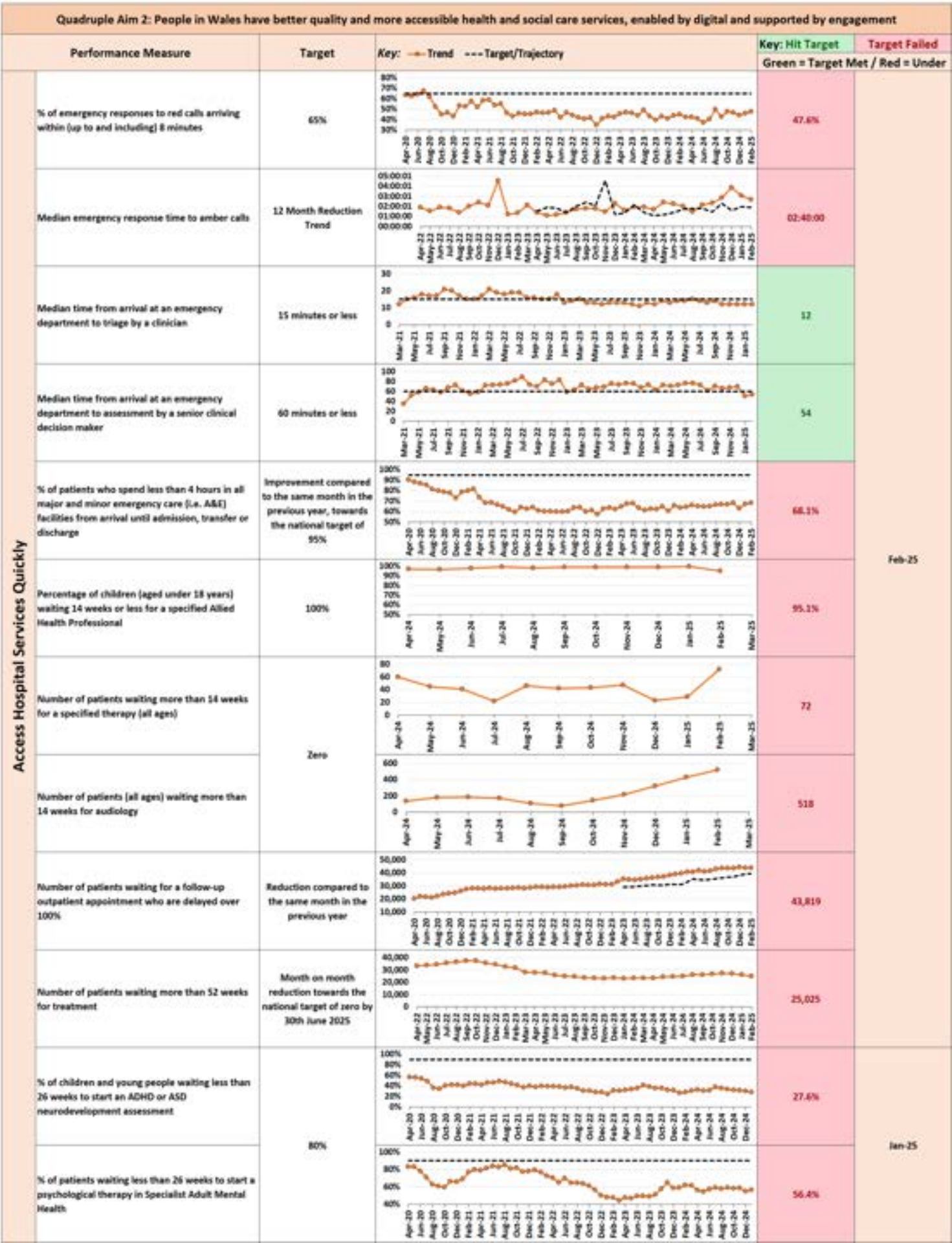
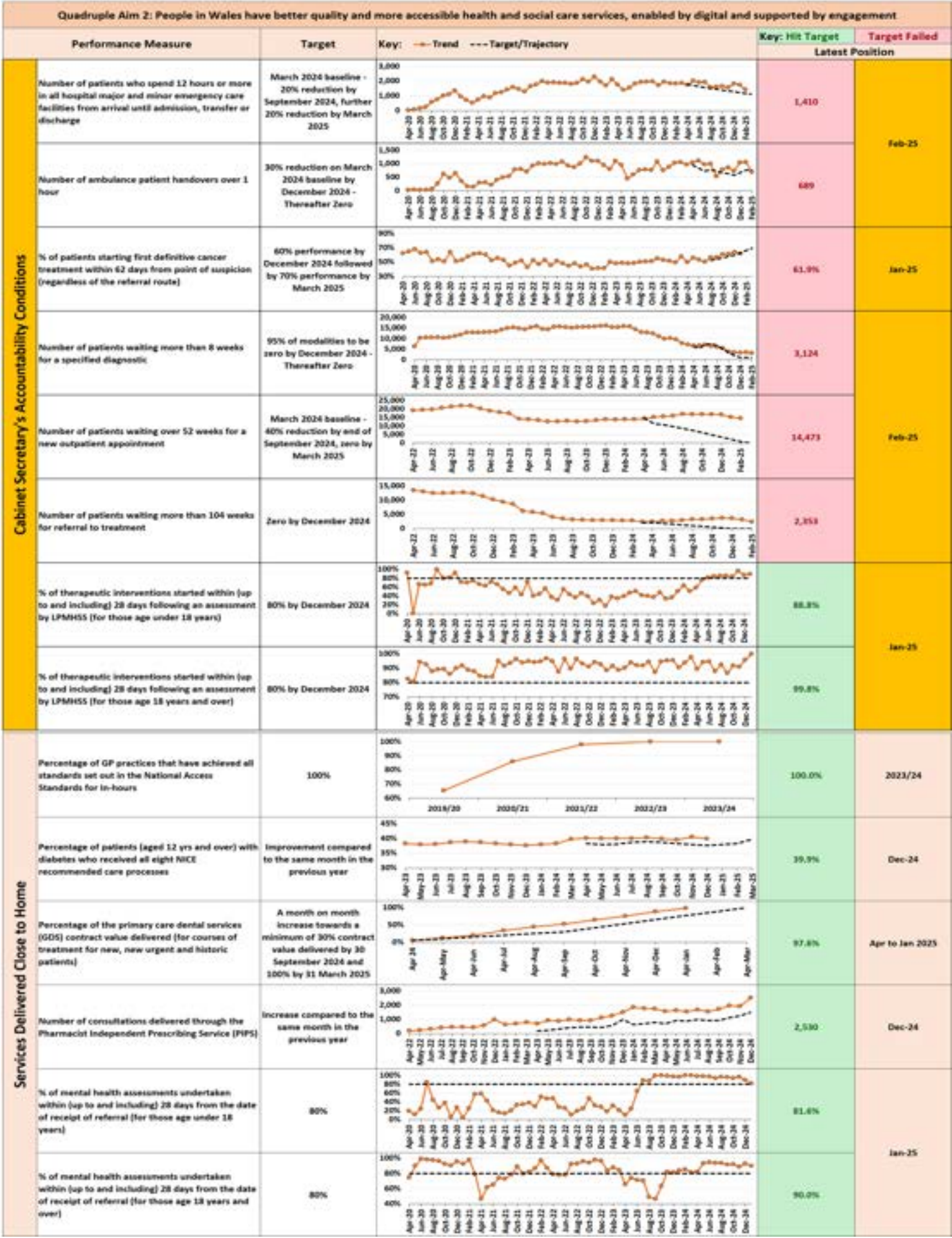
How are we doing & what actions are we taking? Low compliance in recent months is due to SSP sickness absence delaying assessments and the limited amount of BSW Endoscopists we have within CTM. We have also had sickness across the limited BSW Endoscopist Team.

As of the 12th March 2025 there were 114 patients waiting for an index colonoscopy, of which, 103 have a booked appointment. Unfortunately, 81 patients will have waited longer than 4 weeks for their procedure and of these, 12 patients over 8 weeks.

- The operational challenges that have an impact on activity are:**
- Participant, patient choice and refusal remains an issue when booking dates across CTM.
 - Providing cover for periods of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies - continues to be monitored.
 - Uptake and current conversion to surgery continues to be monitored and escalated.

- Actions being taken:**
- Use of Text Remind and Broadcast Messenger to manage patient choice and reduce refusal of offer and DNA rates.
 - Insourcing - completed and supported backlog clearance.
 - Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
 - Sustainability plan is ongoing to increase core lists to meet optimisation steps.
 - Working with theatre services to develop robust general anaesthetic provisions.

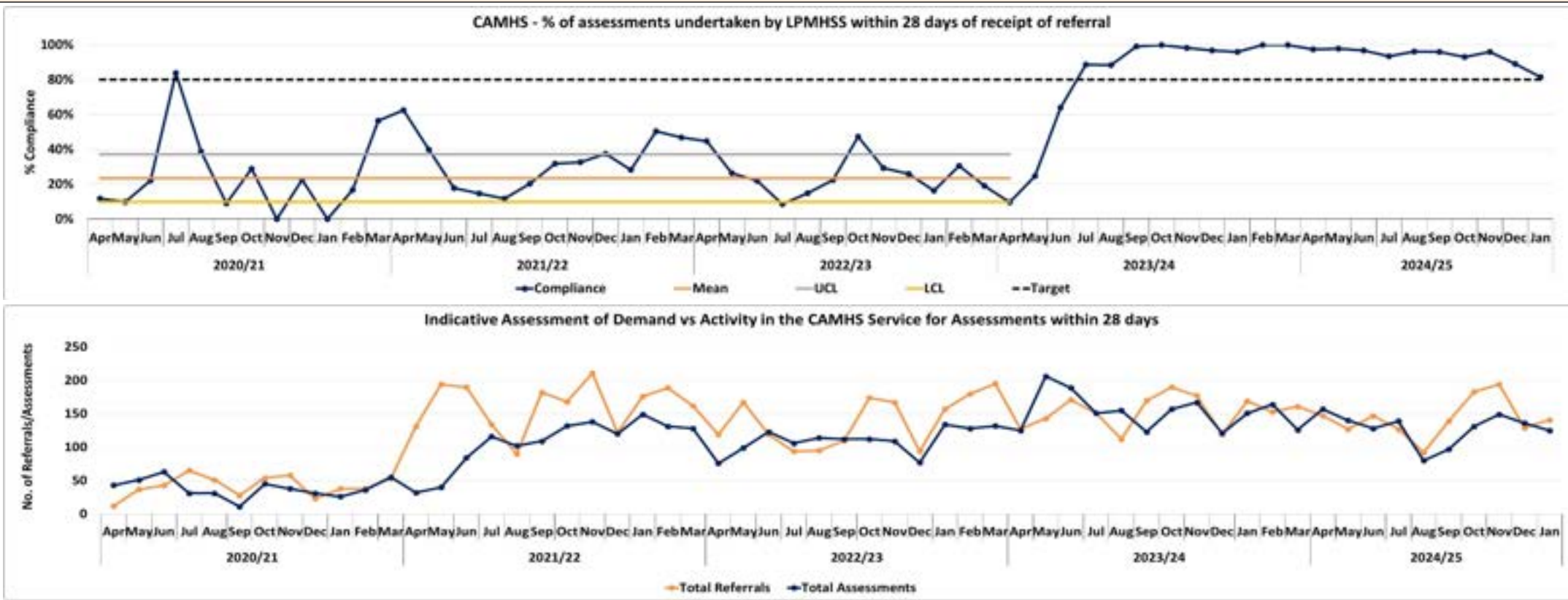
2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services





CTMUHB Mental Health & Learning Disabilities Care Group
CAMHS & Specialised Services – January 2025

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (81.6%) - Target 80%



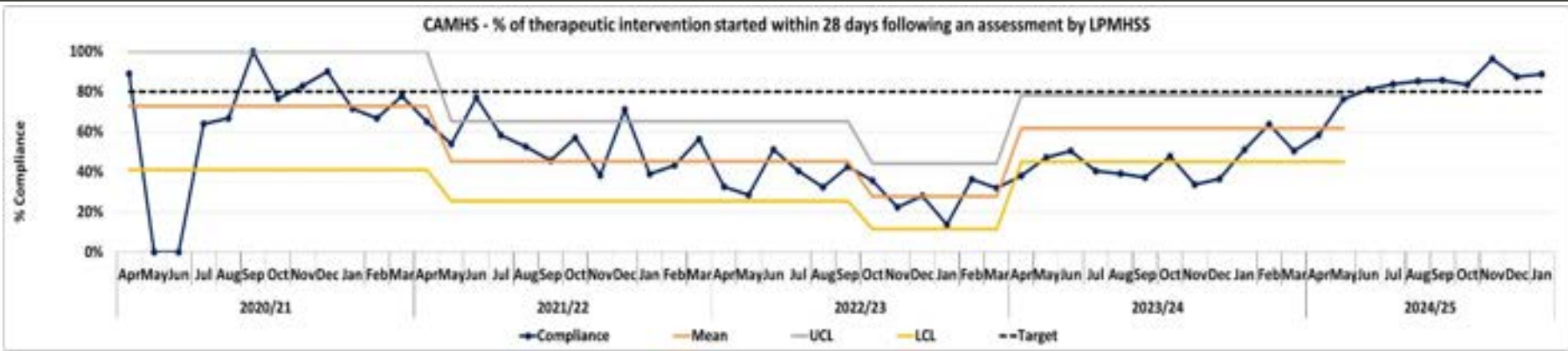
Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance had notably improved in this area of the CAMHS service since the summer of 2023, although the last two months has seen a fall in compliance, currently standing at 81.6%, but continuing to exceed the WG target of 80%.

As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month with the exception of August 2024.

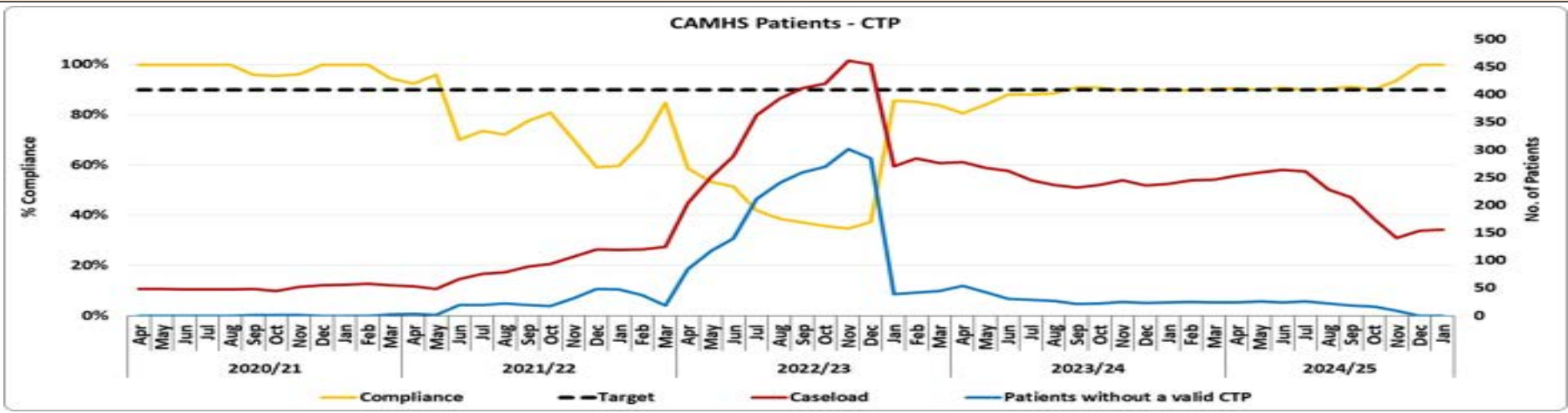
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (88.8%) - Target 80%

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 88.8% during January and continues to surpass the WG set target of 80%.

The Directorate is continuing to develop its local groups and the digital SilverCloud offer. The Qlik information system is supporting the Directorate to monitor compliance on a real time basis which is helping to manage compliance and maintain the achievement of the set target.



% 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 observed a compliance rate of 100% during January; above the WG standard of 90% for the second consecutive month.

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

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1 (a & b) and 2 of the Mental Health Measure. This has delivered improvement in all three areas with additional work required on Part 1b (therapeutic interventions).
- Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. Demand & capacity training has helped us to focus on this area.
- Part 1b:** We are working with the Third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions. We have ten groups starting each month which are being delivered in each of the three local authority areas. Referrals to the SilverCloud digital platform are increasing and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive, which is helping to improve compliance in all areas and in a sustainable way.

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

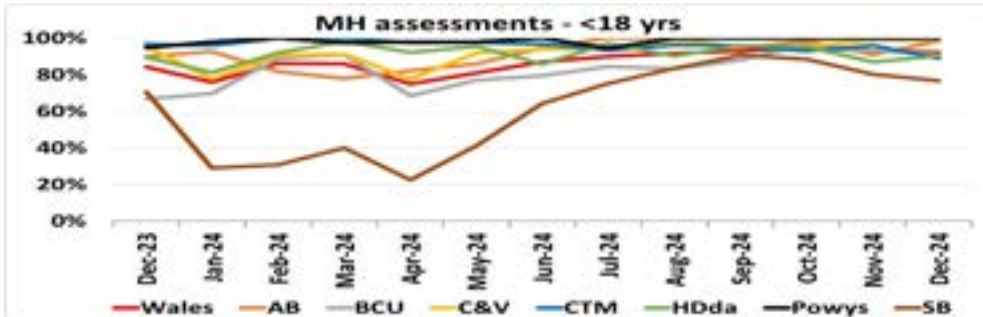
Outputs of improvements:

- 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 January we had 114 patients on the waiting list, which is a decrease on the previous month, with the average waiting time remaining at 3 weeks.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in January was 72, with the average waiting time also being 3 weeks.
- As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.
- The introduction of referral-based access to the online digital platform SilverCloud early last year further helped with interventions.
- 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.

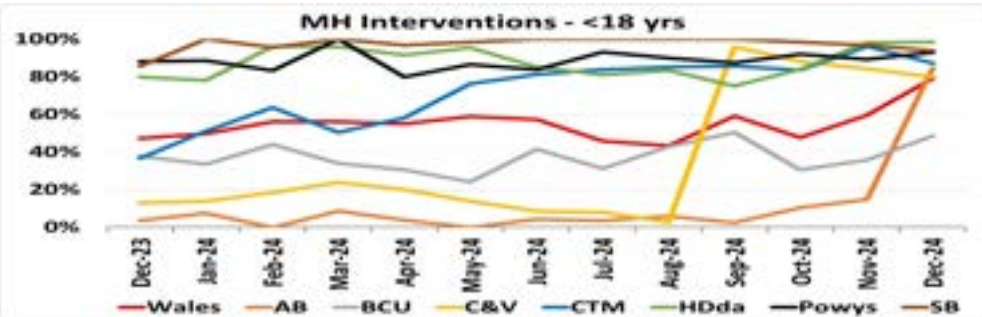
Main areas of risk:

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

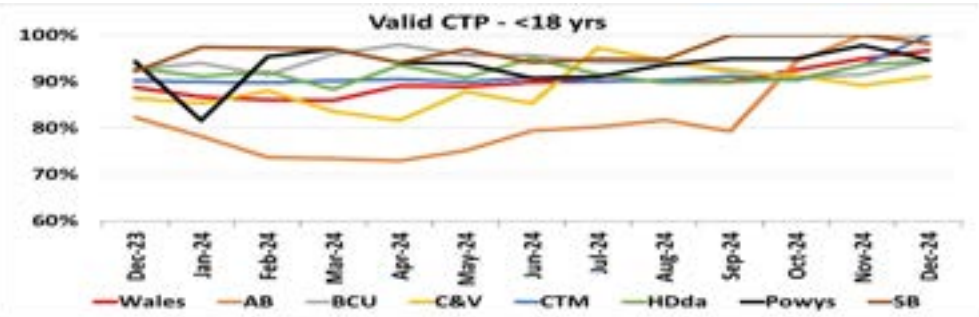
How do we compare with our peers?



Status as at December 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
C&V	99.1%	2nd
AB	98.7%	3rd
BCU	91.0%	4th
HDda	90.3%	5th
CTM	89.0%	6th
SB	76.8%	7th

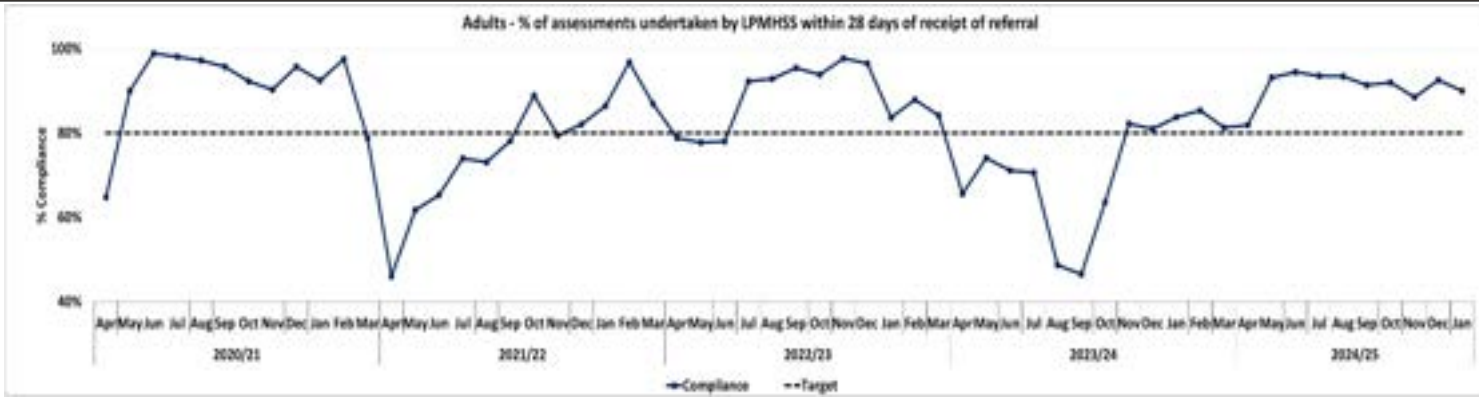


Status as at December 2024		
Health Board	Compliance	Rank
HDda	98.3%	1st
SB	93.8%	2nd
Powys	92.9%	3rd
CTM	87.3%	4th
AB	84.7%	5th
C&V	80.0%	6th
BCU	48.5%	7th



Status as at December 2024		
Health Board	Compliance	Rank
AB	100.0%	1st
CTM	100.0%	1st
SB	98.3%	3rd
Powys	94.8%	4th
BCU	94.6%	5th
HDda	94.6%	5th
C&V	91.1%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (90.0%) - 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 January was 90% and continues to stand above the WG target of 80%.

Referrals during the month increased to 1,010, which is 38% higher than the 12 month average of 731 and similar to the volumes seen pre-Covid.

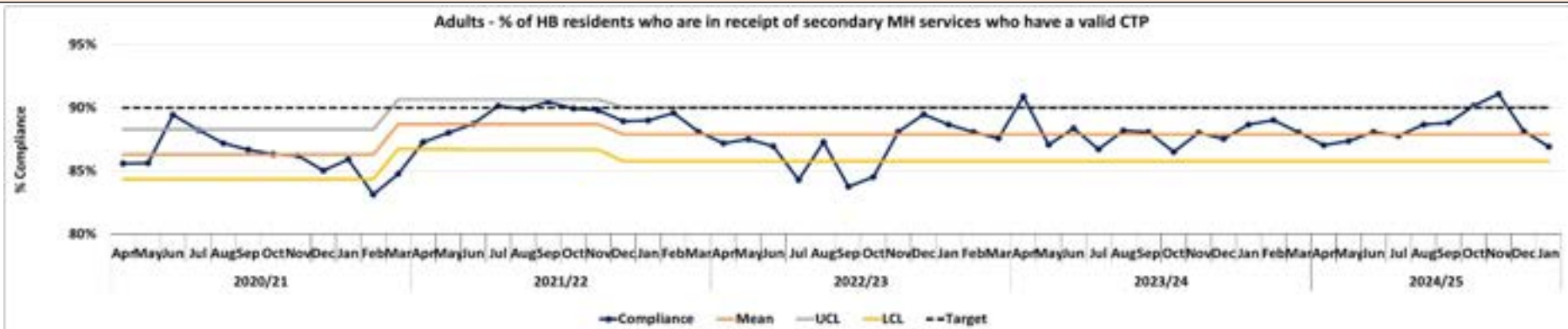
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (99.8%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during January was 99.8% and continues to surpass the WG target of 80%.

During the month, all but one of the 406 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (86.9%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance of 86.9% during January, falling below the 90% WG standard for the second consecutive month.

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

% of patients waiting less than 26 weeks to start a Psychological Therapy (56.4%) - Target 80%

During January, Psychological Therapies compliance was 56.4%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has fluctuated between 54.4% and 62.1%.

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 January the waiting list stood at 883 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 813 and 918 patients.



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

How are we doing?

Part 1a: During January, performance across all teams continued to remain above target and we are continually monitoring demand and plans for anticipated increase during winter months.

Part 1b: Performance continues to be above target at 99.8%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 86.9% and compliance for the services is shown below:

- Adult Services – decreased slightly to 85.5%
- Older Adult Services – also decreased slightly to 90.5%
- Learning Disability Services – improved from 84.09% to 92.13%

Psychological Therapies:

Older Adults Psychological Therapies

- The overall position for Older Adult Psychological Therapies waiting list for January stands at 18 and those service users waiting over 26 weeks equates to 11 service users.

Adult Psychological Therapies

- The Adult Psychological Therapies waiting list currently includes four service areas LPMHSS, CMHTs, DBT and Family therapies. The overall waiting list position for January stands at 850 patients, which is a slight increase from the previous month. The current performance data stands at 56% of service users waiting less than 26 weeks, this is a slight increase from the performance data of 54% in December, but continues to remain below the WG target of 80%.

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

Part 1a: Focus on sickness management where we experience high levels of absence and strategic review of staff with frequent or long absence.

- Review of IT systems to support proactive performance management of the service through Qlik BI tool.
- Demand and capacity work – review of job plans to identify enough capacity.
- Review data input & reporting. Ensure ongoing validation & management with weekly review meetings.
- Where possible appointments are being offered in nearby teams to ensure there is a balance. This is proving effective in reducing the amount of breach appointments in certain areas, thus reducing the time taken to improve compliance as staff return from sickness absence.

Part 2: Performance for both Adult and Older Adult Services declined compared to the previous month, but only Adult Services is below the 90% target. The proportion of Adult Service residents who have a valid Care Treatment Plan, varies by the lead practitioner. Performance improvement requires continued data monitoring and engagement service wide. There has been a delay in rolling out an updated data monitoring tool, however, interim measures have been put in place to ensure teams receive the data they require until a solution is found.

Psychological Therapies:

Older Adult Psychological Therapies - At January there are no patients waiting >52 weeks. Patients from the Bridgend area are waiting longer due to vacancies and maternity leave. A new therapist is commencing March and a therapist also returning from maternity leave with a trainee Clinical Psychologist now based at Bridgend and a trainee CAP's for 1 day per week. These staff changes will have a positive effect on the waiting list and we will see the full effects of this in April.

Adult Psychological Therapies - Patients waiting for face to face contact could not be allocated to ProblemShared remote therapy. Due to timescales provided, NHS Exec bids could not target the longest waiters. Vacancies and longest waiting patients within CMHT are waiting for qualified psychologist input.

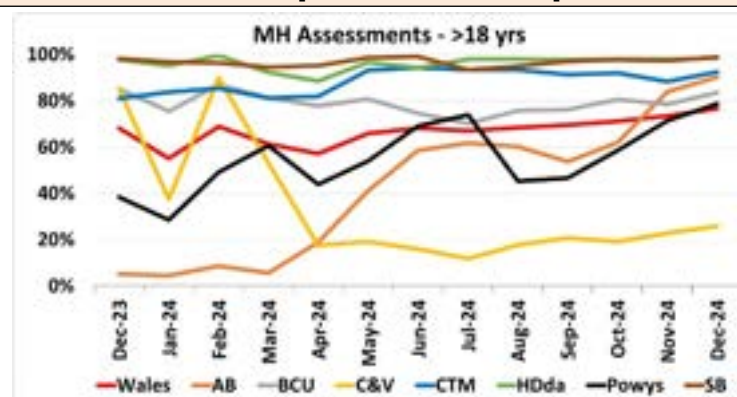
Actions taken to improve position:

- Further capacity with the use of locums until end March in LPMHSS.
- ProblemShared - remaining sessions have been optimised by enrolling LPMHSS service users.
- Psychological therapies has been highlighted in the Adult directorate IMTP for 2025/26.
- Draft workstreams include: policies & procedures, data quality & reporting, demand & capacity, waiting list improvement.
- Recruitment to vacancies

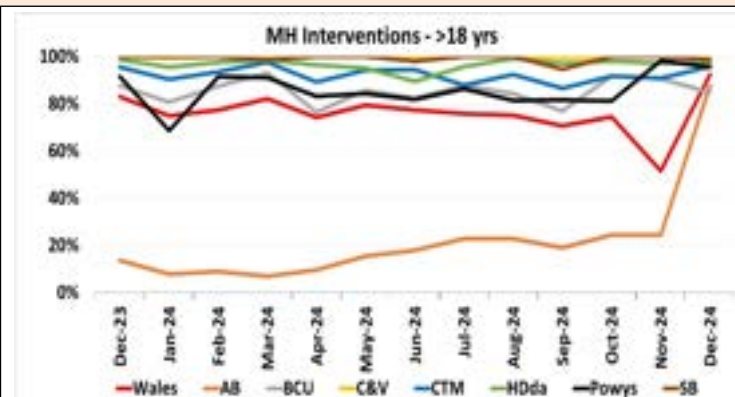
Future Concerns

- All ProblemShared remaining sessions have now been optimised. No further capacity remaining, and contract ends 31st March.
- Locum contracts will cease end of March.

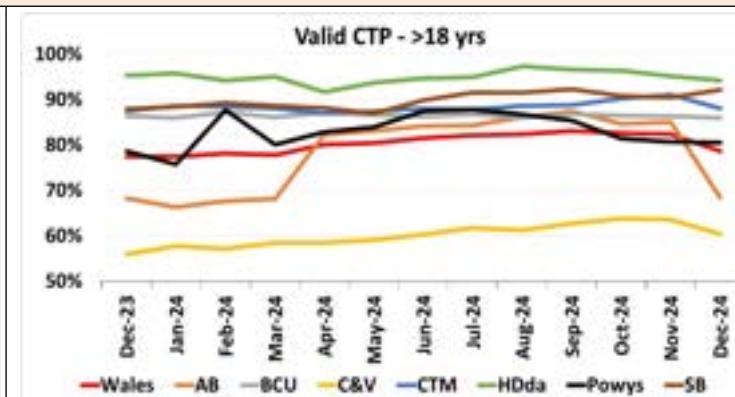
How do we compare with our peers?



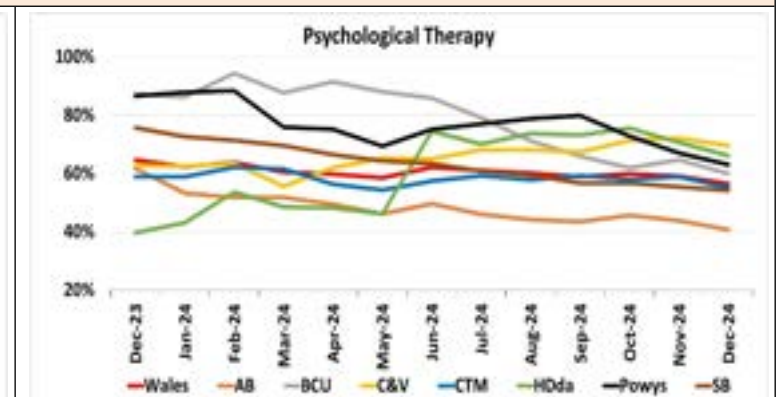
Status as at December 2024		
Health Board	Compliance	Rank
SB	99.1%	1st
HDda	98.4%	2nd
CTM	92.6%	3rd
AB	90.3%	4th
BCU	83.6%	5th
Powys	78.7%	6th
C&V	25.8%	7th



Status as at December 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	98.7%	2nd
HDda	97.5%	3rd
CTM	95.8%	4th
Powys	95.6%	5th
AB	87.7%	6th
BCU	84.8%	7th



Status as at December 2024		
Health Board	Compliance	Rank
HDda	94.2%	1st
SB	92.2%	2nd
CTM	88.1%	3rd
BCU	86.0%	4th
Powys	80.6%	5th
AB	68.4%	6th
C&V	60.4%	7th



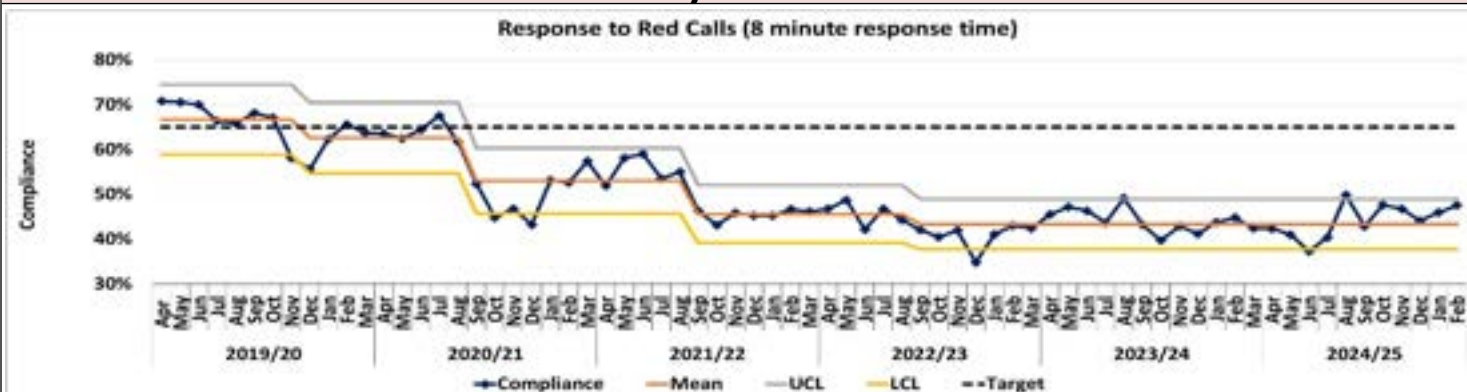
Status as at December 2024		
Health Board	Compliance	Rank
C&V	69.5%	1st
HDda	66.2%	2nd
Powys	63.1%	3rd
BCU	60.0%	4th
CTM	55.0%	5th
SB	54.1%	6th
AB	40.8%	7th



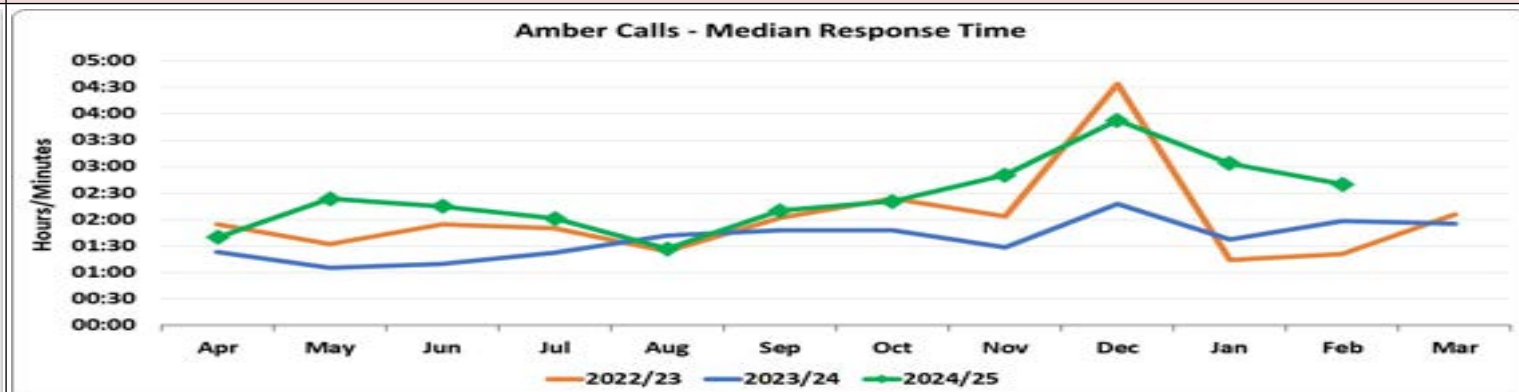
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – February 2025

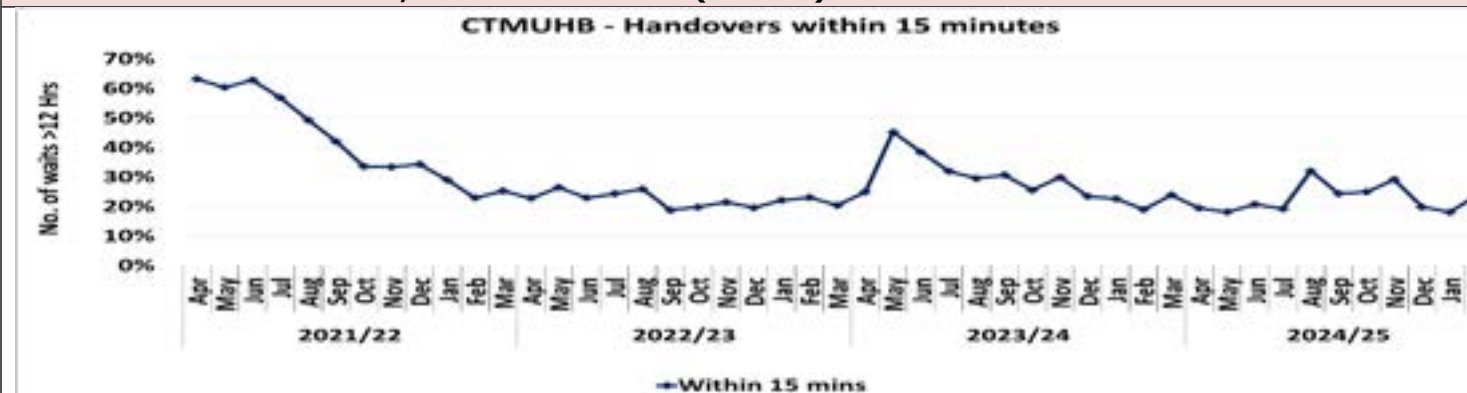
% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
February 2025 – 47.6%



Median emergency response time to Amber Calls – Target is 12 month reduction trend
February 2025 – 2 hours 40 minutes



% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.
Total handovers – 1,742 of which 417 (23.9%) of handovers were within 15 minutes

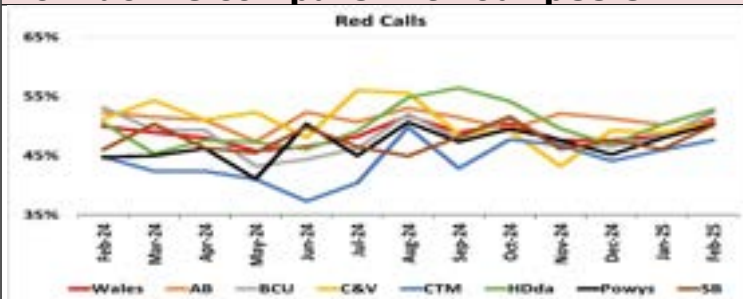


Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024. Thereafter Zero
689 handovers were over 1 hour (60.4% of handovers were within 1 hour)

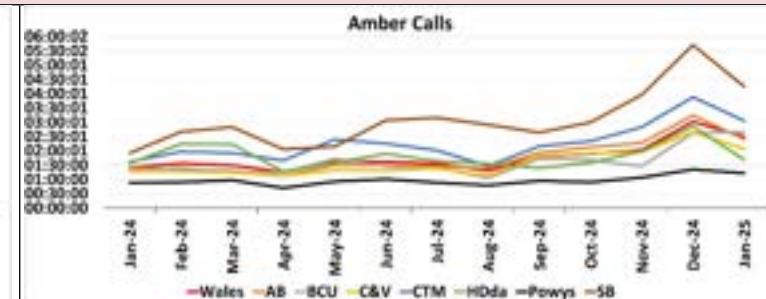


Period	Handovers	PCH % <15 mins	% <60 mins	Handovers	RGH % <15 mins	% <60 mins	Handovers	POW % <15 mins	% <60 mins	Total Handovers	CTMUHB % <15 mins	% <60 mins
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%
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%

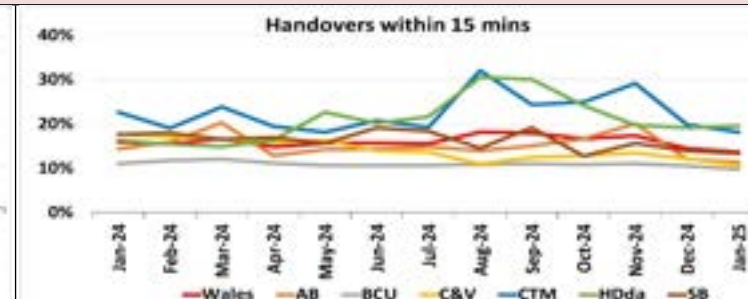
How do we compare with our peers?



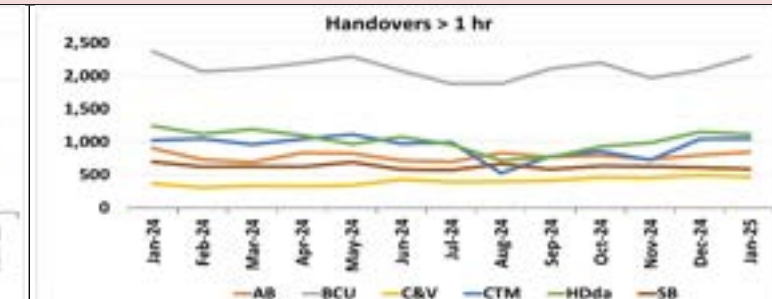
Status as at February 2025		
Health Board	Compliance	Rank
AB	52.7%	1st
HDda	52.7%	2nd
BCU	52.3%	3rd
C&V	50.6%	4th
Powys	50.3%	5th
SB	50.1%	6th
CTM	47.6%	7th



Status as at January 2025		
Health Board	Compliance	Rank
Powys	01:13	1st
HDda	01:41	2nd
C&V	02:04	3rd
AB	02:24	4th
BCU	02:39	5th
CTM	03:03	6th
SB	04:15	7th



Status as at January 2025		
Health Board	Compliance	Rank
HDda	19.5%	1st
CTM	18.1%	2nd
SB	13.3%	3rd
AB	11.3%	4th
C&V	10.6%	5th
BCU	9.7%	6th



Status as at January 2025		
Health Board	Compliance	Rank
C&V	466	1st
SB	588	2nd
AB	848	3rd
CTM	1,050	4th
HDda	1,117	5th
BCU	2,296	6th

Emergency Ambulance Services continued overleaf:



How are we doing?

Response to Red Calls per WAST Operational Area				
Feb-25	Total Responses	Responses within 8 mins	% within 8 mins	12 Month Average
Merthyr	150	94	62.7%	57.7%
RCT	383	158	41.3%	39.5%
Bridgend	243	117	48.1%	43.4%
CTM	776	369	47.6%	44.1%

Response to Red Calls: Response times to life-threatening calls for the CTM area during February was 47.6%, with the 12 month average being 44.1%. Compliance continues to remain low with the volume of Red Calls during February totalling 776; similar to the twelve month average, but 20% higher than the equivalent period of 2024.

The National compliance was 51.1% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes, with CTM continuing to receive the poorest response times out of all the other health boards in Wales during February.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 2 hours and 40 minutes during February; almost half an hour shorter than the previous month, but around 40 minutes longer than the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 232 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During February ambulance conveyances to ED totalled 1,742, which is 17.6% (371) fewer than the equivalent period of last year. Performance against the 15 minute handover remains low at 23.9%, with the number of patients and ambulance crews detained longer than an hour totaling 689. The 12 month average is 897 patient breaches, which is around 6% higher than the equivalent time span of the previous year (Mar 23 to Feb 24).

During February there were a total of 1,927 hours lost to the ambulance service following notification to handover at our emergency departments, representing a 49% (1,847 hours) reduction on the same period of 2024 (*waits longer than 15 minutes are counted*).

Hospital Handovers in minute time groups								
Feb-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	123	126	83	57	108	65	77	639
RGH	227	86	93	57	130	74	120	787
POW	67	63	47	24	52	27	36	316
CTM	417	275	223	138	290	166	233	1,742

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 39 during January. The ED services were able to meet all but two of those requests (94.9%), with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-24	21	21	100.0%	12	11	91.7%	12	11	91.7%	45	43	95.6%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%
Aug-24	11	10	90.9%	4	4	100.0%	8	8	100.0%	23	22	95.7%
Sep-24	9	9	100.0%	10	10	100.0%	12	11	91.7%	31	30	96.8%
Oct-24	23	23	100.0%	10	10	100.0%	6	6	100.0%	39	39	100.0%
Nov-24	16	16	100.0%	11	10	90.9%	3	3	100.0%	30	29	96.7%
Dec-24	18	18	100.0%	18	17	94.4%	10	9	90.0%	46	44	95.7%
Jan-25	11	11	100.0%	19	18	94.7%	9	8	88.9%	39	37	94.9%

Please note that due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most reliable data available is to end of January 2025.

What actions are we taking & when is improvement anticipated?

- Site and USC collaborative approach to the development of the One Hour 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. Exploring funding to extend.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Delivery Plan and Improvement Targets, including;
 - Improvement in 4 hour handover by April 2025
 - 80% of patients handed over within 1 hour by July 2025
 - 100% of patients handed over within 4 hours by July 2025
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
 - Nav Hub/Care Home pathway development
 - SDEC
 - Extend UTC
- Implementation of Strategic Transformation of Acute Medicine Programme (STAMP) across all 3 acute sites.
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment.
 - Invest to Save Request to Uplift Medical Workforce business case submitted for PCH
 - Recruitment of 2 Specialty Doctors and 2 Junior Clinical fellows in PCH and RGH
 - Paediatric Emergency Medicine Consultant post out to advert in PCH

What are the main areas of risk?

- Although some additional uncommissioned capacity areas have closed, some areas remain open across all sites, but is under daily review by Directorate Management Team.
- System flow remains highly impacted by capacity within social care.
- Persistent high escalation levels across all sites.
- Clinical Decision Making capacity is insufficient to meet demand in line with WG targets. Subsequently there is a heavy reliance on locum and agency staff to support rotas across the three Emergency Departments.

Emergency Unit Waits – February 2025 (Provisional Position) - Total Attendances = 16,114

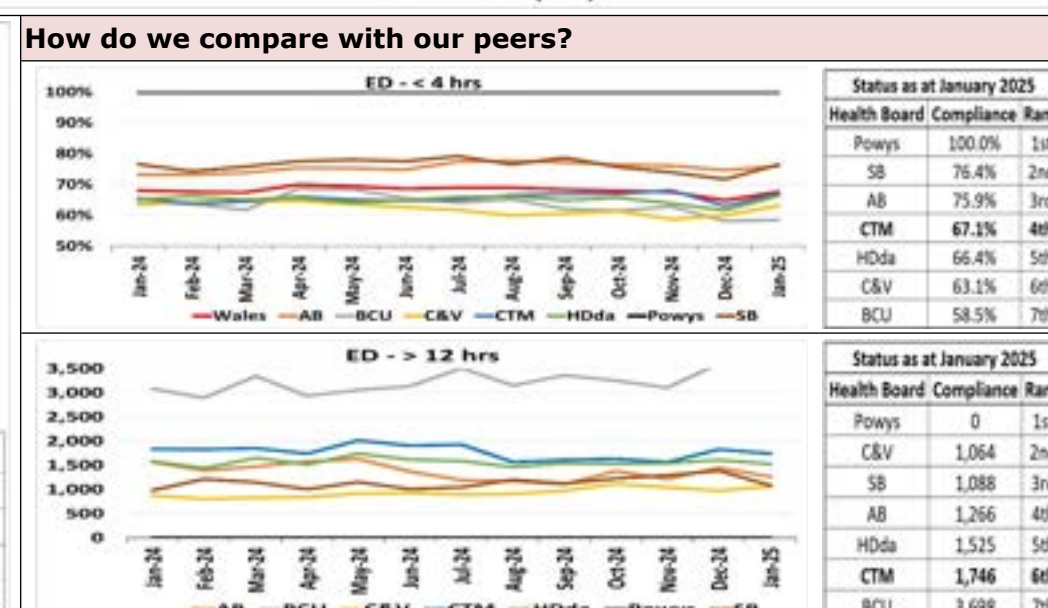
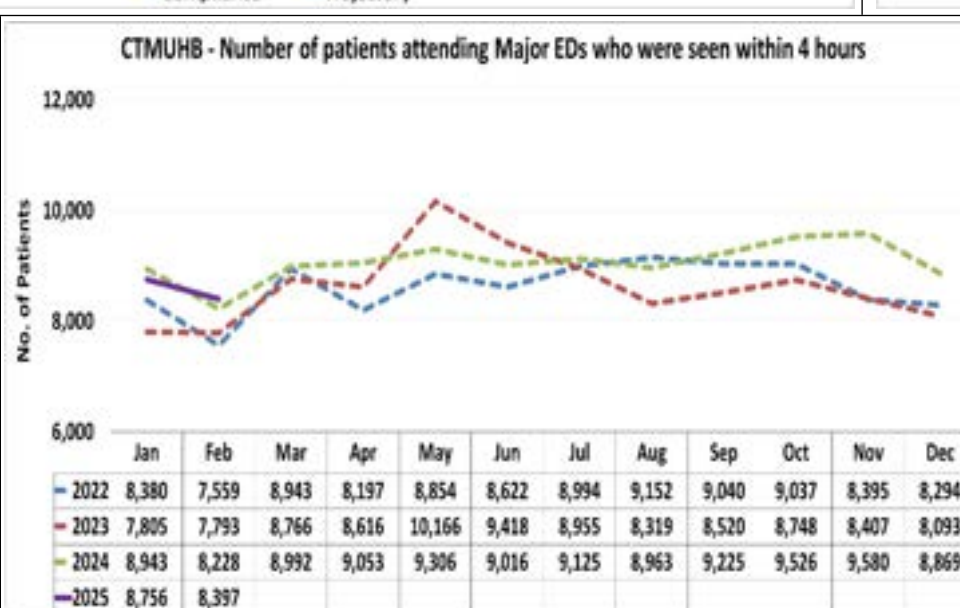
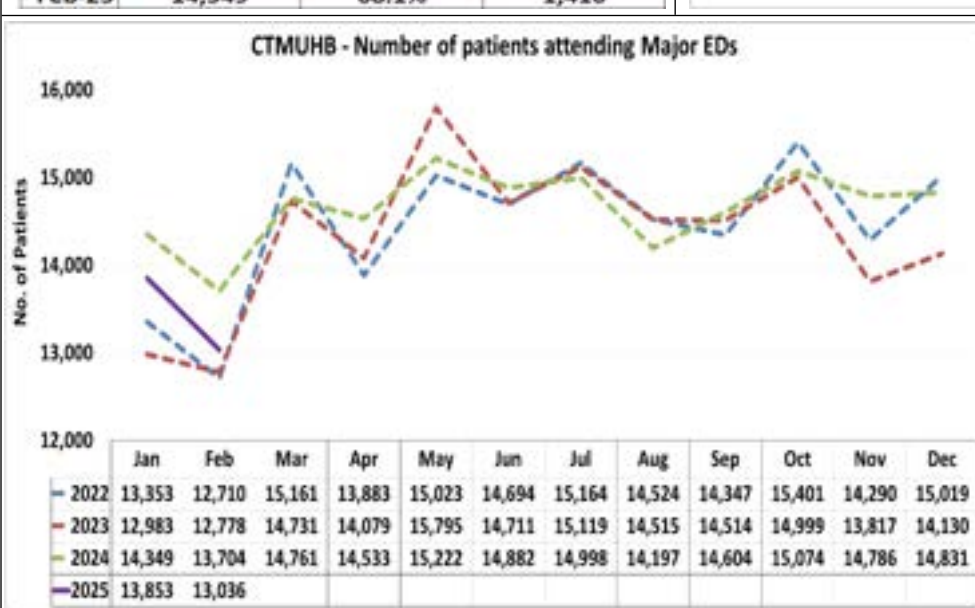
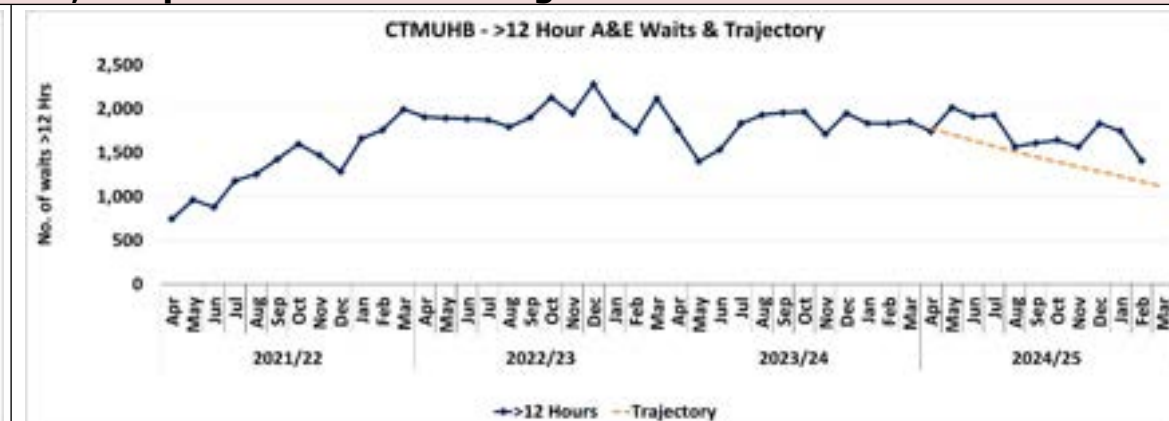
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.

68.1% were seen within 4 hours (Patients Waiting >4 hours 4,642)

1,410 patients were waiting over 12 hours

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,181	66.1%	1,745
May-24	16,947	65.0%	2,015
Jun-24	16,649	64.8%	1,914
Jul-24	16,808	65.1%	1,928
Aug-24	15,640	66.5%	1,569
Sep-24	16,240	66.9%	1,610
Oct-24	16,822	67.0%	1,642
Nov-24	16,334	68.1%	1,566
Dec-24	16,096	63.0%	1,832
Jan-25	15,508	67.1%	1,746
Feb-25	14,549	68.1%	1,410



How are we doing?

The chart above shows that throughout February the total number of ED attendances at our three acute hospital sites was lower (around 5%) than those observed during February 2024, but 2% (258) more than the same period of 2023. Overall numbers of Minor Injuries and ED attendances totalled 14,549 and is 3.7% lower than those observed during the equivalent period of last year (15,105).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during February is provisionally 68.1%, which as it currently stands is around 4 points higher than the performance seen during February 2024, but continuing to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,410 patients were waiting in excess of 12 hours and for the past year the rate of 12 hour patient breaches has been around 11% of the total attendances and we continue to sit outside of our desired trajectory.

What actions are we taking & when is improvement anticipated?
1. Identify the problem: The first step is to identify the specific problem or area for improvement. This involves gathering data, conducting research, and consulting with stakeholders to understand the current state and the desired outcome. 2. Analyze the problem: Once the problem is identified, the next step is to analyze its root causes. This involves breaking down the problem into smaller, manageable components and identifying the underlying factors contributing to the issue. 3. Develop a plan: After analyzing the problem, a plan must be developed to address the issue. This plan should outline the specific actions to be taken, the resources required, and the timeline for implementation. 4. Implement the plan: The next step is to implement the plan. This involves executing the actions outlined in the plan, monitoring progress, and making adjustments as needed. 5. Evaluate the results: Once the plan has been implemented, the next step is to evaluate the results. This involves comparing the actual outcomes to the desired outcomes and identifying any gaps or areas for further improvement. 6. Communicate the results: Finally, the results of the improvement process should be communicated to all stakeholders. This involves sharing the findings, the actions taken, and the outcomes achieved.

- Weekly pan CTM senior team meetings established, supported by robust action plans with a view to the standardisation of ways of working and clinical pathways where possible.
- Introduction Urgent Treatment Centre (UTC) at PCH from 1st November. This is starting to improve patient experience and ED performance/waiting times.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Implementation of STAMP across all 3 acute sites.
- Development of ED Internal Professional Standards
- Developing plans for additional ACP post to support 7/7 Acute Medicine in RGH and PCH
- Developing plans to also support additional COTE consultant to provide “Front Door Frailty” at PCH
- Formulations of ED Delivery Plan and Improvement Targets, including:
 - 50% reduction in 12 hour ED waits by July 2025
 - Zero tolerance for patients waiting >48 hours

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.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments. This will reduce as recruited posts receive start dates and further invest to save opportunities are realised.



CTMUHB Unscheduled Care Group
Hip Fracture – Key Steps in Recovery From Injury

Data sourced from the National Hip Fracture Database (NHFD)

Improvement actions & risks

Data reported Quarterly – latest period to December 2024

(please note that the information below is updated quarterly – next update is expected shortly)

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of December 2024 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database

Key Steps	KPI - Expected WG target of 75%		Wales Average	NHFD overall performance	PCH	RGH	POW
					Average cases		
					231	318	228
Getting to the right place	0	Admission to specialist ward	13%	9%	36%	8%	33%
	1	Prompt orthogeriatric review	72%	89%	0%	0%	56%
Getting up after surgery	2	Prompt surgery	55%	58%	71%	55%	80%
	3	NICE compliant surgery	67%	70%	54%	70%	59%
	4	Prompt mobilisation	75%	82%	62%	57%	73%
	5	Not delirious post op	60%	66%	0%	1%	77%
Getting back home again	6	Return to original residence	75%	74%	75%	65%	74%
	7	Bone medication	58%	51%	1%	12%	52%

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

KPI	PCH	RGH	POW
0. Admitted to specialist ward - With nerve-block within 4 hours.	We endeavour to keep a dedicated hip fracture bed on the orthopaedic ward. Once a hip fracture is diagnosed 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.	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.
1. Prompt orthogeriatric assessment - Assessed by a senior geriatrician (ST3+) within 72 hours of presentation.	Awaiting recruitment of orthogeriatrician. Business case near completion.	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. Discuss at next Strategic Frailty Fracture Group.	There has been a notable improvement since the appointment of the Orthogeriatric consultant. It will take time to reflect this on yearly rolling data. We are currently achieving the target and more than 75% of patients receiving prompt Orthogeriatric assessment in scheduled time. Only one orthogeriatrician on site so there is no other senior doctor cover when away on holidays or otherwise.
2. Prompt surgery - Surgery by the day following presentation with hip fracture.	We have an all day trauma list six days a week and most bank holidays (Saturday all day trauma lists and BHs have only happened over the last year). This has improved our efficiency in getting patients to theatre quickly.	Pt flow and bed availability an issue. No Saturday trauma list. No pre-op orthogeriatrician input. Discussed at local Audit meeting. Discuss at next Strategic Frailty Fracture Group.	We are looking into the theatre time utilisation at the moment and reasons of poor performance. Some of recurring themes are: Staff shortages in theatre, lack of junior medical staff and trauma other than fracture hip needing to be addressed. No specific T&O theatre availability on weekend.
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.	Recording and classification of fractures can be improved for more accurate data input – ongoing data review, clinician and audit facilitator education and standardised proforma implementation. These are broad guidelines for surgical implants to be used but final decision on implant is made on the individual needs of each patient.	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.
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.		Limited by lack of Social Services, Social workers, packages of care and Occupational Therapy Service combined with the frailty of patients on admission.	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.	Requires specialist prescribing; recently started Fracture Liaison Service - should improve this as would Orthogeriatric Service.	With an orthogeriatric team in place, improvements are being made but will take time to be reflected in the yearly rolling data.



The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below. The availability of formal performance data from SSNAP is not now expected until the new financial year, despite the efforts of the NHS Executive to acquire the data earlier.

The ability to report, based on locally held data, has improved from January, with the unvalidated position shown in the tables below.

% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)

Admissions	No. within 4 hrs	% Compliance
67	10	14.9%

Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins

Total Thrombolysed	Thrombolysed <= 45 mins	% Compliance
8	0	0.0%

% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes

Patients diagnosed as stroke	Scanned <= 20 mins	% Compliance
67	11	16.4%

% of patients who are assessed by SNS within 4 hours

Admissions	Assessed <=4 hrs	% Compliance
67	15	22.4%

% of patients who are assessed by a stroke specialist consultant physician within 14 hours

Admissions	Assessed <=14 hrs	% Compliance
67	15	22.4%

% of patients who are assessed by OT & PT within 24 hours

Admissions	Assessed <=24 hrs	% Compliance
67	8	11.9%

How are we doing?

- Stroke services have been maintained within the CTM footprint, despite significant challenges arising as a consequence of changes to senior specialist medical staffing availability. During January the UHB services were provided by 2 substantive and 1 locum consultant, a position which has since improved with the appointment of a second locum consultant to mitigate sickness, maternity leave and vacancies.
- During January, 14.9% (10 out of 67) of stroke patients were admitted directly to the Stroke Unit within 4 hours. Reviewing data pre the temporary change, this performance measure has overall remained fairly static. 56% of stroke patients were admitted in January outside of the core stroke service hours which will have an impact on admission to the Stroke Unit within 4 hours.
- 8 eligible patients were thrombolysed, although none of these received it within the 45 minute window. The target and ambition is to achieve 20% of patients being thrombolysed for CTM.
- 16.4% of patients (11 out of 67) 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 (*42 out of 67 patients had their CT scan within 1 hour which equates to 62.7%*).
- 22.4% of patients (11 out of 67) were assessed by a Stroke Nurse Specialist within 4 hours. This is a new SSNAP target introduced with the SSNAP changes implemented in October and we will continue to monitor this performance. However, since the move to RGH the team have reverted back to working 5 days per week due to transport issues, which will have an impact on performance.
- 22.4% of patients (15 out of 67) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours since the new SSNAP changes were introduced. This standard will continue to be difficult to achieve whilst the consultant cover is an 8 – 5 resident Rota - Monday to Friday.
- 11.9% of patients (8 out of 67) were assessed by OT & PT within 24 hours - this target remains a challenge due to the lack of 7 day working, plus increased number of patients on the ward and staffing challenges as a result of the relocation such as vacancies & sickness.

What actions are we taking & when is improvement expected?

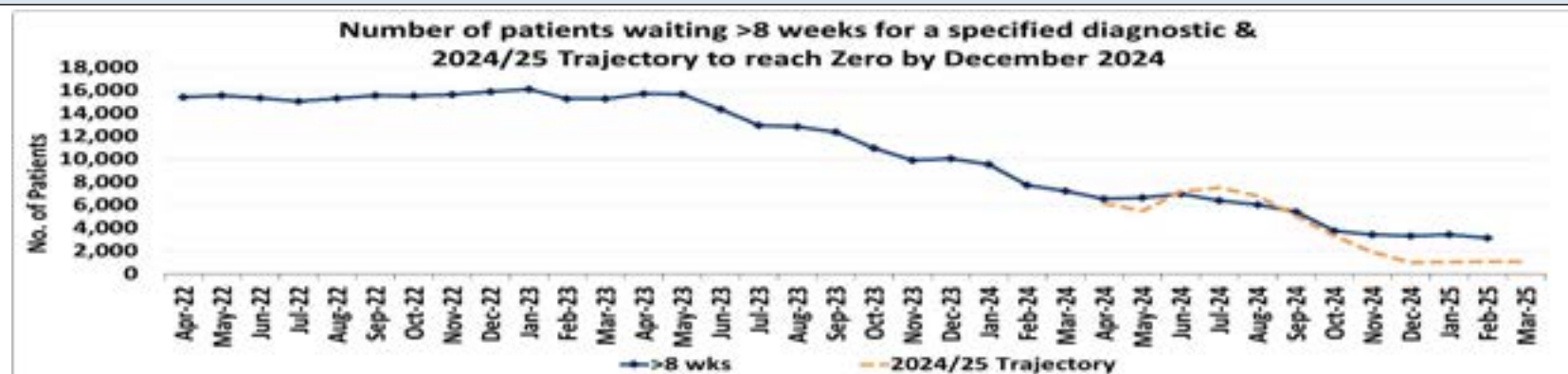
- Due to further deterioration in specialist medical staff shortages, the health board needed to make an urgent, temporary change to stroke services at PCH and centralise Stroke services to the RGH site on the 8th January 2025. This supports being able to robustly staff a consultant and junior rota, however, the consultant rota still remains at risk as we are reliant on the two current locums remaining in post.
- A community and therapies paper is being prepared for submission to explore options of expanding our community rehabilitation bed base for Stroke patients. This would commission 27 beds compared to the current 8. If agreed and enacted, this would support flow out of the Stroke Unit at RGH and support improving patients being admitted to the Stroke Unit within 4 hours of admission to hospital.
- The temporary move to RGH has allowed us to create a dedicated therapy bay on the Stroke Unit which has been a positive addition and greatly improved from previous therapy offerings prior to the temporary centralisation.
- Weekly Stroke re-design meetings are in place with MDT representation to support progressing longer term plans for the service
- MDT Stroke Unit Improvement huddles have been established to cover 'wins, concerns of the day and rapid problem solving'.
- PCH TIA clinics have been centralised to the RGH site to support building a more resilient consultant rota. POW clinics are unable to move until at least May due to the ICT infrastructure (POW still on SB systems)
- Central monitoring has now been installed on the Stroke Unit at RGH which will decrease the need for additional 1:1 staffing for patients.
- Live advert out for Stroke Consultant post which has resulted in a number of potential candidates expressing an interest.
- Interim nursing model being worked through to support upcoming lateral moves and vacancies on the Stoke Unit. There has been a reliance on non-stroke specialist agency nurses which has impacted on patients being able to access full therapeutic interventions

What are the main areas of risk?

- Upcoming vacancies and lateral moves within the nursing teams - mitigation plan in place.
- High reliance on locum consultants to enable the service to run adequately.
- Unable to move POW Stroke clinics to RGH until May due to different ICT systems.
- RGH demand – increased diagnostic demand for Doppler, Echo and MRI.
- Instability with temporary nursing shift patterns / transport requests.
- 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.
- 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 out of the Stroke Unit for patients who no longer needs to be on the acute pathway.
- Ring-fencing stroke beds continues to be a challenge due high numbers of clinically optimised patients awaiting social care, community hospital and nursing home beds.



Number of patients waiting >8 weeks for a specified diagnostic – revised Target is for 95% of modalities to be Zero by December 2024

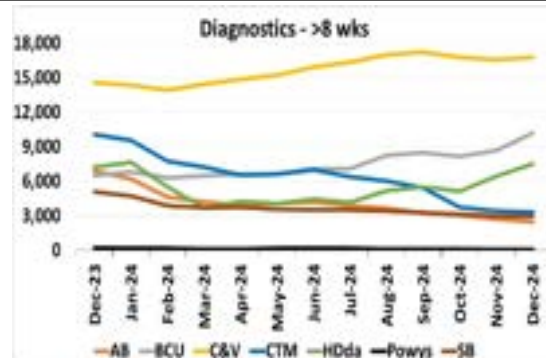


Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,124	

Number of Patients waiting >8 Weeks for a Diagnostic Test February 2025		
Cardiology Cardiology Services	Echo Cardiogram	202
	Cardiac CT	64
	Cardiac MRI	4
	Diagnostic Angiography	117
	Stress Test	5
	DSE	12
	TOE	9
	Heart Rhythm Recording	2
	B.P. Monitoring	1
Bronchoscopy		2
Colonoscopy		479
Gastroscopy		386
Cystoscopy		392
Flexi Sig		335
Radiology	Non-Cardiac CT	0
	Non-Cardiac MRI	26
	NOUS	290
	Non-Cardiac Nuclear Medicine	14
Imaging		120
Physiological Measurement		225
Neurophysiology	Uroynamics	306
	EMG	133
Total		3,124

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
Diagnostics: Over the past year good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their diagnostic test, which has seen a 60% reduction since the equivalent period of 2024. Provisionally, at the end of February, 3,124 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a 9% reduction on the January reported position. However, the current position has not met the desired trajectory as shown in the chart above. The NOUS service continues to make progress in reducing the number of patients waiting in excess of 8 weeks for their diagnostic. Currently there are 290 breaching patients representing an 85% reduction on the equivalent period of 2024, where there were 1,934 patients waiting more than 8 weeks. There are currently no patients waiting more than 8 weeks for Non-Cardiac CT and this service has also made good progress as at February 2024 there were 746 patients waiting beyond 8 weeks. During the month, the diagnostic Endoscopy services observed that there are 1,594 patients waiting more than the target of 8 weeks and as it currently stands is a 34% increase on the position in the equivalent period of 2024 (1,187).	Radiology: - NOUS - business case partly approved to address current backlog growth - includes ongoing maintenance scheme. Consultant WLI's arranged across all sites; also sonographer lists. The >8 week position continues to improve. - Continuing to maintain improved MRI & CT position. - The current >8 week position is sustaining with a small cohort of Paediatric patients continuing to breach due to GA requirements and cancelled anaesthetics lists. - Trajectories for CT & MRI show scanning capacity shortfalls with the additional demand trends. Further additional funding has been approved to staff the unfunded CT sessions at POW. D&C has demonstrated a maintained increased growth in demand for CT. The CT Mobile solution completed 31/12/24. There has been a significant reduction in >8 weeks breaching patients which has been maintained despite the growing waiting numbers. On completion at month end, 0 patients were breaching >8 weeks. - Continuing to observe a sustained improved breast performance; CTM best performing HB for breast services. - An agency locum consultant has been booked to commence work in March to address the MSK injections backlog, including FLGI/USGI. Additional WLIs are taking place alongside to reduce the backlog. Scoping work with SBUHB for capacity is also underway to further improve the position. - Additional agency/bank locum radiographers booked at RGH to cover vacancies and to provide additional radiographer support to theatre for elective T&O work. Endoscopy: At the beginning of March the new temporary diagnostic endoscopy facilities located at RGH opened. The Vanguard unit will increase endoscopy and surgical capacity across the Health Board. To minimise disruption to services caused by roof replacement work at POW, CTM has worked with Vanguard to replace capacity whilst the work is ongoing. The units allow the Health Board to treat patients more quickly whilst also tackling waiting times.	Neurophysiology: The service has now developed a plan that will clear the Nerve conduction studies backlog started in November and will address the majority of the EMG waits by March 2025. Exploring further option of outsourcing for the EMG waits. Radiology: - D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals. - Sustained increase In Hours/Out of Hours CT emergency demand at RGH. - Increased pressure at RGH due to changes in pathways since the POW Critical Incident - bolstered by temporary staff. - Additional outsourcing funding is currently in place to assist with timely reporting to reduce the reporting backlog. An additional uplift in the budget required to maintain this. - Going forward a plan has been drafted in radiology to try and reduce any unnecessary demand and review of opportunities to utilise currently unfunded CT sessions through a sustainable CT staffing resource workforce model to maintain waiting times and for safety purposes during out of hours. A scoping exercise for insourcing of staff has been arranged with procurement. - NOUS waiting list has been maintained with additional resources for 2024/25. Recruitment and training are underway to help build a resilient workforce, but this will take time to embed. Also national changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients going forward. Further approval for the maintenance plan is required to continue WLI/additional clinics into 2025/26. Endoscopy: - Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list – working with our digital colleagues to overcome. - GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

How do we compare with our peers?



Status as at December 2024		
Health Board	Compliance	Rank
Powys	84	1st
AB	2,494	2nd
SB	2,969	3rd
CTM	3,329	4th
HDda	7,500	5th
BCU	10,185	6th
C&V	16,770	7th

Therapies – February 2025 (provisional position)

The 2024/25 Performance Framework is measuring three performance indicators for therapy services and from April 2024 there has also been a change in the reporting of Weight Management services. As this service is multi-disciplinary involving a number of different therapists all contributing to patient care, Weight Management services was over inflating waiting times for Dietetics. Therefore the change applied from April means that DATs data will not be directly comparable to previous years.

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero (**February 2025 = 72**)

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero (**February 2025 = 514**)

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% (**February 2025 = 95.1%**)

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	22	46	42	43	47	23	29	72	
Adult Hearing Aids	135	180	188	172	109	80	144	219	320	428	518	

Number of Patients waiting >14 Weeks for a Therapy February 2025	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	19	1	5.3%
Dietetics	791	15	1.9%
Occupational Therapy	173	2	1.2%
Physiotherapy	1,300	50	3.8%
Podiatry	470	1	0.2%
Speech & Language	515	3	0.6%
Total	3,268	72	2.2%
Audiology (<i>Adult Hearing Aids</i>)	1,509	514	34.1%
Grand Total	4,777	586	12.3%

% of children waiting less than 14 Weeks for AHP February 2025	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	19	18	94.7%
Dietetics	195	195	100.0%
Occupational Therapy	72	71	98.6%
Physiotherapy	372	322	86.6%
Podiatry	43	43	100.0%
Speech & Language	368	368	100.0%
Total	1,069	1,017	95.1%

How are we doing?

During February 2025 there were 72 patients waiting in excess of 14 weeks for an initial therapy assessment.

There are 518 adults waiting beyond the target for a hearing aid fitting, which is an increase of 90 patients from the previous reported position.

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 the end of 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 reduce loading times. Updates will be rolled out in stages throughout 2024. 4. Enhance inventory management to ensure product availability and reduce stockouts. A new system will be implemented by Q2 2025. 5. Strengthen social media presence by engaging with customers and promoting special offers. Ongoing effort throughout 2024.

- Ensuring administrative staff are applying the RTT rules appropriately.
- Exploring the 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 1st 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.

Adult hearing aids: Until recently, Audiology had been gradually reducing waiting times. This has been achieved by sharing waiting lists across sites and training staff in new areas of work. From Autumn 2025, all our audiology wait times will be reported to WG. For this reason and to ensure fair and equitable patient care, we are working to reduce all our wait times and not just the currently reportable adult 14 week RTT wait time. This means the rate of reduction in wait time may appear slower than expected and we will still have some breaches.

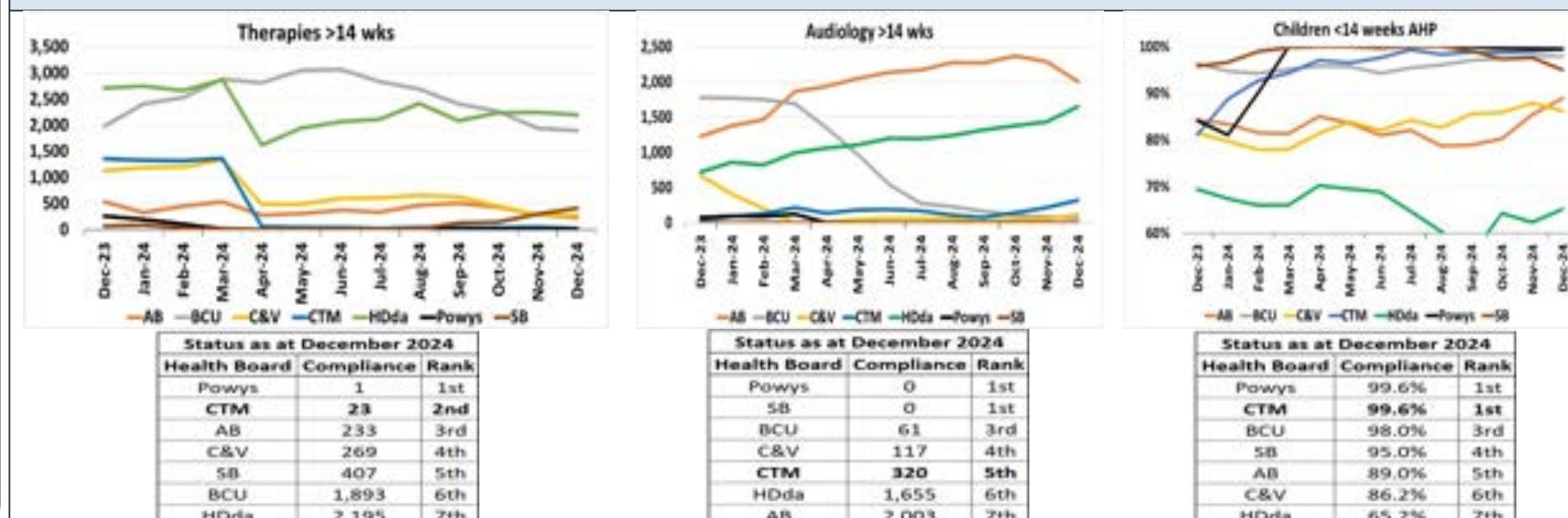
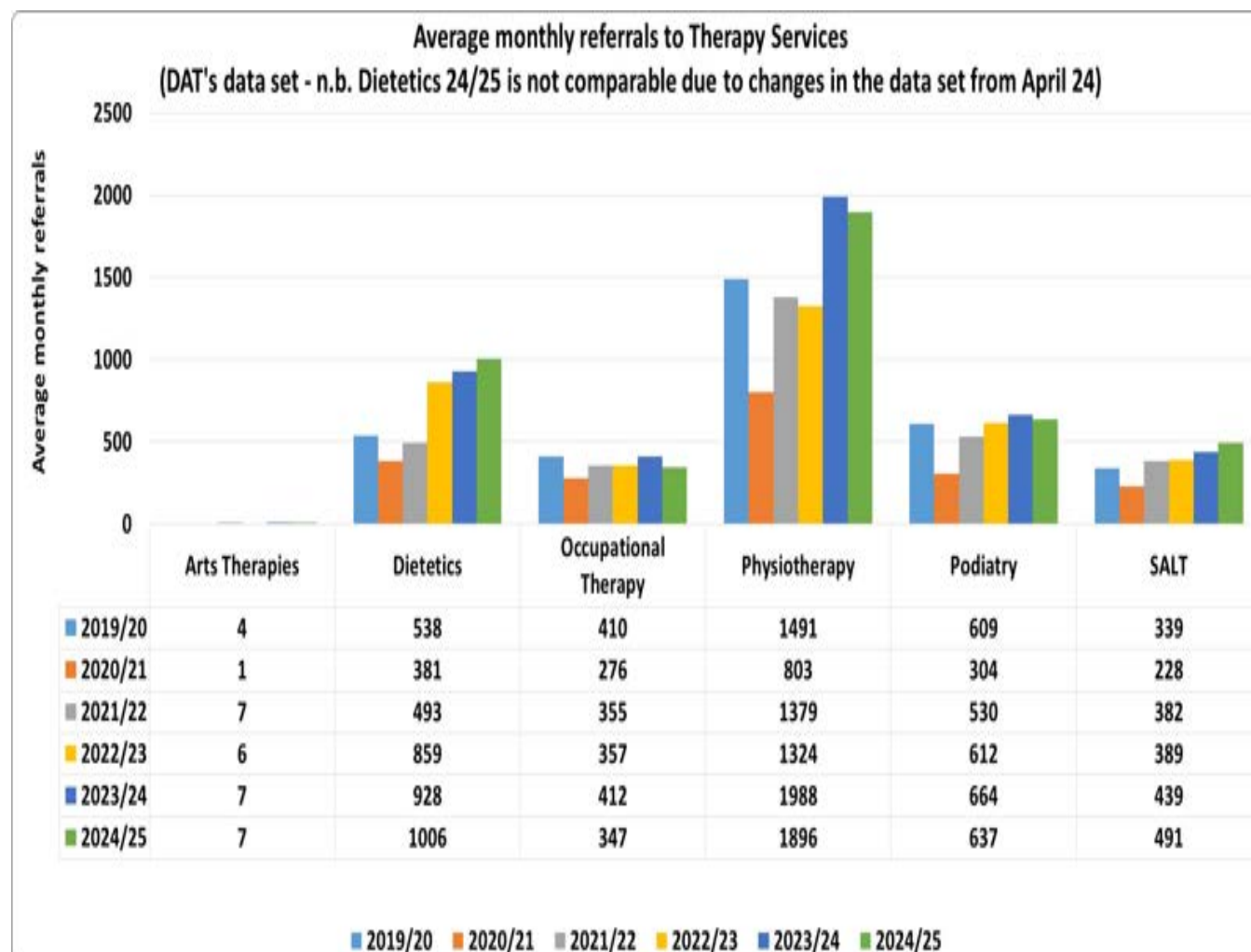
	What are the main areas of risk?

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.

Audiology are now required to see out of area patients. This change in approach will increase demand on our service and therefore increase wait times. This demand is unknown, so the extent of the risk is unclear. As GPs become aware of the new approach, we may see many more out of area referrals coming into the service. We are auditing the number of out of area patients and we hope an agreement can be put in place to ensure we have funding for these additional patient pathways and increased *life-long* hearing aid provision.

How do we compare with our peers?

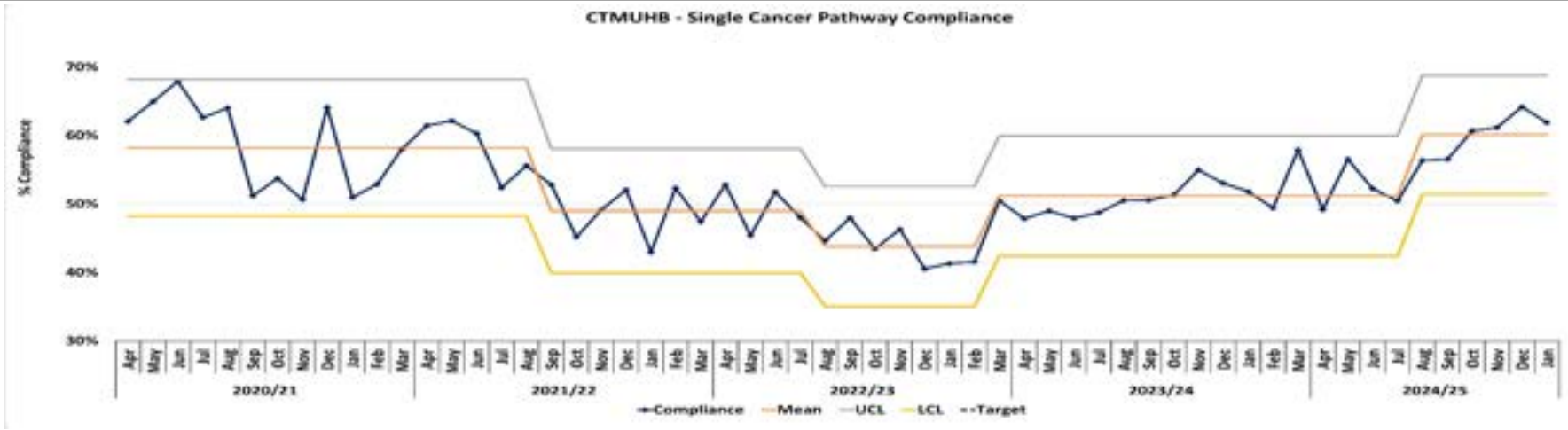




CTMUHB Planned Care Group

Single Cancer Pathway (SCP) January 2025 – 61.9%

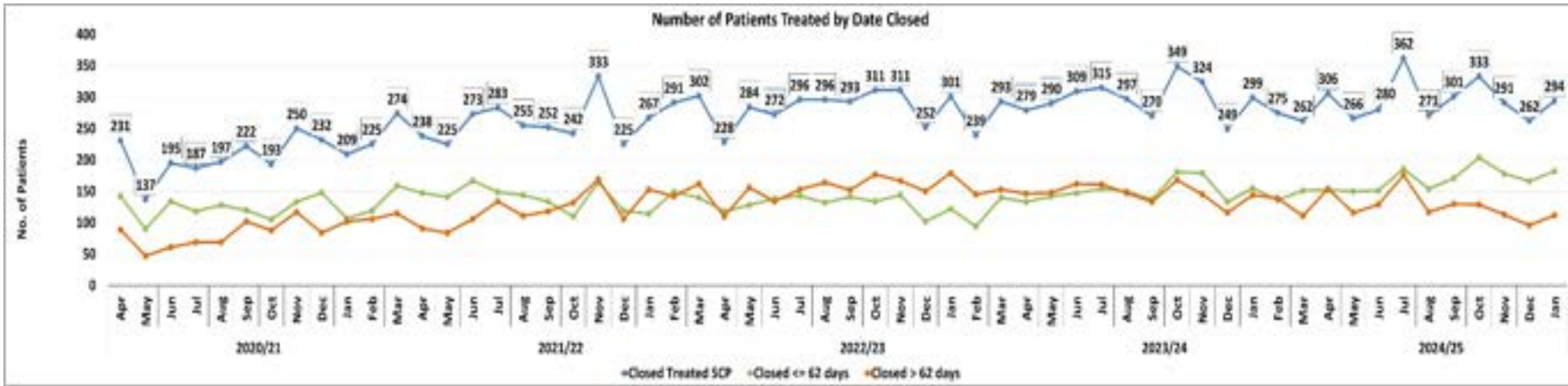
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 70% performance by March 2025



CTMUHB - SCP % Treated Without Suspensions - January 2025				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 70%
Head and neck	3	9	12	25.0%
Upper GI	9	8	17	52.9%
Lower GI	11	16	27	40.7%
Lung	19	13	32	59.4%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	59	4	63	93.7%
Brain/CNS	5	0	5	100.0%
Breast	32	8	40	80.0%
Gynaecological	5	10	15	33.3%
Urological	28	34	62	45.2%
Haematological	7	8	15	46.7%
Children's	1	0	1	100.0%
Other	3	1	4	75.0%
Total	182	112	294	61.9%

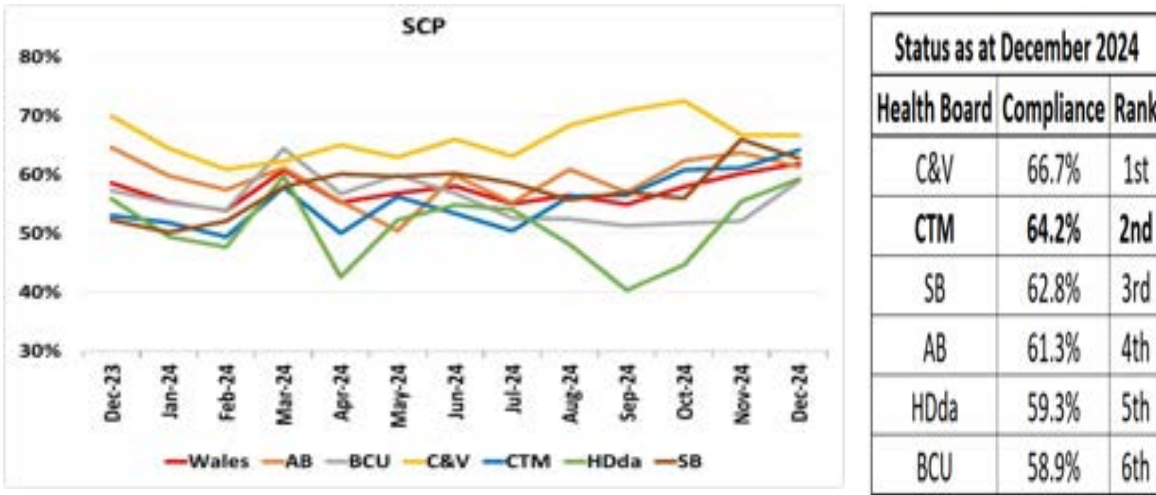
Compliance during January was 61.9% and stands just above the current mean of 60.1%. The WG expectation is 70% of patients to be treated within 62 days by March 2025. Five of the tumour sites reached the desired target threshold of 70% this period, as seen in the table above. Predicted compliance for February currently stands at 54.5%. The delays at first outpatient (26%) and diagnostic stage (49%) 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

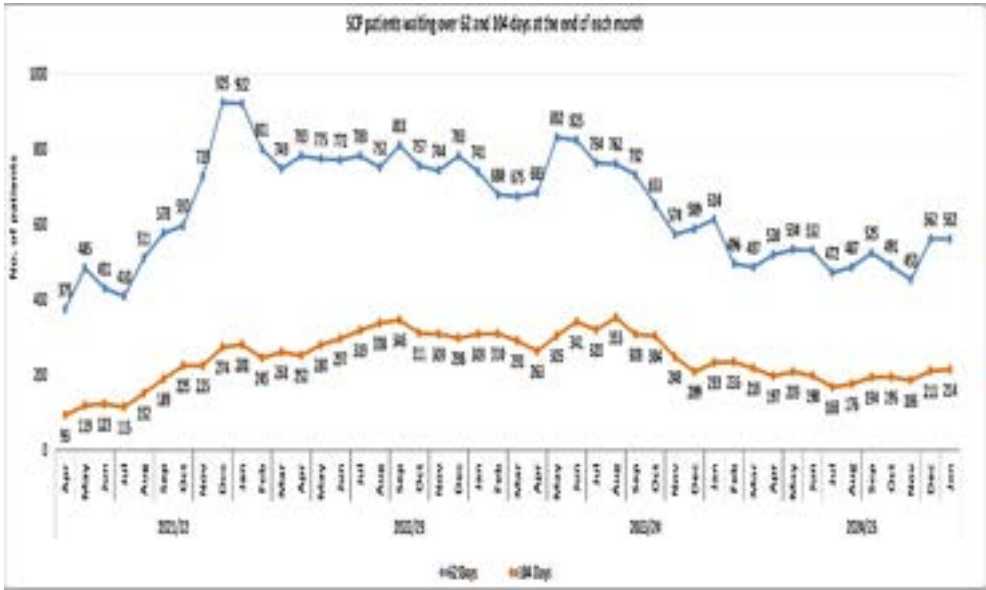


Cancer treatment volumes have remained fairly static during the past 12 months with the monthly average (Feb 24 to Jan 25) equating to 292 per month with the monthly average seen in the equivalent time span of 2023/24 being 293.

How do we compare with our peers?



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



What actions are we taking & when is improvement anticipated?

- Rollout of digital vetting continues.
- Continuing outsourcing of pathology.
- Vanguard mobile endoscopy units on Royal Glamorgan site will increase endoscopy capacity. Patient procedures started first week of March.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.

What are the main areas of risk?

- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies.
- Long wait for Bowel Screening Wales referrals.
- Admin and nursing resource to undertake additional outpatient lists.
- Business continuity issues due to relocation of POW activity, despite prioritisation of cancer activity.
- Loss of endoscopy capacity following removal of capacity at POW.
- Single consultant for laparoscopic nephrectomies.



CTMUHB Planned Care Group

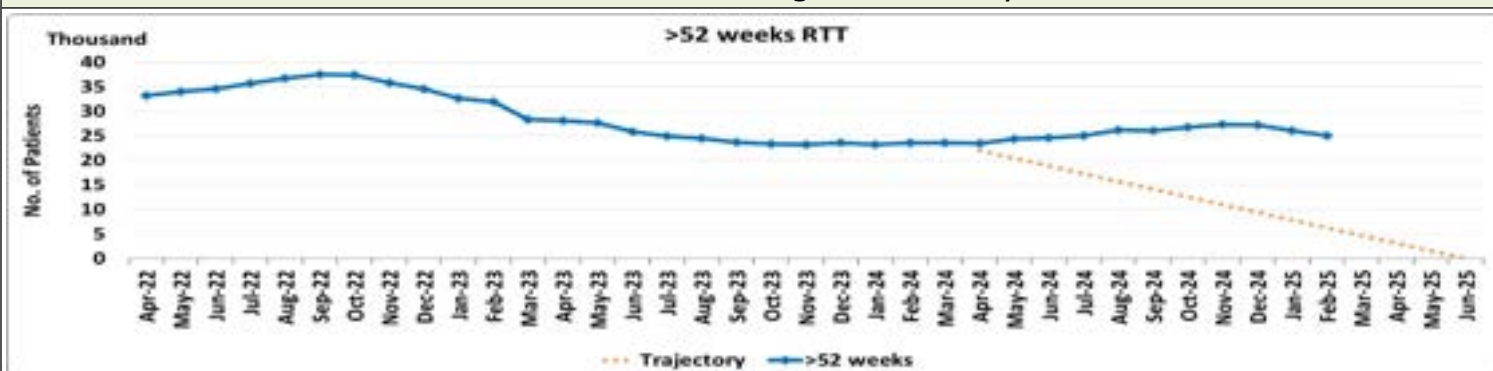
Referral to Treatment Times (RTT) – February 2025 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** (**14,473**) Target is Zero by March 2025



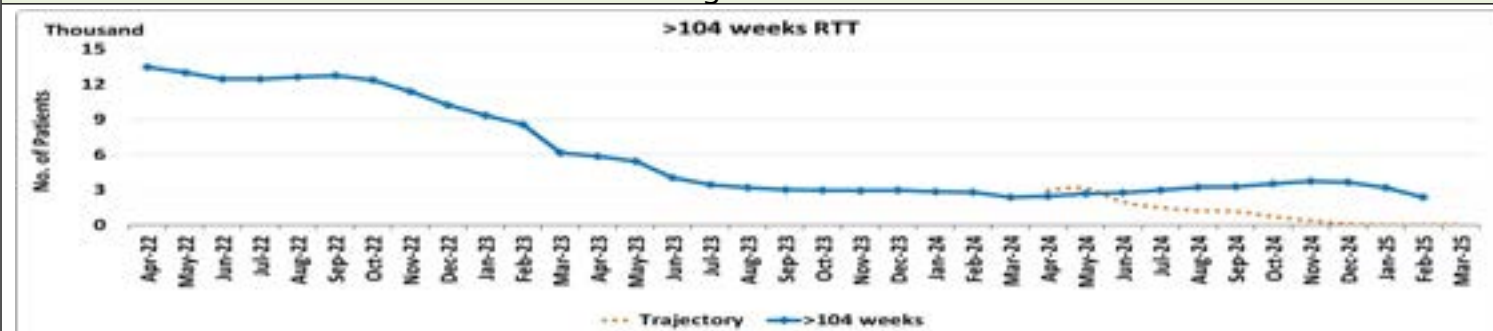
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of February is 14,473; a 4.7% (713) reduction on the January reported position, but is above the desired trajectory equating to 13,627 patients waiting longer than forecasted, as shown above.

Number of patients waiting **>52 weeks RTT (25,025)** – Target is month on month reduction towards the national target of Zero by 30th June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of February is 25,025, which as it currently stands is a reduction of 1,002 patients on the January reported position, resulting in 18,754 patients waiting longer than the forecasted level, as shown above.

Number of patients waiting **>104 weeks RTT (2,353)**
Target is Zero



The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of February is 2,353. As it currently stands this is a reduction of 836 patients from the reported January position.

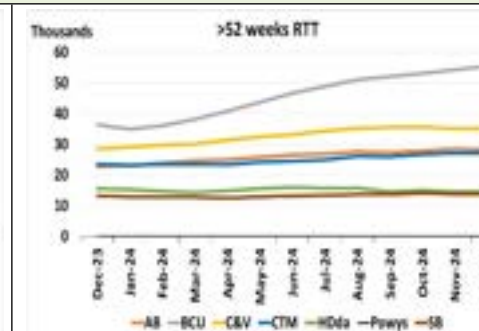
Total number of open pathways per specialty - February 2025 (provisional)

Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	167	282	348	6	1585
Breast Surgery	11	44	1	0	618
Cardiology	1427	1024	715	0	6367
Clinical Immunology	97	82	68	0	321
Colorectal	403	303	255	3	2638
Dermatology	596	812	780	0	5543
Diagnostics	0	11	7	1	3583
Ear, Nose & Throat Service	847	1951	3916	510	12093
Endocrinology	0	1	0	0	297
Gastroenterology	1228	545	549	11	3611
General Medicine	672	425	506	7	2964
General Surgery	788	741	756	35	5481
Geriatric Medicine	15	4	1	0	212
Gynaecology	2182	1658	1556	19	9098
Haematology (Clinical)	58	69	52	0	436
Nephrology	75	48	24	0	269
Ophthalmology	870	2779	4804	401	16366
Oral Surgery	473	439	612	1	3006
Orthodontics	107	86	15	0	431
Orthopaedics	2707	2221	4313	1166	14050
Paediatrics	158	329	295	0	3383
Pain Management	0	0	0	0	0
Rapid Diagnostic Centre	0	6	0	0	141
Respiratory Medicine	169	376	481	0	2864
Restorative Dentistry	32	21	56	18	193
Rheumatology	344	334	227	7	2012
Sport and Exercise Medicine	0	0	0	0	10
Therapies	0	0	0	0	1028
Urology	1628	1245	2041	135	8342
Vascular Surgery	47	219	294	33	1081
Total	15,101	16,055	22,672	2,353	108,023

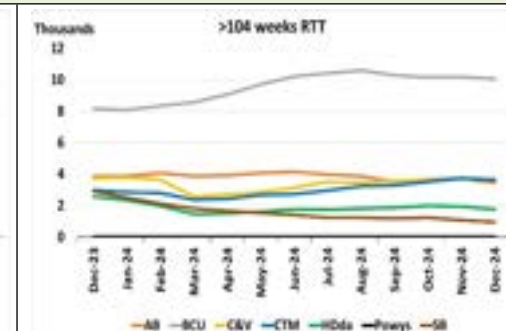
How do we compare with our peers?



Status as at December 2024			
Health Board	Compliance	Rank	
Powys	0	1st	
SB	0	2nd	
HDda	2,357	3rd	
C&V	16,030	4th	
AB	16,648	5th	
CTM	16,673	6th	
BCU	30,402	7th	



Status as at December 2024			
Health Board	Compliance	Rank	
Powys	19	1st	
SB	13,790	2nd	
HDda	14,641	3rd	
CTM	27,135	4th	
AB	28,246	5th	
C&V	35,229	6th	
BCU	55,481	7th	



Status as at December 2024			
Health Board	Compliance	Rank	
Powys	0	1st	
SB	958	2nd	
HDda	1,774	3rd	
AB	3,476	4th	
CTM	3,643	5th	
C&V	3,700	6th	
BCU	10,070	7th	

RTT continued on the next page...

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
Urology: - Validation exercise completed for flexi sig waiting list. - Flexible cystoscopy – continuation of validation and additional lists are running. - Urodynamics – validation continues. - Ensuring all capacity is backfilled into. - Ensure all capacity is backfilled into. Operationally move clinicians into other activity to free up activity for other consultants working with demand. ENT: - Aim for no patients on stages 1-3 to be waiting in excess of 104 weeks by the end of March. - Validation of all stages continues. - WLIs ongoing. - Use of eye theatres in Bridgend have provided an additional capacity, equating to 20-25 slots per week. OMFS/Restorative/Orthodontics: - Plan for no patients to be waiting more than 104 weeks by end of March. - Validation of all stages ongoing. - New patient WLI's ongoing for restorative dentistry. - Orthodontics - no patient is currently waiting in excess of 104 weeks for treatment. General Surgery/Colorectal: - General Surgery, together with Colorectal are on course to deliver no patients waiting more than 52 weeks for Stage 1 at the of March. - Stages 2 to 4 at risk due to restricted capacity for diagnostics (with focus being on cancer) and with theatre closures. - Colorectal Cancer referrals increasing - activity has been adjusted to ensure booking within the 10-day timeframe. - Clerical and clinical validation of waiting lists (outpatients and endoscopy) continues. Gastroenterology: - Validation of the waiting lists (outpatients and endoscopy) continues. - Vanguard became operational on 4th March for Endoscopy. Orthopaedics: - Regular RTT meetings – focusing on Treat in Turn and offering WLI where possible. - Validation work ongoing. - Digital Dictation agreed and pending. - New Vanguard opening from 10th April which will allow additional 5 day working for High Volume Low Complexity. - Now outsourcing to four providers. Ophthalmology: - Planning to be under 104 weeks for all sub-specialties other than cataracts by end of March (Glaucoma and Corneal already under 104 weeks). - Validation of all waiting lists is ongoing. Staff validating long waiting patients, particularly those patients who have previously refused outsourcing to again offer the opportunity to be outsourced for their treatment. - Regional working with three external providers. - Plan being drafted to centralise cataracts into POW. Gynaecology: - Administrative and clinical validation work is ongoing to manage demand into 2025. Paediatrics: - Regular RTT meetings and performance review meeting continues. <i>{n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment}</i>	Urology: - Validation is proving to be a huge task. We have new staff within the team but validation is hindered due to training needs on WPAS and RTT. 1 x consultant locum finished early February with 1 x locum consultant on leave and on call for total of 3 weeks in February – huge reduction in activity but we are bringing staff in on their leave to undertake WLI to increase activity - prioritising operating and flexible cystoscopy lists. ENT: - High volume stage 4 patients waiting for treatment and lack of capacity for inpatient procedures. - Frequent BCI is causing cancellation of already limited theatre lists OMFS/Restorative/Orthodontics: - Single handed consultant in restorative dentistry, lack of capacity plus the need to accommodate clinically urgent patients leading to delays for new patient appointments. - Frequent BCI is causing cancellation of theatre lists. Orthopaedics: - POW elective and trauma services closure. - Vacancies on T&O establishment. - Lack of digital dictation prevented streamlined working. Ophthalmology: - The patients being sent to regional/outsourced facilities are not our longest waiting patients due to the acceptance criteria of contracted providers and restrictions on complex patients. Gynaecology - Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis. - Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists. - Implementation of all actions recommended by the GIRFT programme are underway (Getting It Right First Time)* <i>*GIRFT is designed to improve treatment & care by reviewing health services. Undertaking clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.</i>



CTMUHB Planned Care Group

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

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

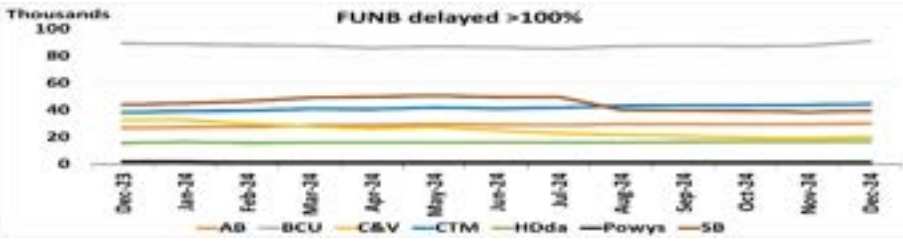
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	90,086	58,414	148,500

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

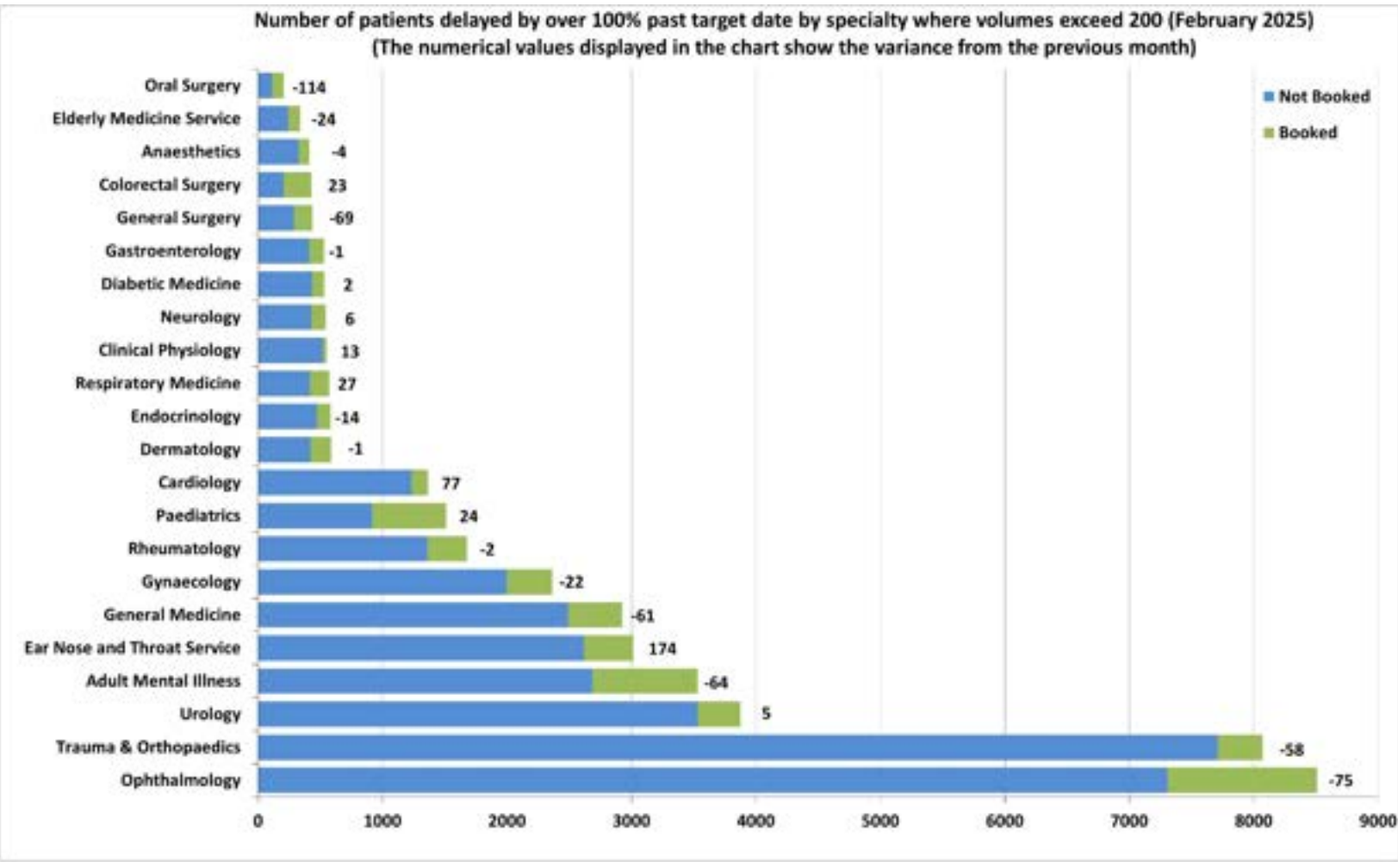
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
36,982	6,837	43,819	29.5%



How do we compare with our peers?



Status as at December 2024		
Health Board	Compliance	Rank
Powys	1,192	1st
HDda	16,976	2nd
C&V	20,232	3rd
AB	29,882	4th
SB	39,141	5th
CTM	44,473	6th
BCU	90,656	7th



How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of February 2025 provisionally stands at 148,500, which is a growth of 3.7% 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, 43,819 (29.5%) have waited more than 100% longer than their clinician advised.

From April 2024 to January 2025, the average monthly follow-up activity was 1,512 (4.2%) attendances higher at 37,668, when compared with 2023/24 levels, but remains 1,838 (4.7%) lower than pre-Covid activity volumes.

What actions are we taking & when is improvement anticipated?

Urology:

- Consultants validating FUNB in absence of operating.
- Admin process errors need to be addressed as this is inadvertently causing duplication, thus increasing the waiting list for follow-up. Admin support manager leading on FUNB to ensure all staff are trained to reduce duplication and non-face to face actions are transacted appropriately.

ENT:

- Ongoing clerical and clinical validation.
- Ongoing work to record PIFU and SOS outcomes.
- Medical records/consultant engagement planned to review clinic templates - opportunity for flexible slots

OMFS/Restorative/Orthodontics:

- Ongoing clerical and clinical validation.
- Ongoing work to record PIFU and SOS outcomes.
- Improving position continues.

General Surgery/Colorectal:

- Working through the list as much as is practical. These are fluctuating at the moment due to the increase in clinics to clear the patients awaiting more than 52 weeks for a 1st appointment.

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

What are the main areas of risk?

Urology:

- Reduced staffing due to annual leave being taken at end of year.

ENT:

- Loss of follow-up capacity to accommodate new patients.
- Clinically urgent patients unable to be reviewed in recommended timeframe.

OMFS/Restorative/Orthodontics:

- Loss of follow-up capacity to accommodate new patients.
- Clinically urgent patients unable to be reviewed in recommended timeframes.

General Surgery/Colorectal:

- Limited face to face clinic capacity for FUNB – validation ongoing.

Orthopaedics:

- Vacancies in admin establishment.
- Currently have insufficient workforce to manage demand and backlog.

Ophthalmology:

- Significant clerical and clinical validation required with no current resource.

Gynaecology: Insufficient resource to undertake clinical validation.

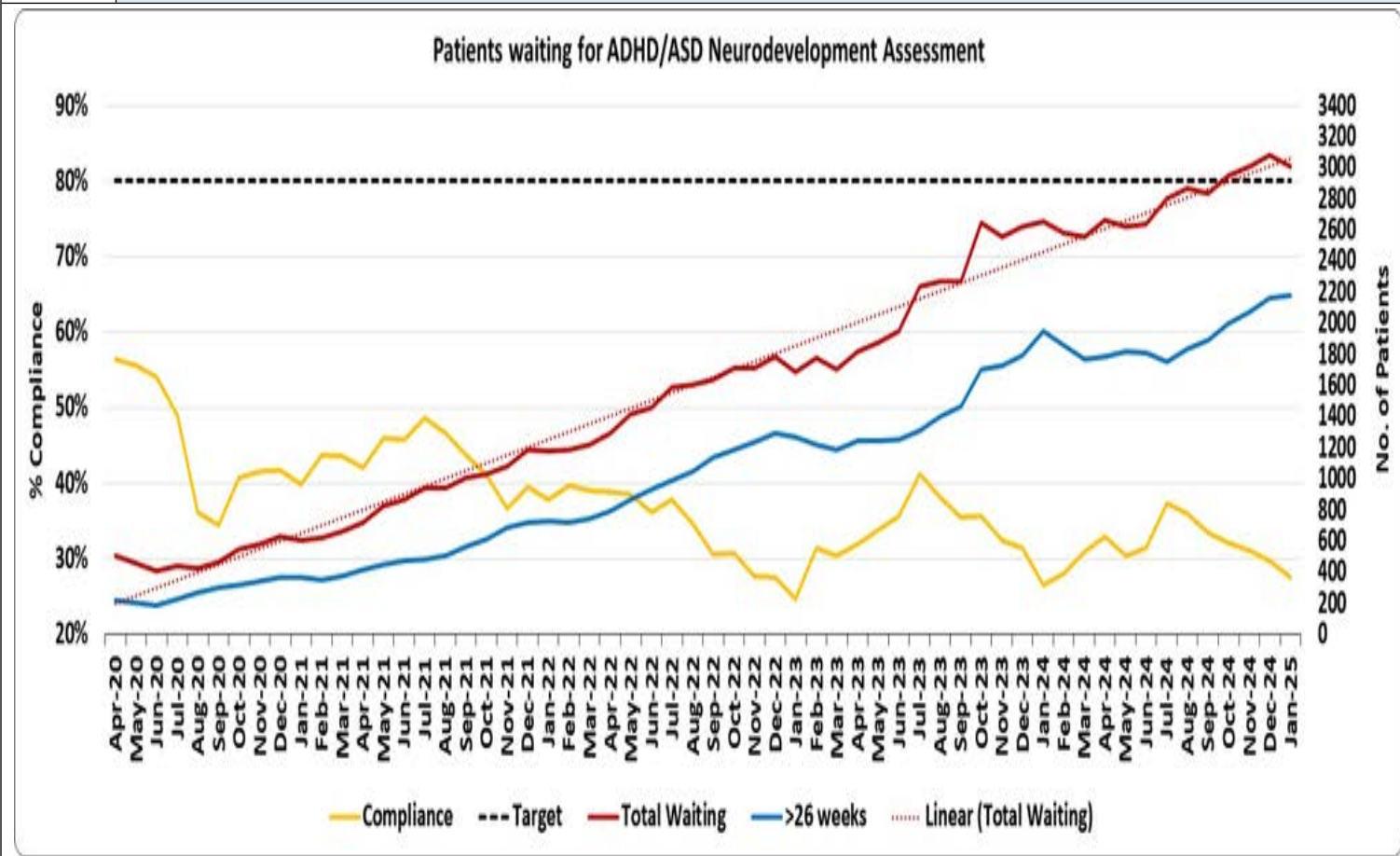
- Outpatient clinic capacity for booking all patients who require appointments.
- Competing demand of RTT/New outpatient activity.



CTMUHB Children & Families Care Group

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

January 2025 - 27.6%



How are we doing?

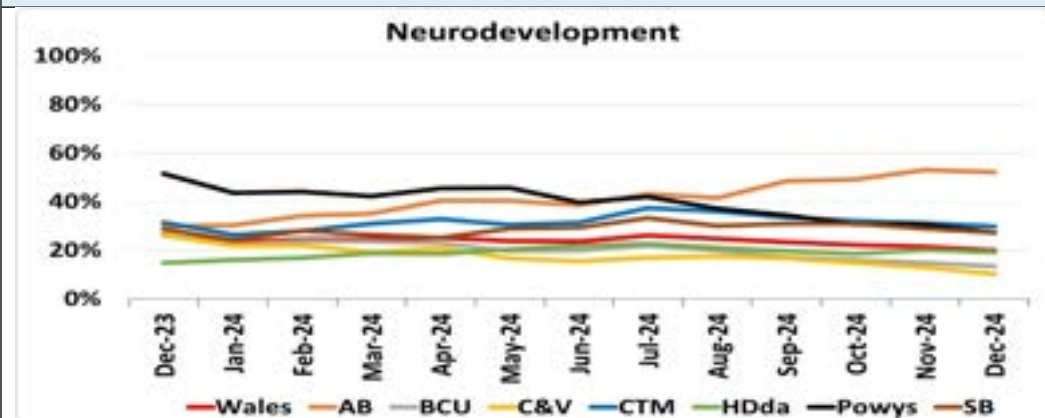
We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 3,010 patients (Jan 25); with the greatest growth occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 194 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 Neurodevelopmental remains low at 27.6%.

During the past 12 months compliance has been fluctuating between 27.6% and 37.4%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

Funding via NDIP allocated for 2024/25 has allowed an additional 745 new patients and 1,050 follow up patients to be seen in addition to core activity.

How do we compare with our peers?



Status as at December 2024		
Health Board	Compliance	Rank
AB	52.2%	1st
CTM	29.8%	2nd
SB	27.4%	3rd
Powys	27.3%	4th
HDda	19.3%	5th
BCU	13.4%	6th
C&V	10.3%	7th

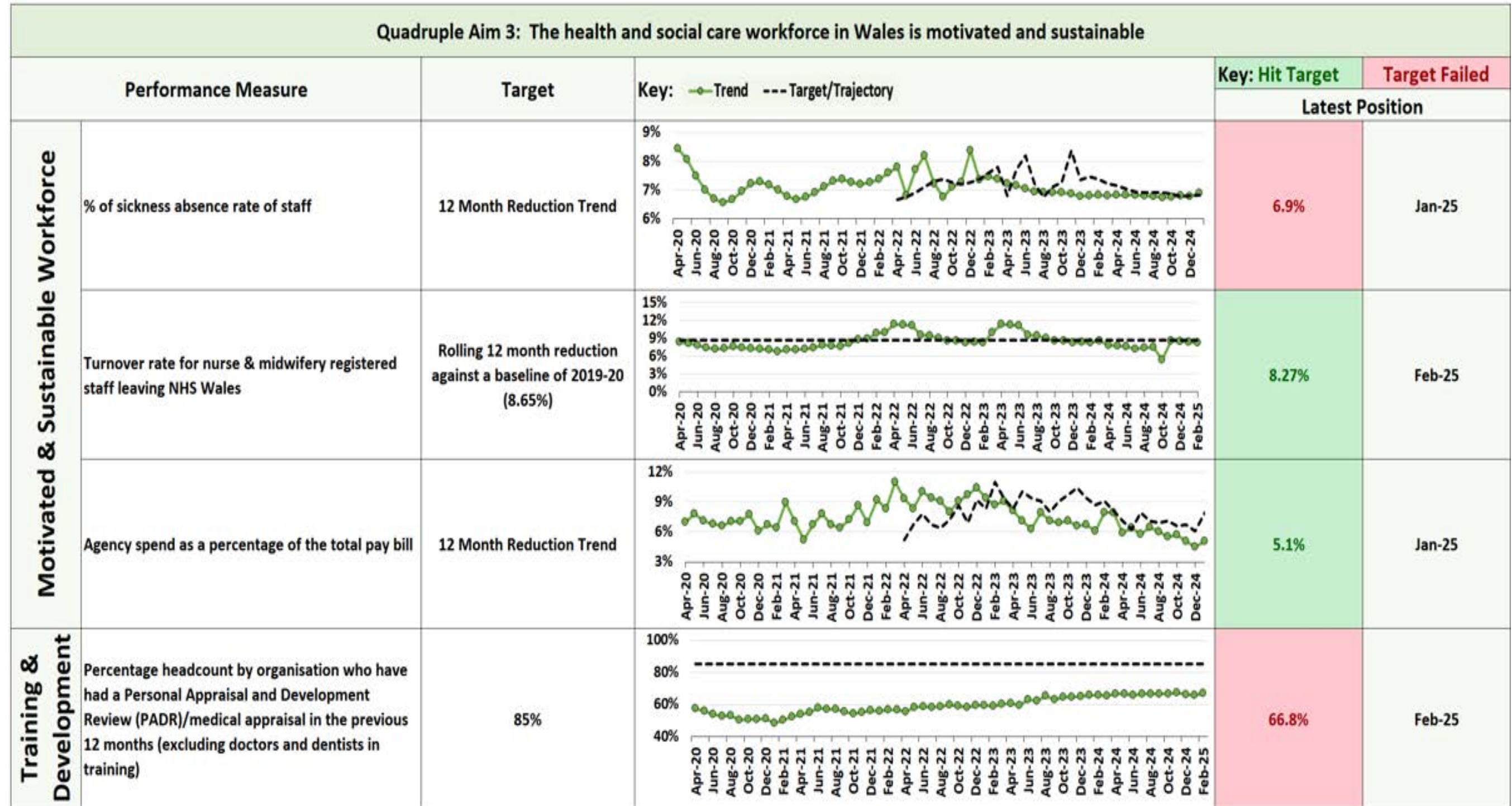
What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis with third sector agencies as additional funding has been made available. This is being used to increase capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff. We are now aware that this will continue into 2025/26.
- Pharmacy input supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further. Currently recruiting to fixed-term pharmacy tech. post to support 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 will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Recently appointed CNS/AHP staff are actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We anticipate that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 100 weeks (longest waiter at end of March 2023 was >104 weeks), although average waiting times are now around 20-22 months for 4-18 year olds (and 12 months for children referred to us when they were 2 or 3 years old).
- ND event held at the end of last year with leads from Health, Education, Social Care, 3rd Sector and Parent/Carer Network - WG/NHS Executive to publish new guidelines imminently which support CTM model. Agreement sought to pilot 'fast-track' pathway for autism referrals in children/young people aged 5 or above, to reduce adding to ND waiting list for full assessment.
- Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.
- New paperwork for referrals for school-aged children has been launched which we anticipate will start to reduce the number of inappropriate referrals we receive.

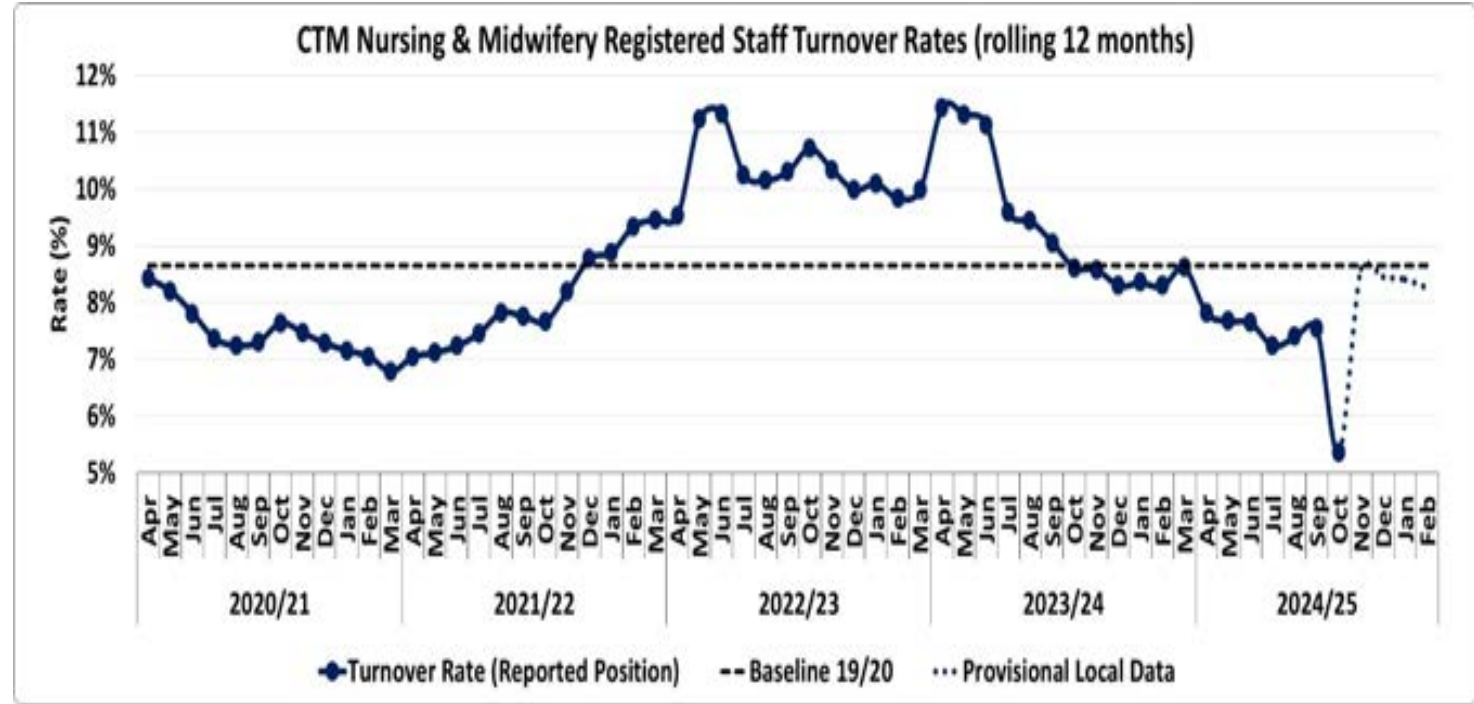
What are the main areas of risk?

- A demand and capacity review was undertaken early last year with templates implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, had created additional waits for children/young people for ADHD assessments, although these are now starting to be brought back in line in terms of waiting times with assessments for autism, as the posts have been recruited to.
- At the start of April 2024, the service had identified what was required to bridge the gap of the deficit in capacity to meet the demand at the time (investment of 2 x B7 AHP for 2 years). However, trends show an increase in demand of approximately 20% year on year and whilst NDIP funding has allowed us to maintain our position, this will not improve waiting times alone.

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



Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20



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

The provisional rolling 12 month turnover rate (locally sourced data) for registered N&M Staff at February 2025 is 8.27%, with the **reported** position at October 2024 pleasingly reducing further to 5.35%. The equivalent previous reported rolling 12 month period (November 2022 to October 2023) rates were 8.61%. This trend is also reflected in the Medical and Dental turnover, with a rate of 6.01% at the end of January 2025 compared to 9.67% at the end of February 2024.

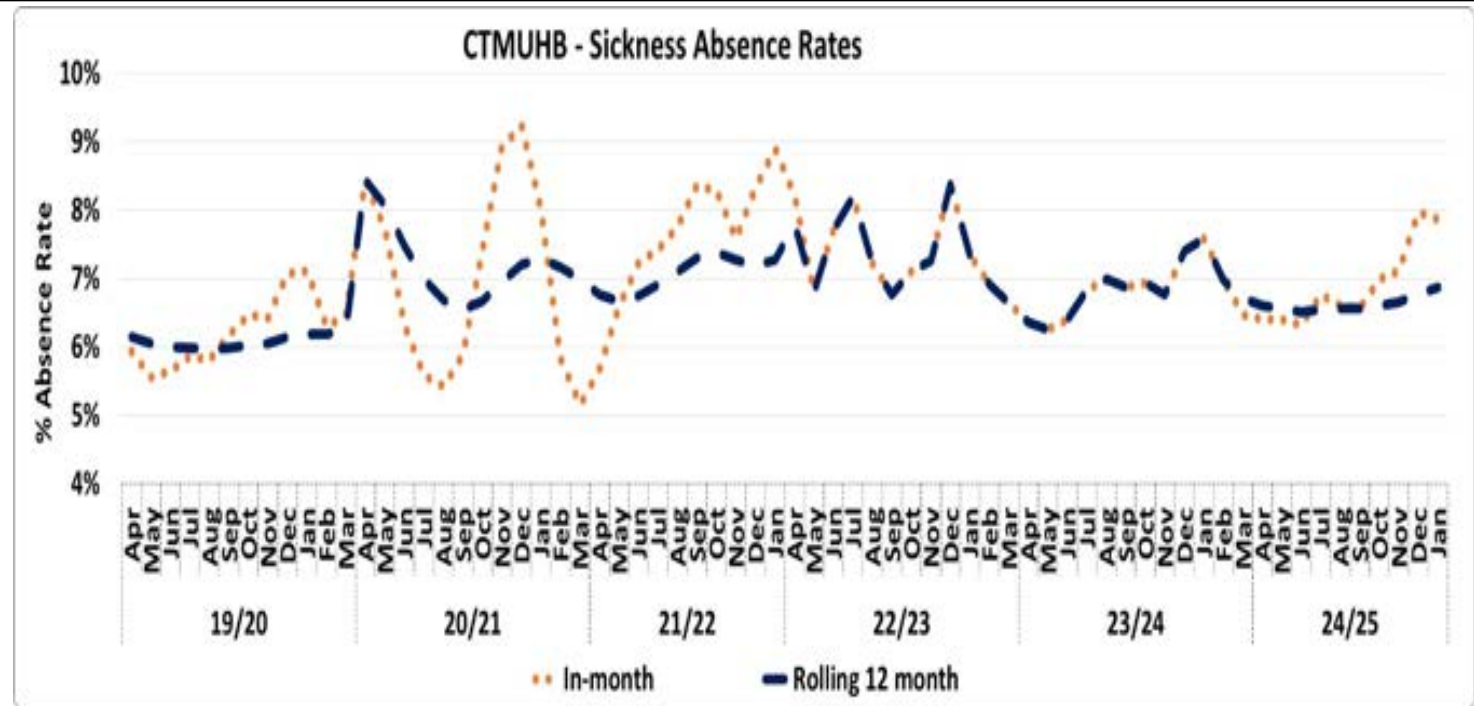
(N.B. rates will be subject to change when HEIW data is received due to the inability to locally monitor staff leaving NHS Wales).

Healthcare Support Worker (HCSW) turnover remains high at 10.8% at February, but this is down from a peak of 12.75% at November 2023.

As turnover is showing a positive downward trend this reduces the risk of losing skills, expertise and workforce. However, we continue to focus on reducing turnover by using schemes and mechanisms to help staff remain in CTM. The data around the reasons why people leave the Health Board is not providing sufficient and robust data, so work is underway to improve the data collection via the moving on questionnaire.

The turnover rates continue to be monitored with Care Groups and Professional Groups to ensure there is a continued reduction for improved workforce sustainability.

% of sickness absence rate of staff – Target is 12-month reduction trend January 2025 (6.88%)



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

The rolling twelve-month sickness rate to January 2025 is 6.88% and is lower than the equivalent rolling period of the previous year (7.58%). January also sees the lowest rates for the past five years with the highest levels recorded during January 2021 at 7.29%.

The in-month sickness rate is 7.87% and is slightly higher than the equivalent period of 2024 (7.58%). The staff group with the highest sickness level is Estates and Ancillary with 12.27%, which is a slight decrease on their last reported position of 13.48% at the end of January, likely as a result of seasonal variation. Sickness remains higher than the desired target of 4.5%.

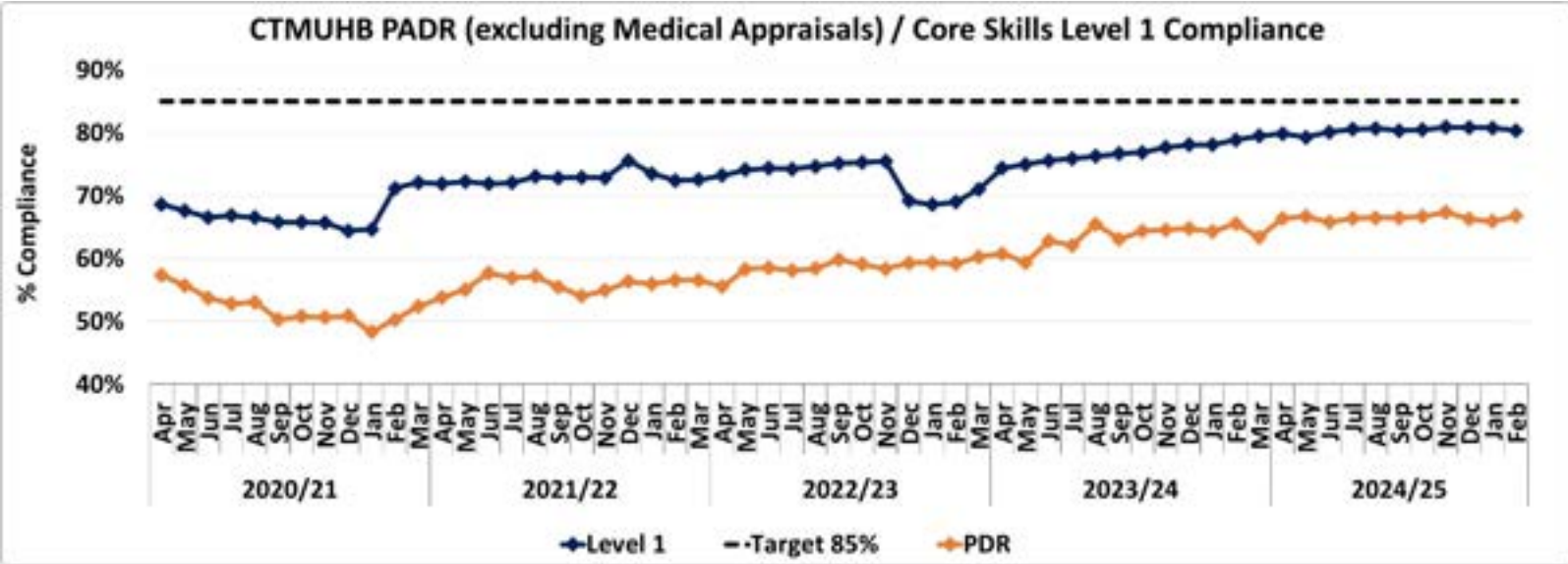
The Health Board's primary sickness reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in 35% of the total days lost to sick absence. The second highest reason is Other Musculoskeletal problems at 8.5% of the days lost. This position is reflected in the reasons for long term absences, but the principal reason for short term absences is Cold/Cough/Flu, with 22.2% of the days lost in short term absences.

To support the achievement of a reduction in sickness absence rates, the People Services Team (PST) are focussing activities under three broad areas - awareness, skills development and case management. Activities include weekly distribution of sickness absence levels by Care Group, advice and training on relevant policies and signposting to the wellbeing framework, Employee Assistance Programme and Occupational Health.

In February, the PST responded to 54 requests for advice related to attendance management. These requests ranged from general policy questions to longer term support to implement return to work plans and conclude formal attendance management processes. The data from these monthly requests is reviewed by the team to highlight trends and improve the products available to support increased attendance at work. Most recently this has included a refreshed suite of template letters available to managers to support balanced conversations during absence management processes.

The team have also implemented a new third stage sickness tracker to reduce formal case management timelines and are reviewing the template reports to assist managers with implementing a fair and transparent case management approach. Delivery of Managing Attendance at Work online training and in person continues to be available across the health board with a focus on equipping colleagues to confidently meet the requirements of the All Wales Managing Attendance at Work policy. Finally, the team also continue to review monthly long term sickness absence reports to target support for complex and long term (6+ month) sickness absence cases and attend long term sickness meetings to improve consistency in the application of CTM absence management principles.

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - February 2025 (66.8% - Provisional)



Overall, PDR compliance is improving slowly, currently 66.8%. Compliance for the past year has ranged between 63.4% and 67.4%, recognising that this remains below the WG target of 85%.

CTM Level 1 Core Mandatory Training Compliance February 2025	
Health, Safety and Welfare	85.4%
Equality, Diversity & Human Rights	84.9%
Safeguarding Adults	84.9%
Safeguarding Children	84.5%
Moving & Handling	83.6%
Information Governance	82.4%
Fire Training	79.4%
Violence & Aggression	79.0%
Infection Prevention and Control	76.3%
Resuscitation	63.7%
HB Overall Compliance	80.4%

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

PADR – Your Conversation

Overall PADR compliance remains stable at 66.8% as at February 2025. Work is ongoing to continue to improve this compliance rate with:

- Full educational offer available taking staff through PADR process from a systems (ESR), individual and manager perspective.
- “Making the most of PDR – Your Conversation” workshop being delivered with management teams, to encourage engagement in development conversations.
- CTM-specific PADR and Pay Progression FAQs and more general guidance being continually updated.

Beyond the above, a full review of the PADR process and educational offer will commence from April 2025, following receipt of the ongoing Shared Services internal audit. This will include improved manager guidance (as part of the PADR process and paperwork) around pay progression.

Core learning compliance

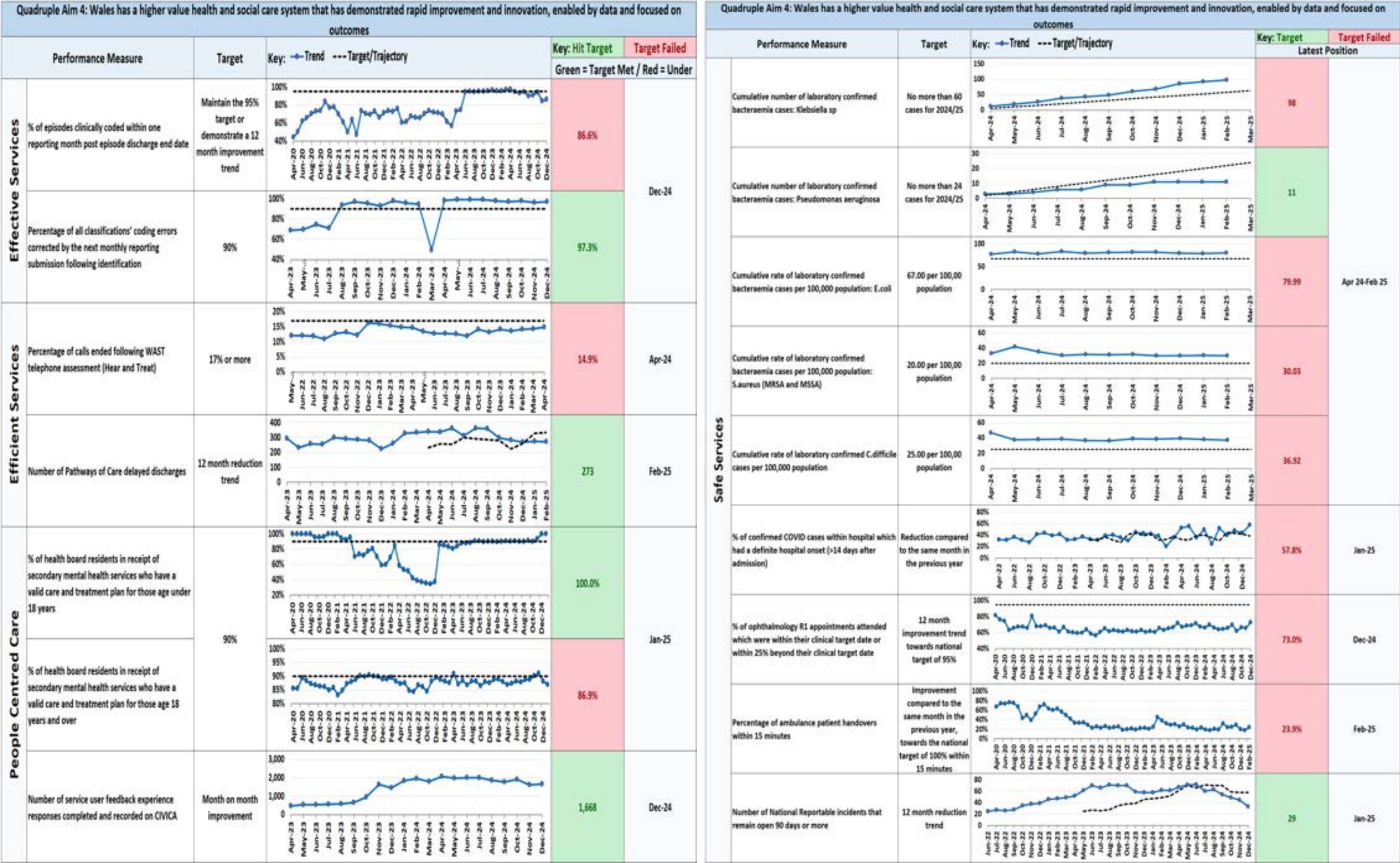
Overall Health Board compliance for level 1 subjects remains buoyant at 80.4% as at February (+1.91% year on year).

Compliance for all levels of training continues to rise at 73.2%.

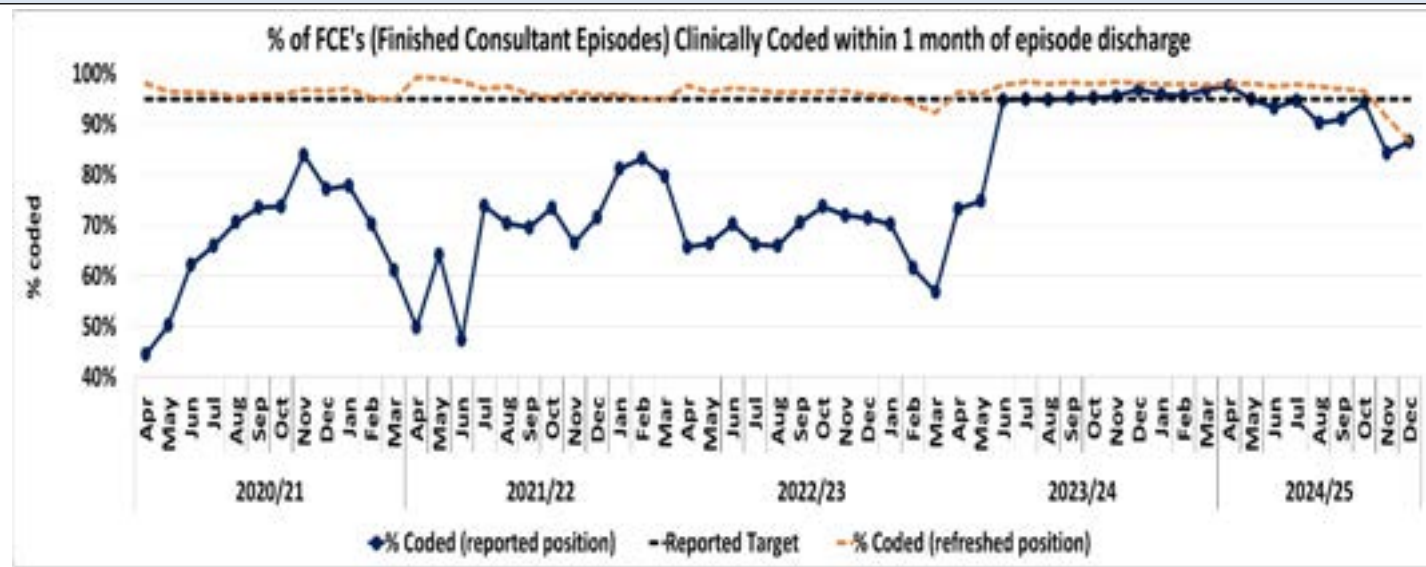
Ongoing work aimed at continuing to improve compliance rates:

- Subject Matter Experts and associated training teams are continuing to provide greater numbers of face to face training sessions.
- Learning and Development team supporting in the design of eLearning packages to shift face to face sessions to virtual modules, increasing the options for compliance.
- Improved usage and training of local training coordinators to use full ESR functionality to manage booking processes more effectively and minimise ‘did not attends’.
- Provision of the appeals process, Core Learning Drop-in Sessions across the Health Board and the development of improved Subject Guides, all aimed at removing barriers to compliance.

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 – December 2024 – 86.6%



How are we doing?

The reported position for December 2024 is 86.6% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale, which as it currently stands falls short of the set target of 95%.

As of the start of March 2025, the coded position from April 2024 to February 2025 currently stands at 88.1% with the backlog accrued during April to December largely coded and is at 96.5%.

Compliance for the correction of errors within 35 days was 97.3% during December with 36 of the 37 errors corrected within the requisite timescale.

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

Coding team are working with the urology and dermatology teams to record outpatient events including procedures to data standards in real time using FHIR forms.

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

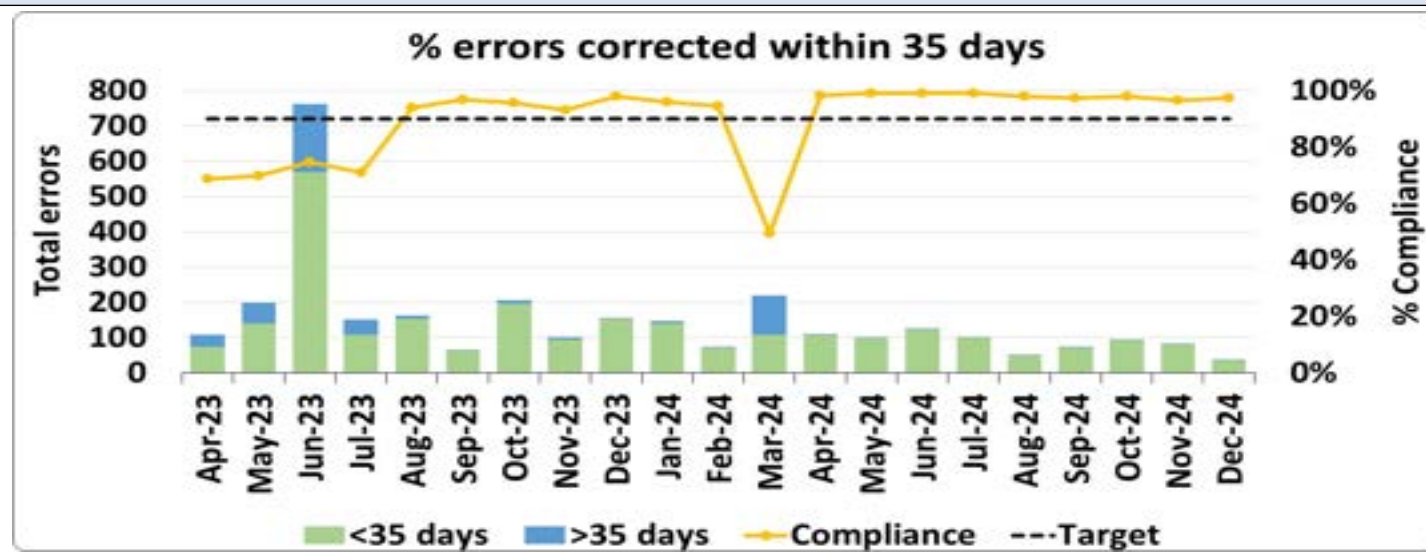
The upgrades to the auto-coding system incorporating the validation functionality, the new coding standards and more performance hardware have been completed, with the autocoder operational, following a 4 month downtime.

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.

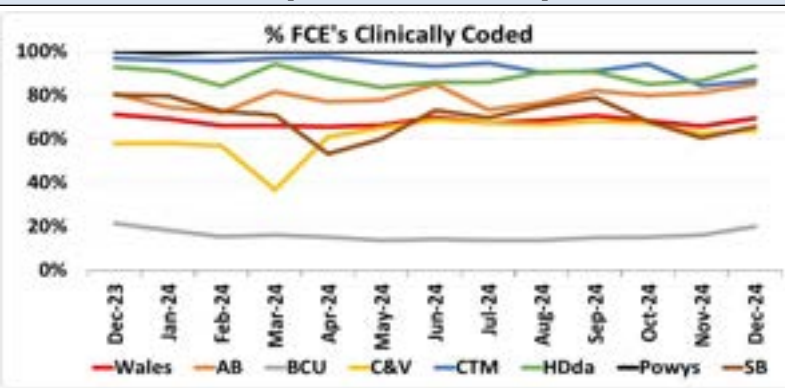
Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records, with the pathology improvement board having recently given approval for the autocoder to use pathology data within its algorithms.

Current Coded Position as at 3rd March 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,616	11,482	134	98.8%
May-24	11,875	11,753	122	99.0%
Jun-24	10,935	10,777	158	98.6%
Jul-24	11,949	11,770	179	98.5%
Aug-24	10,577	10,406	171	98.4%
Sep-24	10,635	10,346	289	97.3%
Oct-24	11,478	11,145	333	97.1%
Nov-24	10,876	9,992	884	91.9%
Dec-24	10,324	9,056	1268	87.7%
Jan-25	10,387	6,883	3504	66.3%
Feb-25	9,034	1834	7200	20.3%
Total	119,686	105,444	14,242	88.1%
Uncoded 2024/25 (Apr 2024 - Feb 2025)				
		14,242	11.9%	

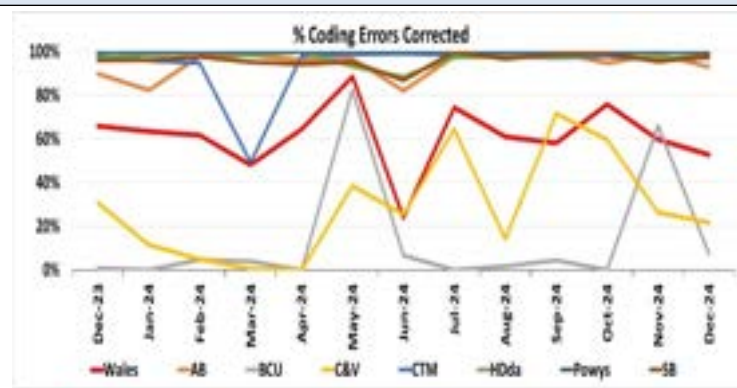
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - December 2024 – 97.3%



How do we compare with our peers?



Status as at December 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	93.3%	2nd
CTM	86.6%	3rd
AB	85.0%	4th
SB	65.7%	5th
C&V	64.0%	6th
BCU	19.9%	7th



Status as at December 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	98.4%	2nd
SB	97.9%	3rd
CTM	97.3%	4th
AB	93.2%	5th
C&V	21.8%	6th
BCU	7.6%	7th



Efficient Services – Pathways of Care Delayed Discharges - February 2025

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 5 / Non Mental Health Delays = 268

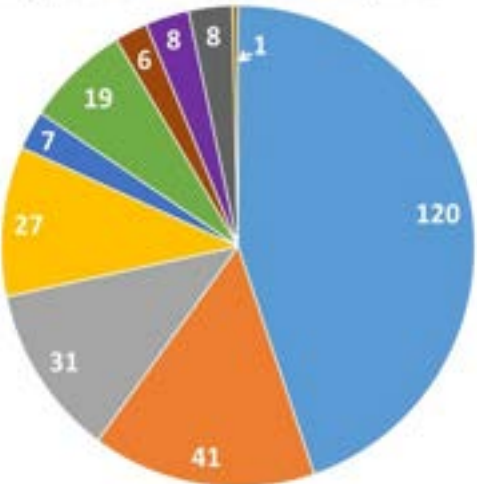
Mental Health - Reasons for Patient Pathway of Care Delays February 2025

- Assessment Issues
- Home care related issues
- Disagreements/Legislation



Non-Mental Health - Reasons for Patient Pathway of Care Delays February 2025

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



Delays by Local Authority - February 2025											
Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Other	Vale of Glamorgan	Total
PCH	3		4		7		4	12			30
POW		34				5		3		2	44
RGH		14	1	1	1			38			55
YCC		6			12			45	1	1	65
YCR				1				36			37
YGT		16						16			32
Glanrhyd		10									10
Ty Lliard											0
Grand Total	3	80	5	2	20	5	4	150	1	3	273

CTMUHB Patient Pathway of Care Delays



How are we doing?

273 Pathways of Care Delayed Discharges were reported in the February snap shot census. This is marginally lower than the 12 month average of 317.

41% (121) of the delays relate to a delay in the assessment. Further detail on these is provided in the table below:

Reason for Delay	Feb-25	12 month average	Assessment Delay Flag - February 2025	
Assessment Issues	121	130 41.1%	Awaiting completion of assessment AHP	12
Care Home placement arrangements	41	58 18.1%	Awaiting completion of assessment by social care	18
Home care related issues	32	51 16.0%	Awaiting completion of assessment Nursing	24
Transfer related issues	27	22 6.9%	Awaiting Continuing Healthcare (CHC) Assessment	13
Disagreements/Legislation	22	22 7.0%	Awaiting joint assessment	38
Step down to recover and assess	7	14 4.4%	Awaiting Social worker allocation	13
Housing Related Issues	6	8 2.5%	Awaiting completion of assessment Pharmacy	3
NHS Bed related issues	1	3 1.0%	Total Assessment Issues	121
Funding Issues	8	6 1.8%		
Home adaptation/equipment issues	8	4 1.1%		
Total	273	318		

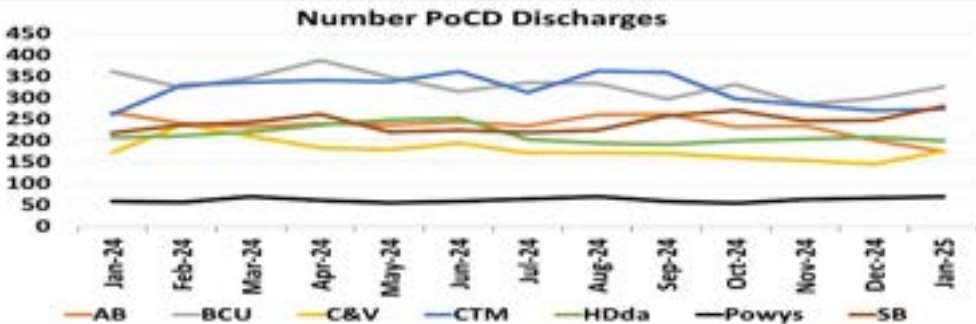
What actions are we taking & when is improvement anticipated?

- Plans and actions are captured in PoCD action plan produced in partnership with local authorities and monitored through Integrated Discharge Delivery Board, governed by 6 Goals Programme Board.
- Re-designing of EToC (Electronic Transfer of Care) planned for re-launch in March to reduce errors and missing information on the form.
- Rollout of straight to service in other LA areas.
- Engagement with out of area local authorities to accept the proportionate assessment process.

What are the main areas of risk?

- Development of the Integrated Discharge Team has been delayed.
- Capacity in the independent sector for nursing beds - delays for care home has now superseded delays for care at home.
- Analysis shows increased levels of complexity and frailty in patients, with higher levels of dementia and associated longer length of stay in our hospitals.
- Community capacity of registrant to support the D2RA process.

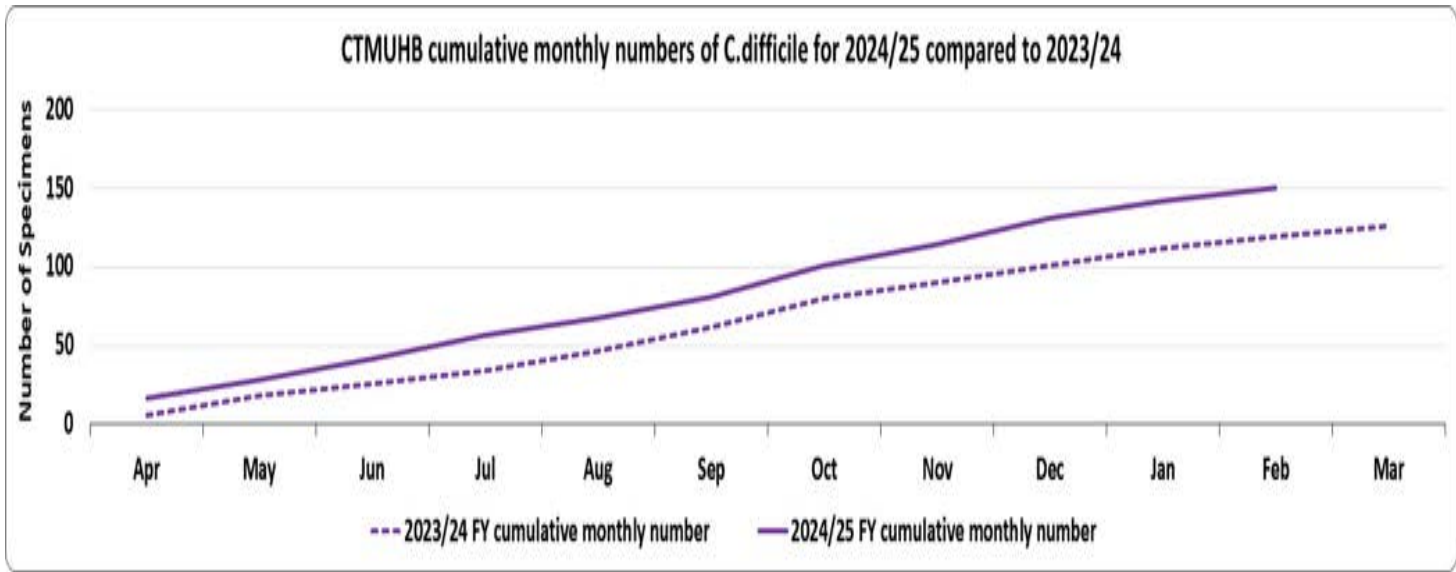
How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
Powys	70	1st
AB	175	2nd
C&V	176	3rd
HDda	200	4th
CTM	274	5th
SB	280	6th
BCU	326	7th

CTMUHB Safe Services – Healthcare Acquired Infections – April 2024 to February 2025

C.difficile

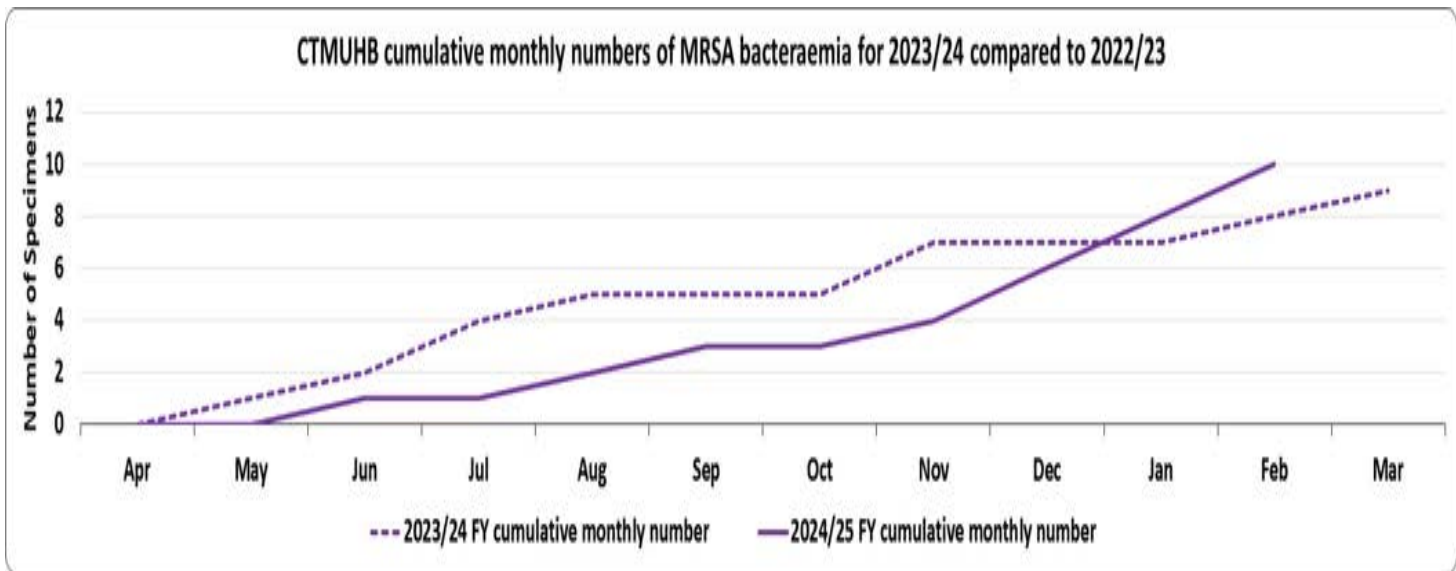


150 C.difficile cases have been reported by CTM for the period April 2024 to February 2025. This is 31 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 36.92, which compares favourably to the All Wales rate of 47.70.

In CTM, 41% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient). The IPC team are working with the care groups to improve the RCA process in order to maximise opportunities for learning and sharing best practice, but 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.

Work is being done to raise awareness on the need to review PPI at first opportunity as well as antimicrobial stewardship. The reduction of C.difficile cases can only be achieved with a co-ordinated effort between primary and secondary care.

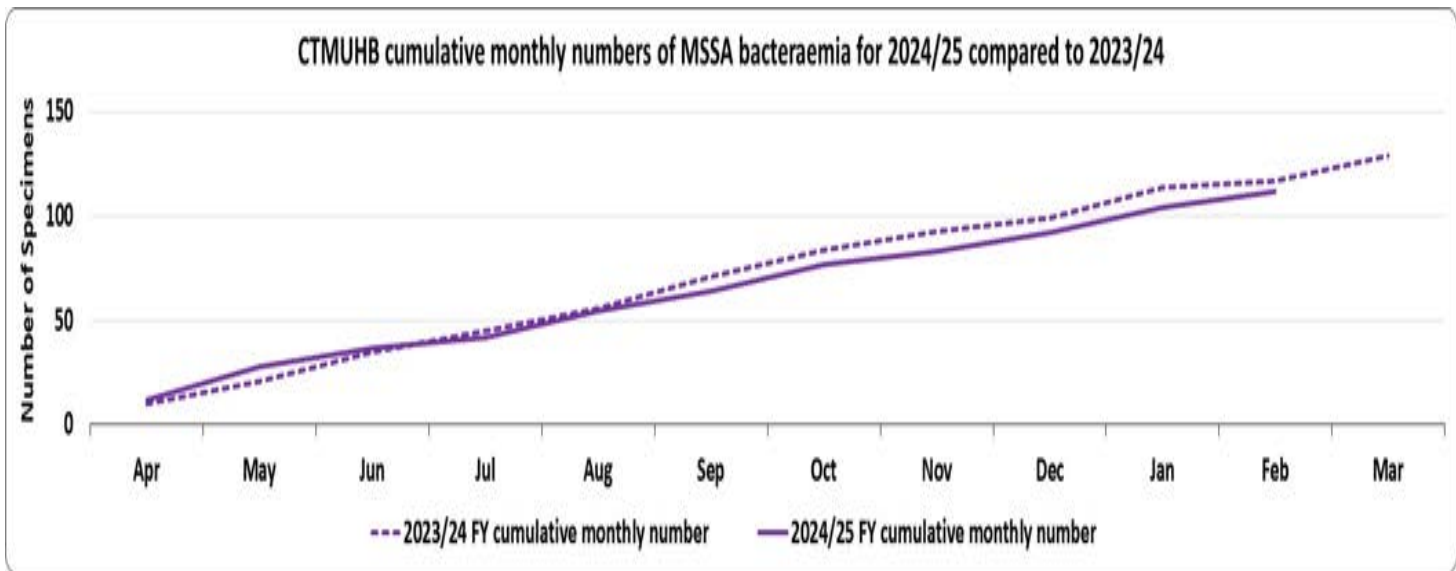
MRSA



10 MRSA bacteraemia have been reported by CTM for Apr 2024 to Feb 2025, with 8 cases being community onset and the remaining 2 cases, hospital onset. This is 2 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 2.46, which compares to the All Wales rate of 2.23.

Nonetheless, any MRSA Bacteraemia should be an avoidable event and work is being done to review these cases, particularly the 2 hospital onset cases, in order to identify the learning points and strategies to prevent new occurrences. It is essential that there is co-ordination between primary and secondary case towards achieving the zero goal. In general the reduction of MRSA is entangled with MSSA and more detail is explained below.

MSSA



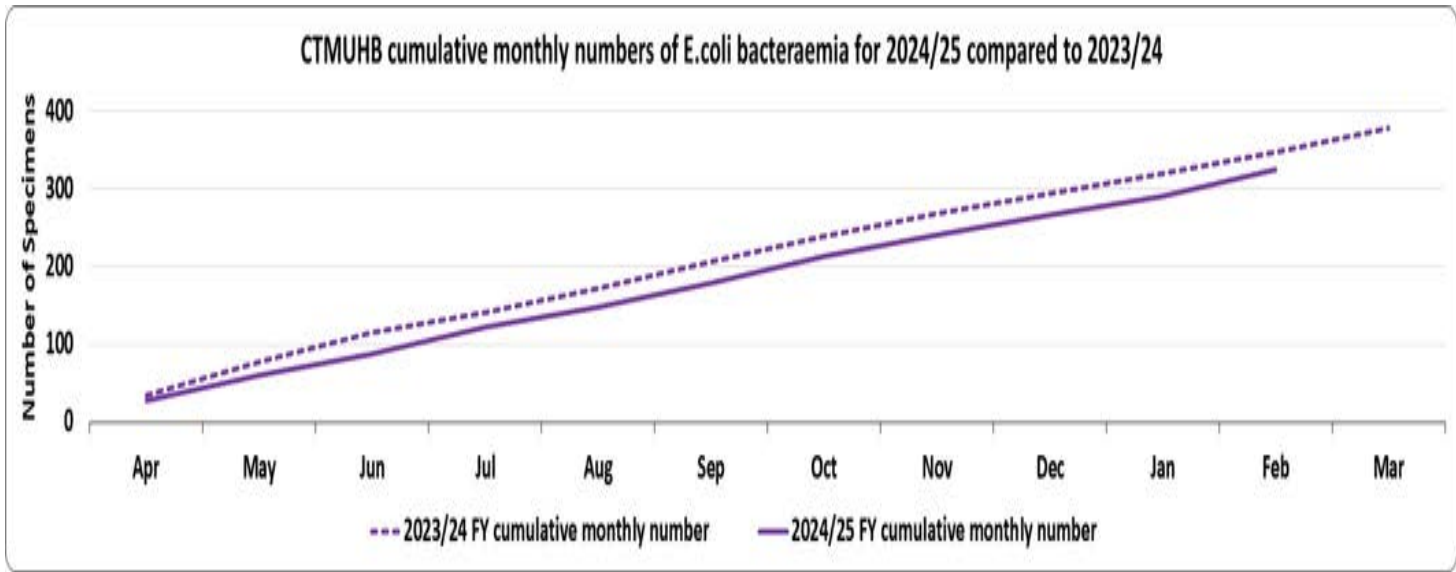
112 MSSA bacteraemia have been reported by CTM for Apr 2024 to Feb 2025. This is 5 cases less than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 27.56, which compares to the All Wales rate of 28.20.

78% of the specimens taken are community onset with around 10% of the total cases being associated with an IV device.

Support is required to restart the IV Steering Group to provide direction for IV device management across CTM. 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.

CTMUHB Safe Services – Healthcare Acquired Infections – April 2024 to February 2025

E.coli

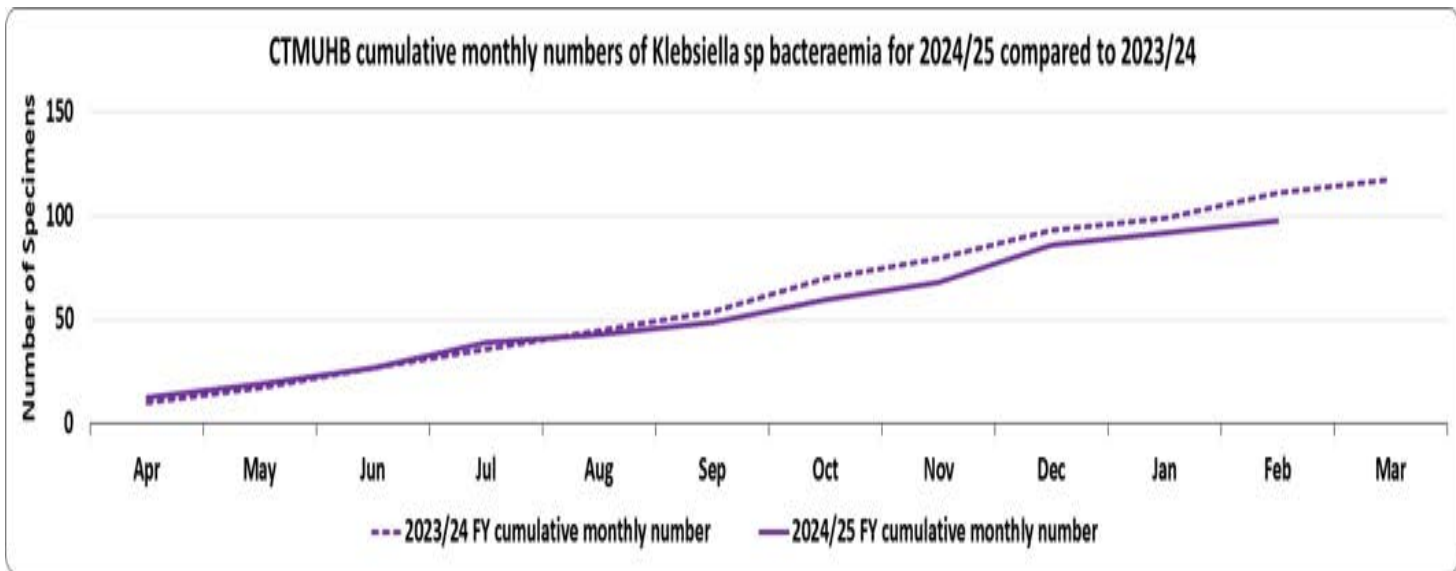


325 E.coli bacteraemia have been reported by CTM for Apr 2024 to Feb 2025. This is 23 fewer cases than the equivalent period of 2023/24. The provisional rate per 100,000 population for 2024/25 is 79.99, which is higher than the all Wales rate of 68.92.

Community onset cases account for 80% 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 Health Board currently has a catheter passport available, but it is not widely used and a multidisciplinary collaboration needs to be developed to ensure this can be sustainably implemented. It is essential to ensure adequate review of the cases in the community and identify “hot areas” and any underlying aspects that are behind the high number of cases.

It is essential to ensure that there are defined roles and a community oriented plan to review, disseminate and monitor the implementation of lessons learned in the community to be able to achieve the goal of reducing not just E.coli but other Gram Bacteraemia.

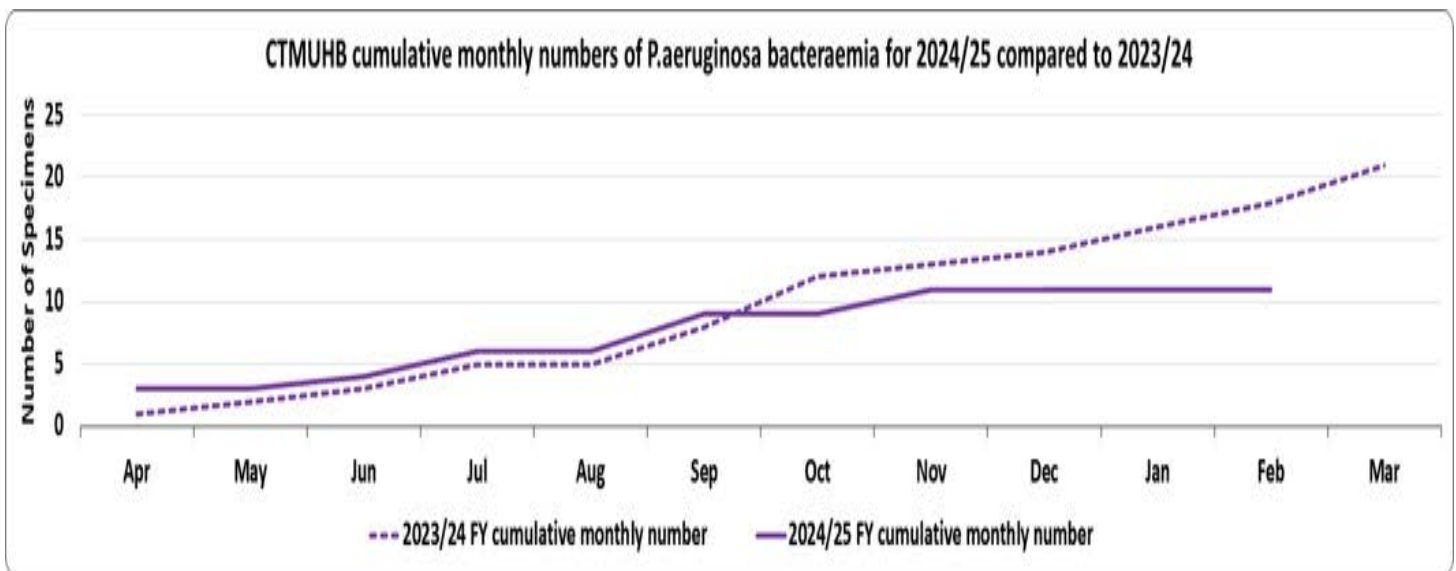
Klebsiella sp



98 Klebsiella sp bacteraemia have been reported by CTM for Apr 2024 to Feb 2025. This is 13 fewer cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 24.12, which compares to the All Wales rate of 22.93.

Of the specimens taken, 73% are community acquired infections. Around 11% of the total cases are associated with a urinary catheter. IPC huddles are held to discuss both community onset and healthcare onset urinary catheter related bacteraemia. Work is required to identify strategies to ensure robust review and implementation of lessons learned, particularly in the community where the majority of the cases are being identified, including ensuring the wide adoption of a catheter passport.

P.aeruginosa

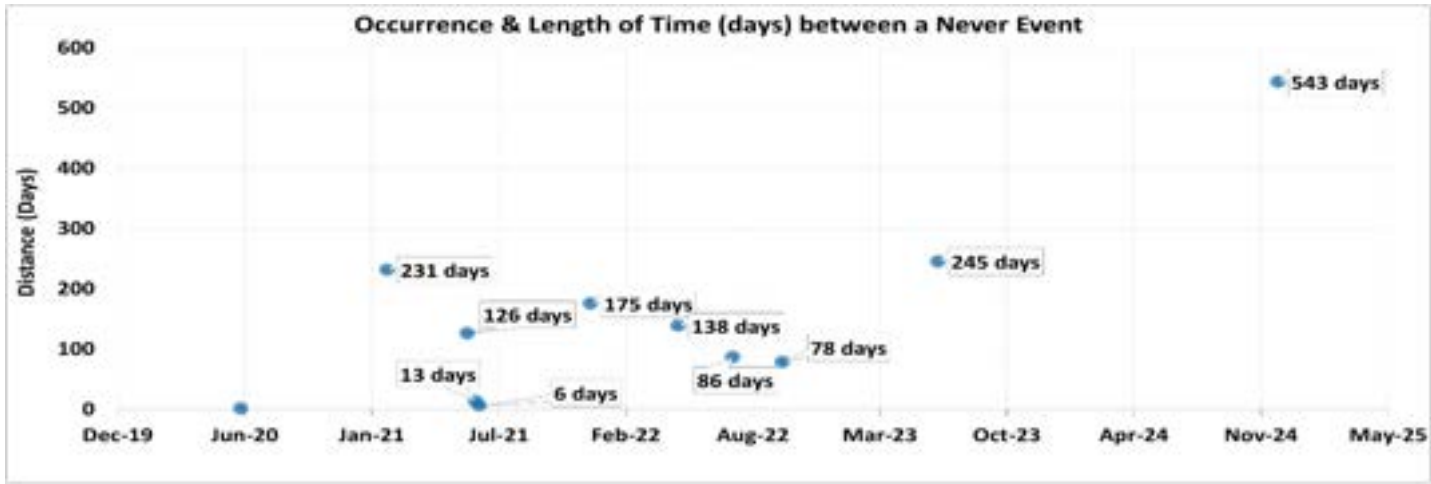


11 P.aeruginosa bacteraemia have been reported by CTM for Apr 2024 to Feb 2025. This is 7 fewer cases than in the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 2.71, which compares to the All Wales rate of 5.16.

55% of infections are community acquired infections. Investigations are being held on the hospital onset cases to look at identifying themes and lessons to be learned towards the reduction goal, but it is essential to identify what strategies need to be put in place to ensure that similar reviews are happening in the community and that lessons learned are adequately shared with corrective measures implemented. The Water Safety Group continues to monitor areas of augmented care to detect and resolve issues with any Pseudomonas contamination that may be related to the water system.

Safe Services – Never Events & Nationally Reportable Incidents

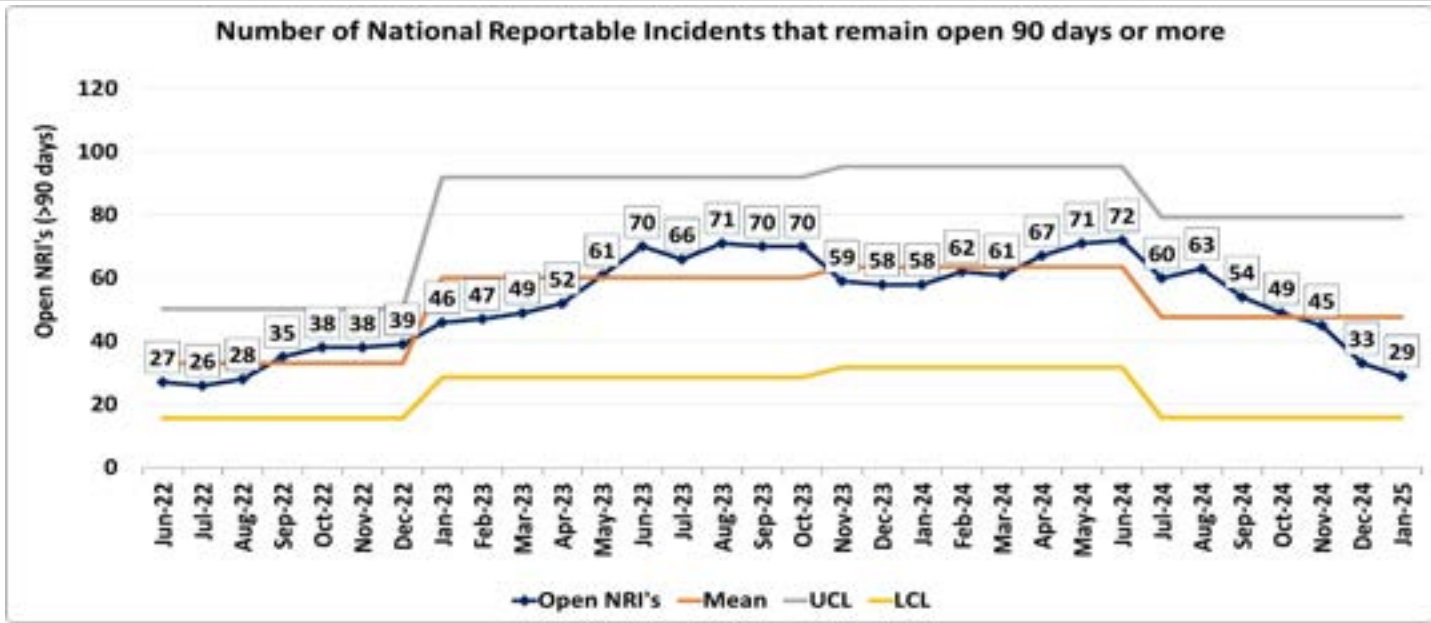
Number of Never Events – February 2025 - Zero



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.

There were no Never Events reported during February 2025. However, one event was reported during December, with this being the first occurrence since June 2023 (543 elapsed days) and investigations are ongoing.

Number of National Reportable Incidents that remain open 90 days or more – Target is 12 month reduction trend – January 2025 – 29



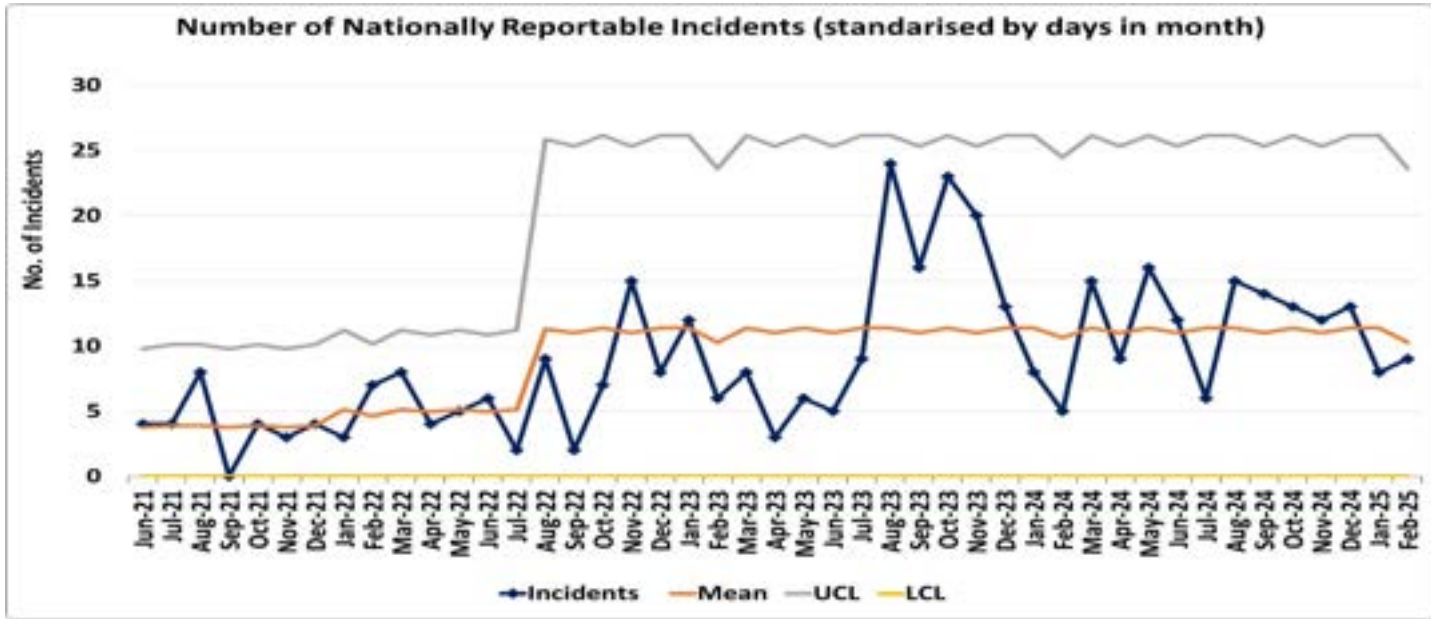
N.B. in order to allow for accurate reporting there is a time lag of approx. one month for the 90 days measure.

As at January 2025, 29 National Reportable Incidents remained open past the 90 days timeframe.

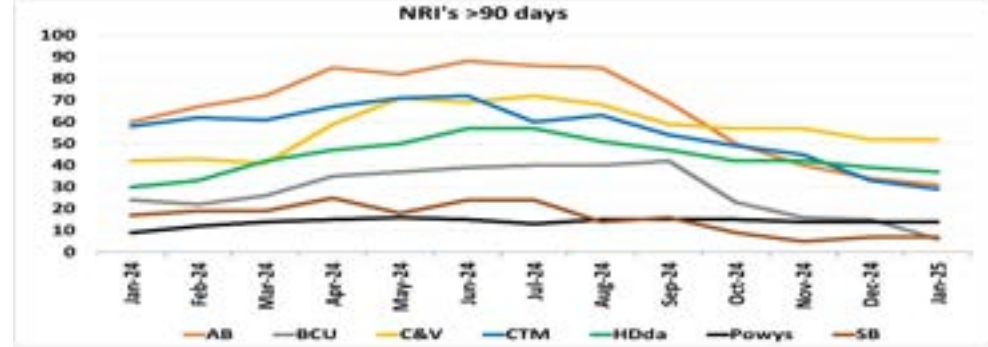
During February, 9 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 141 incidents submitted during the past 12 months.

A trajectory plan is in place to ensure investigations are concluded and an outcome provided to patients and their families.

Type of Nationally Reportable Incidents	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Total
Pressure Damage	5	1	4	3	4	3	3	8	6	6	2	4	49
Maternity/Neonatal adverse occurrence	2	4	2	3		2	1	3	2	2	4	1	26
Clinical Assessment, clinical diagnosis	2		1	2		2	2	1					10
Admission / Transfer / Discharge	2	1	1			3	3					1	11
Infection Prevention & Control		1		2	1	1	3			2			10
Treatment, Procedure	1	1	6			2	1		2	1		2	16
Patient/Service user death	2		1	2	1				2		1	1	10
Medication						1	1						2
Slip, Trip or Fall								1		1			2
Behaviour (including violence and aggression)		1											1
Infrastructure (Staffing/Facilities/Environment)													0
Monitoring/Observations						1							1
Safeguarding	1												1
Communication									1				1
Transport											1		1
Grand Total	15	9	15	12	6	15	14	13	13	12	8	9	141



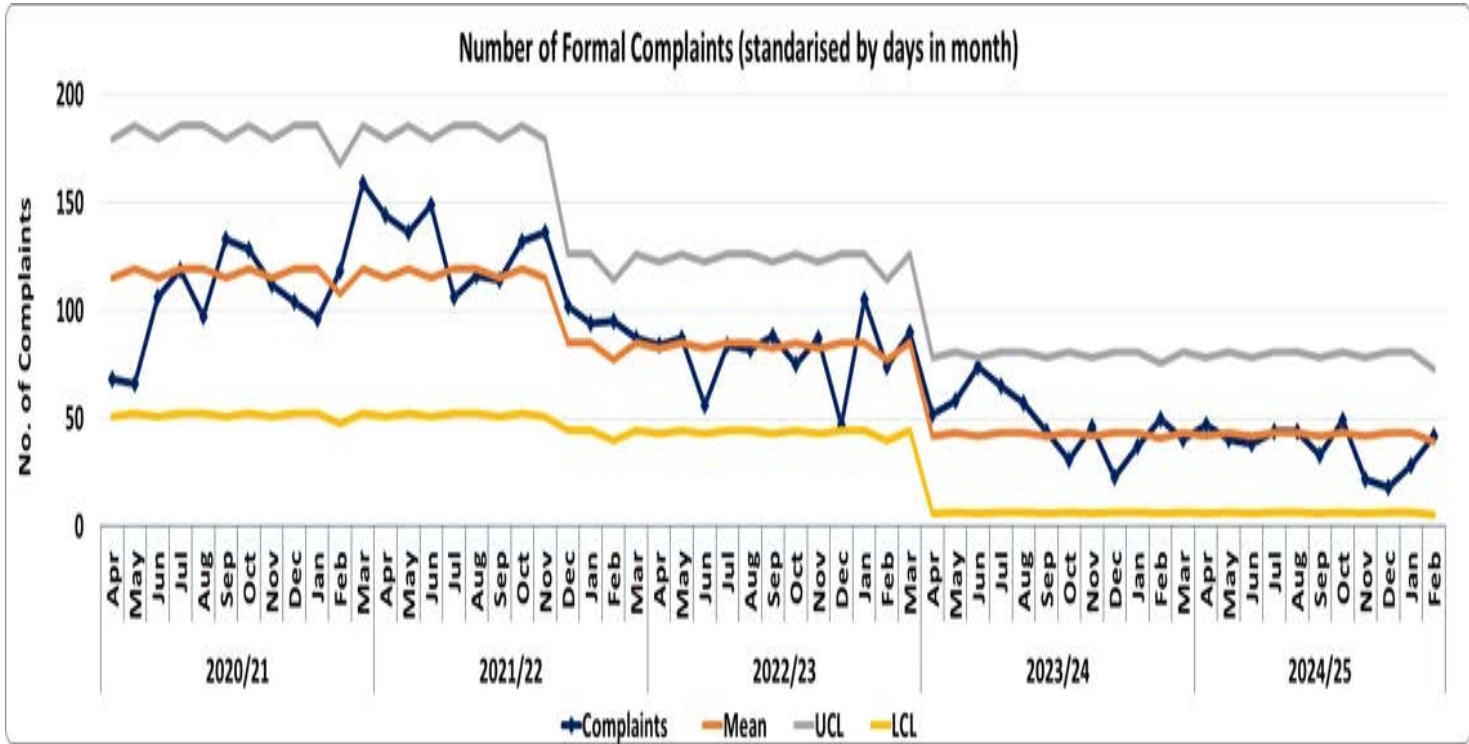
How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
BCU	6	1st
SB	7	2nd
Powys	14	3rd
CTM	29	4th
AB	31	5th
HDda	37	6th
C&V	52	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – February 2025 - 42 Formal Complaints

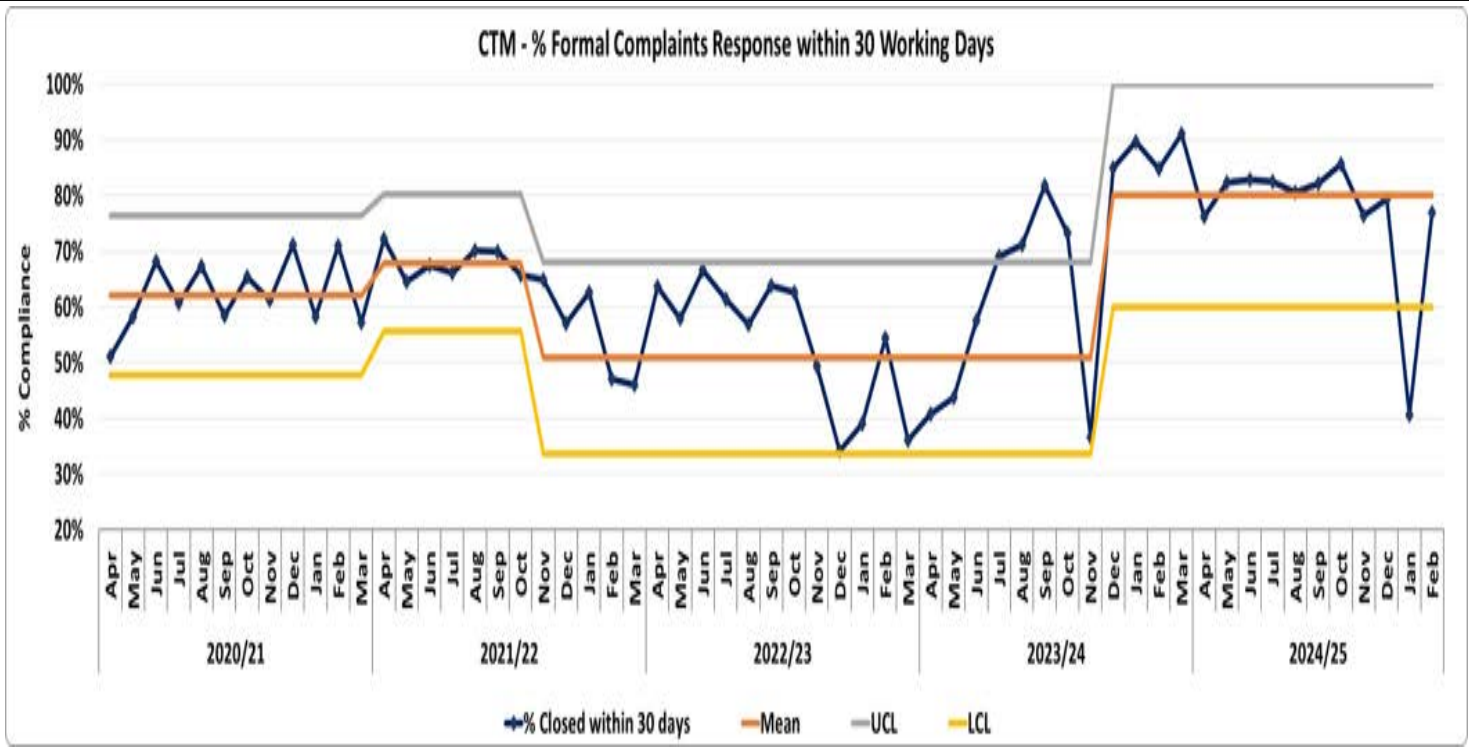


During February 2025, 42 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations.

For those complaints received during February, the majority related to clinical treatment/assessment (32), with the top ten themes during the past 12 months displayed in the table below.

Top Ten - Main Themes from Complaints during the last 12 month period	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Total
Clinical Treatment/Assessment	28	39	33	33	29	35	23	24	15	18	24	32	333
Discharge Issues	6	3	0	1	2	1	2	7	1	0	2	1	26
Communication Issues (including Language)	0	2	1	1	0	1	2	4	1	1	1	2	16
Medication	1	1	0	1	2	3	0	3	1	0	2	0	14
Attitude and Behaviour	2	1	2	0	1	1	0	1	0	1	1	2	12
Patient Care	0	0	0	1	1	0	0	2	3	0	3	2	12
Other	2	1	0	0	0	1	0	1	0	0	1	0	6
Accident/Falls	1	0	1	0	3	1	0	0	0	0	0	0	6
Appointments	0	0	1	0	1	0	1	0	1	0	0	1	5
Access (to Services)	0	0	0	0	0	0	2	0	2	0	0	0	4
Test and Investigation Results	0	0	0	1	0	0	0	1	0	0	2	0	4

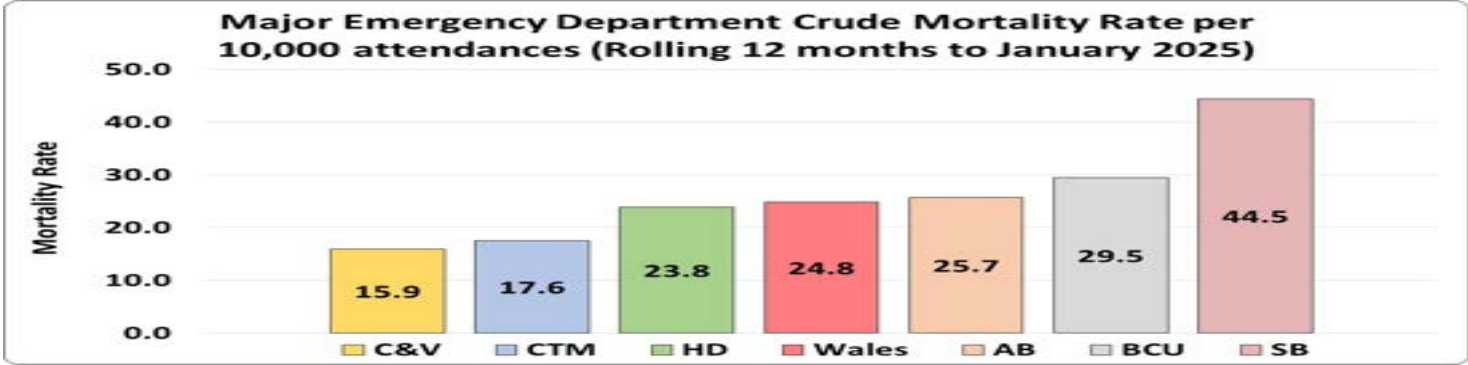
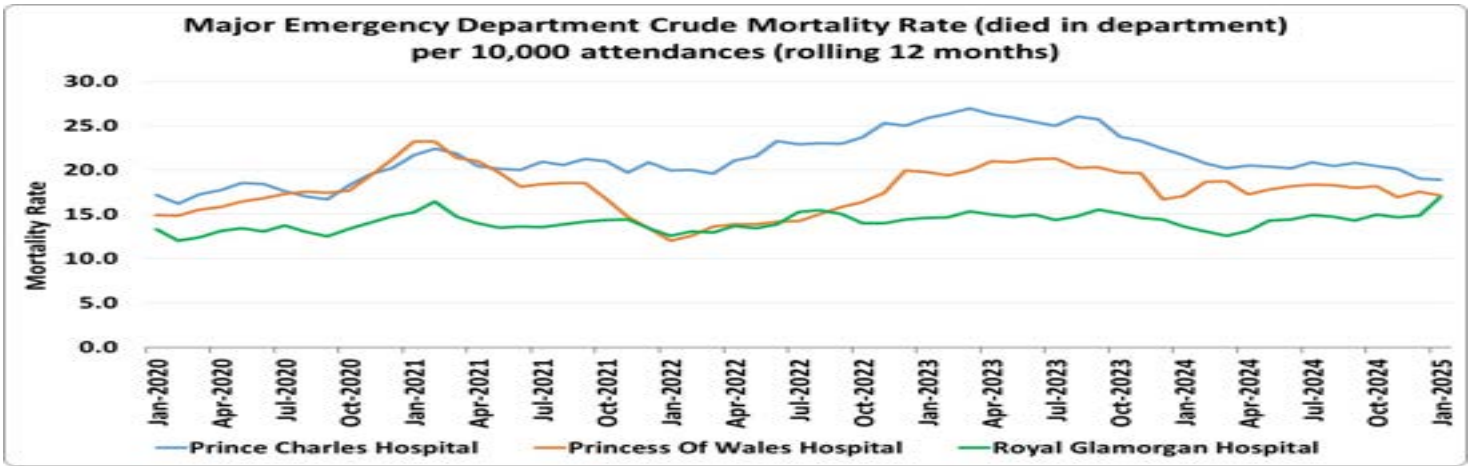
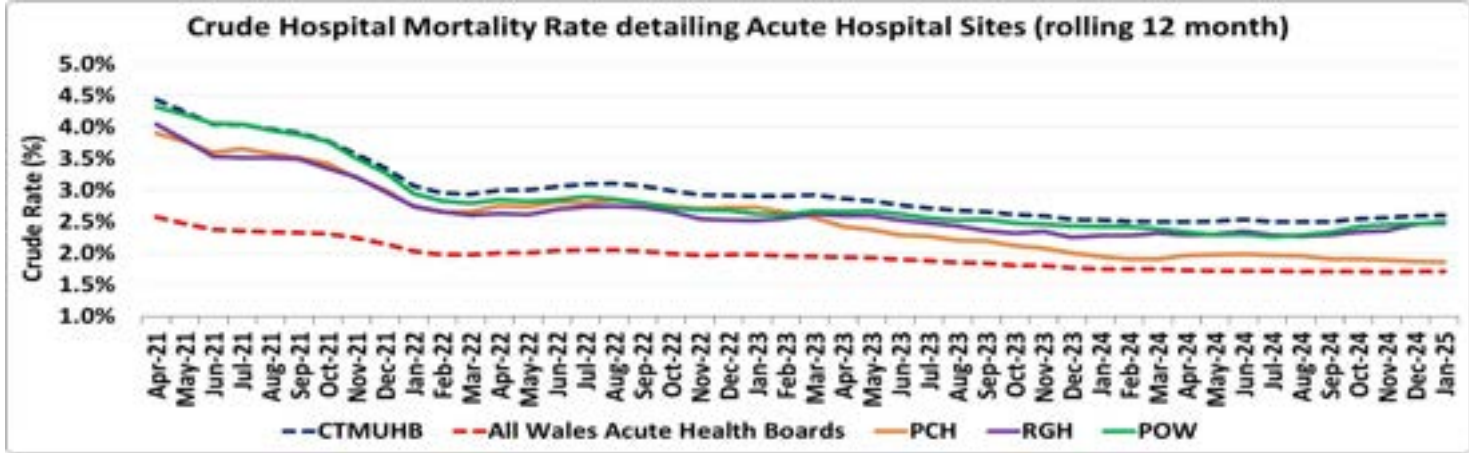
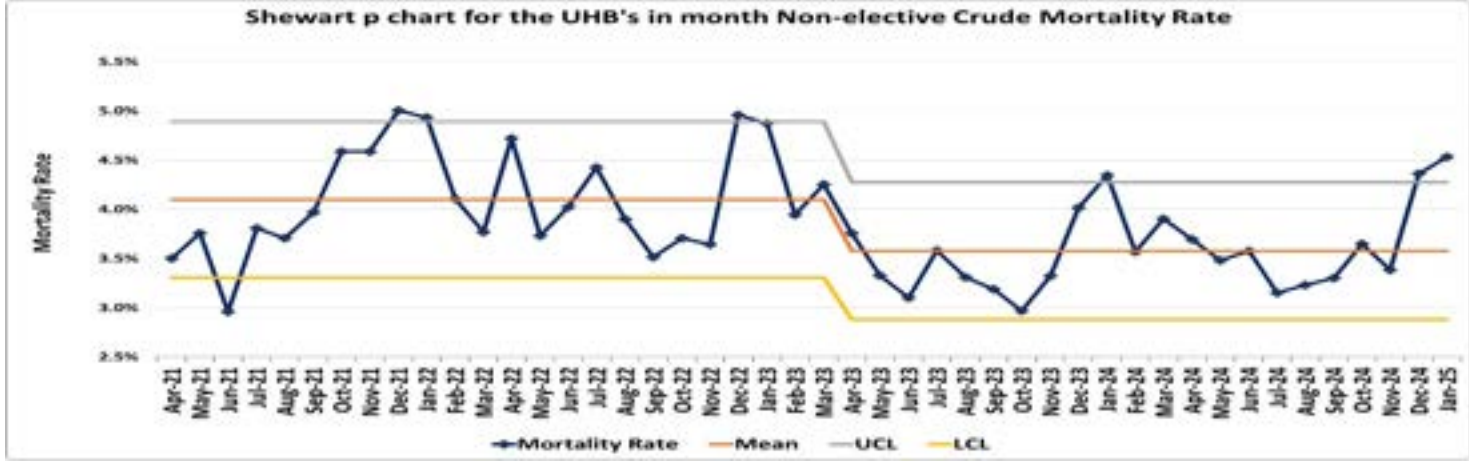
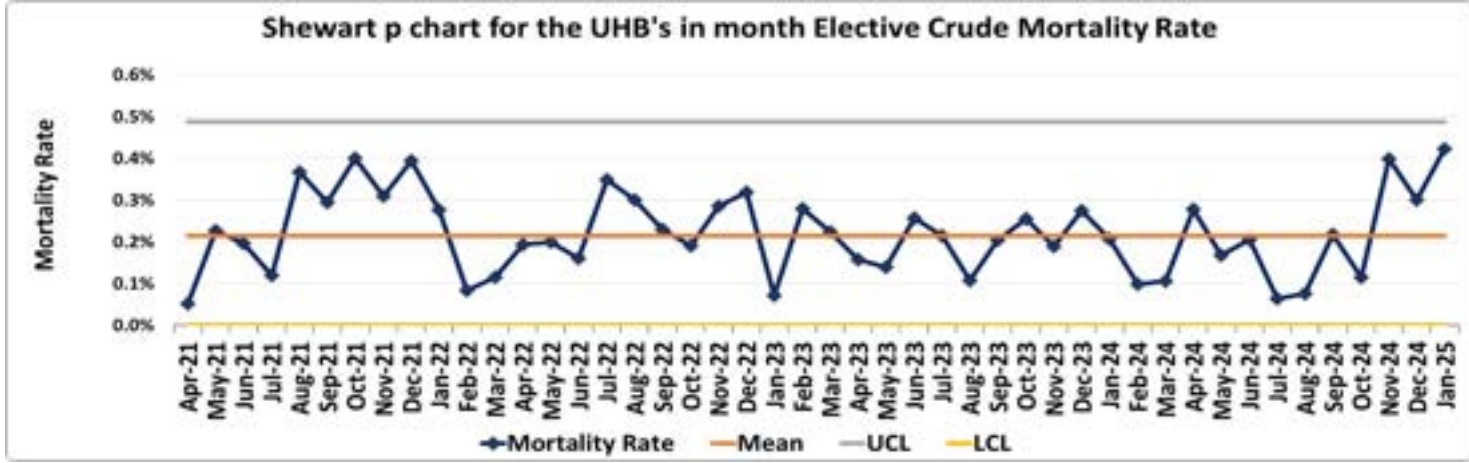
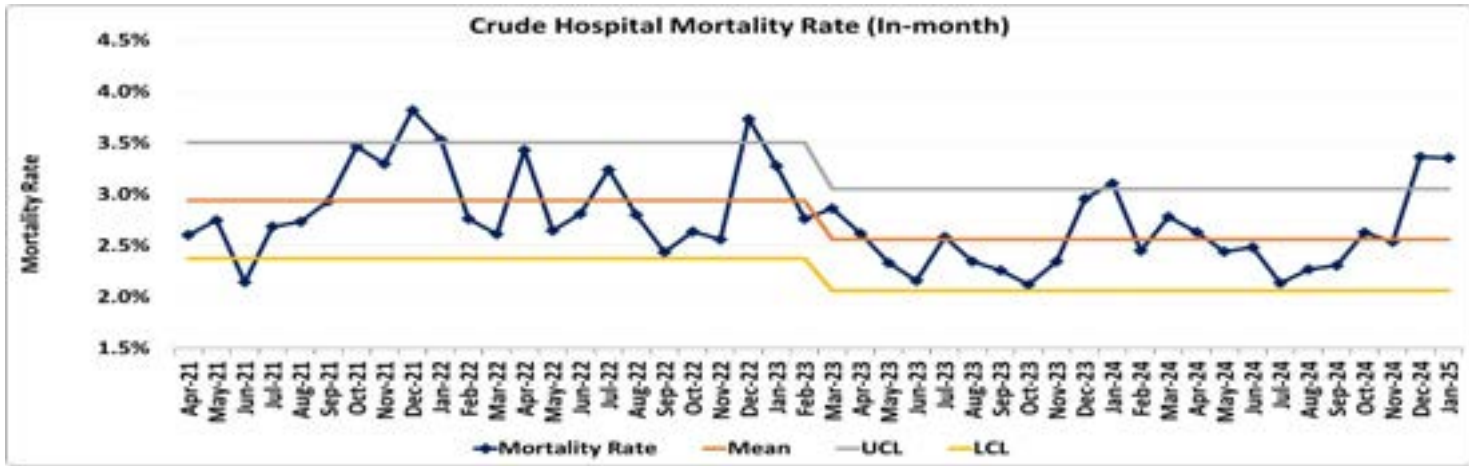
% formal complaints response within 30 working days – February 2025 – 76.9%



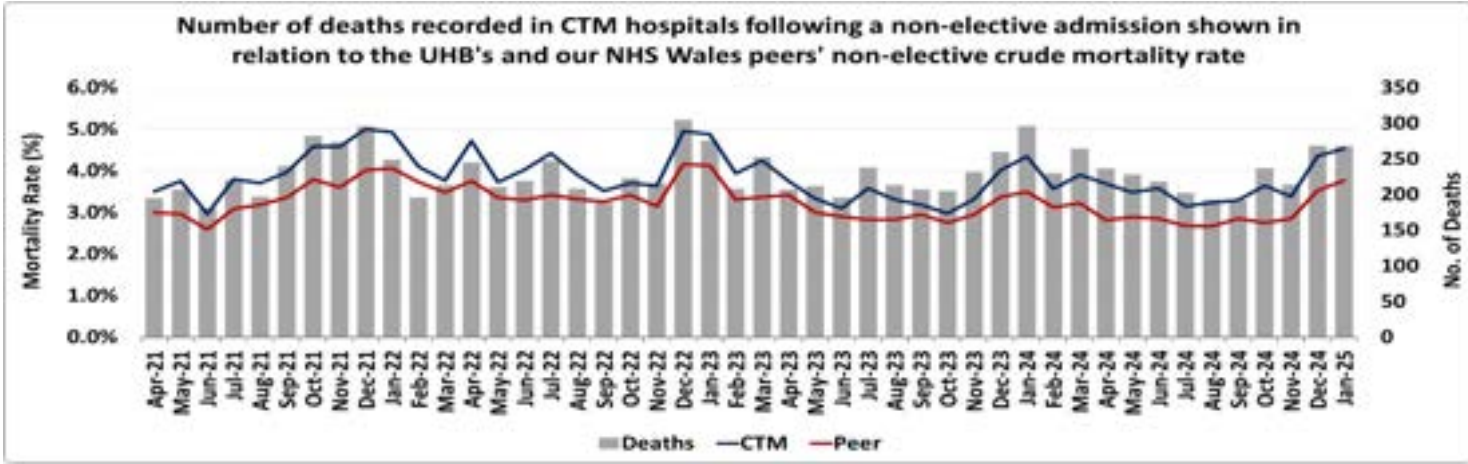
Compliance during February improved to 76.9% following a low compliance rate in the previous month (40.6%) and falls just below the current mean of 80.1%.

Daily complaints huddles are fully embedded to ensure open cases are reviewed and robust escalation is undertaken.

CTMUHB Focus on Crude Hospital Mortality Rates



Based on these crude rates shown in the charts above, the mortality rates in CTM's three major emergency departments are amongst the lowest five in Wales.



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.

The UHB's in month elective crude mortality rate, shows a fairly large increase since November. On review it has been found that 88% of these deaths were palliative cancer care patients, receiving end of life support in our dedicated Y Bwythyn palliative care unit and the remaining deaths, also cancer care patients, receiving care at RGH.

Finance Update – Month 11

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

3. Key Risks/Matters for Escalation

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The key risks for the **Quality** quadrant are:
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work continues to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.
 - Maintaining compliance with the 30 working days complaints response rate.
 - Continuing the reduction of open Nationally Reportable Incidents

4. Assessment

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



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

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

5. Recommendation

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

2024-25 Finance Report

Month 11

Summary

Situation	Background
This Finance report outlines our financial performance for Month 11 (i.e. the period to 28th February 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 11 (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 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m. It is important to note that, even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Assessment	Recommendation
Overall Revenue position - 2024/25: - The M11 position reported a £0.3m surplus and the M11 YTD position is now a £0.1m Surplus. - The current year forecast break-even position has been maintained at M11. This is after the additional £7.5m from WG for continued demand and inflationary pressures. - Confirmation of the 2024/25 pay award has now been issued, this has removed a significant risk to the forecast break even position. - The risks to the break even forecast are now minimal (M10: £1.0m) there remain number of opportunities that may improve the forecast and these are summarised on Page 18. Recurrent Revenue position: - The brought forward recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m. - The forecast underlying deficit at the end of 2024/25 has now improved to £7.9m (M10: £10.7m). - While the risk to the in year break-even forecast has reduced, it is important to highlight that the 2024/25 pay award funding has currently been issued on a non-recurrent basis, pending further WG review of identified costs. Consequently, there is a risk that the recurrent forecast could deteriorate further in the coming months.	The Board, the ODC and the EMB are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 28th February 2025.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
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10	Forecast Underlying Position
11-13	Pay Expenditure Trends
14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risk Management
20	Capital Expenditure
21	Statement of Financial Position
22	Cash Flow forecast
23	Public Sector Payment Policy Compliance

Overall Revenue Position	- The M11 position reported a surplus of £0.3m and the M11 YTD position is now a £0.1m surplus. The forecast current year break-even position has been maintained at M11. This is after the additional £7.5m from WG for continued demand and inflationary pressures. - The forecast recurrent position has improved to £7.9m in M11 (M10 : £10.7m). - The net risks to the forecast break even position at M11 are minimal (M10: £1.0m) further opportunities are summarised on Page 18.
Savings Position	- Actual savings in M11 was £1.5m which was £0.7m below the M11 target of £2.2m. The M11 YTD savings is now £13.1m and is £11.0m below the M11 YTD target of £24.1m. - The M11 forecast In year savings is £14.8m, which is £11.5m below the £26.3m target. This is unchanged from M10. - The M11 forecast Recurrent savings is £15.5m, which is £10.8m below the £26.3m target. This represents a £0.3m improvement from M10.
Cash	The closing cash balance at 28th February 2025 was £5.7m and the forecast cash balance at the end of the financial year is zero
Capital	- The latest Capital Resource Limit for 2024/25, issued on the 28th Feb 2025, was £93.82m. - Expenditure to M11 was £67.5m. - The outturn capital position is forecast to be balanced against the CRL target.

Summary Income & Expenditure Account



	M11 Actual	M11 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(133.0)	(1342.9)	(1582.5)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(6.1)	(69.2)	(75.2)
04. WHSSC Income	(1.3)	(11.9)	(12.9)
05. Welsh Government Income (Non RRL)	(0.4)	(0.9)	(2.7)
06. Other Income	(4.1)	(45.4)	(49.4)
Total Allocations & Income	(145.0)	(1470.2)	(1722.9)
08. Primary Care Contractor	22.4	157.0	174.2
09. Primary Care - Drugs & Appliances	8.1	95.4	105.7
10. Provided Services - Pay	61.0	663.4	726.0
11. Provider Services - Non Pay	9.2	107.9	118.2
12. Secondary Care - Drugs	4.2	55.2	60.5
13. Healthcare Services Provided by Other NHS Bodies	24.5	264.8	292.5
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	5.9	64.3	70.7
16. Other Private & Voluntary Sector	1.4	11.1	20.6
17. Joint Financing and Other	2.2	12.6	18.2
18. Losses Special Payments and Irrecoverable Debts	0.2	2.3	2.5
22. DEL Depreciation\Accelerated Depreciation\Impairments	5.7	35.6	41.5
23. AME Donated Depreciation\Impairments	0.1	0.6	92.3
25. Profit\Loss Disposal of Assets	(0.0)	(0.1)	(0.1)
Total Expenditure	144.7	1470.1	1722.9
Grand total	0.3	0.1	(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 M11 year to date position is reporting a surplus of £0.1m.
 - The Year end forecast remains a breakeven position.
 - The Year end forecast assumes that the additional planned care recovery funding of £12.2m will be fully utilised by the care group schemes.
 - The key risks/opportunities to this forecast position are shown on Page 18.



Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0.0
Month 2	1.4	2.3	0.0
Month 3	0.4	2.7	0.0
Month 4	1.4	4.1	0.0
Month 5	(0.2)	3.9	0.0
Month 6	(0.6)	3.3	0.0
Month 7	(0.1)	3.2	0.0
Month 8	(2.8)	0.4	0.0
Month 9	(0.2)	0.2	0.0
Month 10	0.0	0.2	0.0
Month 11	(0.3)	(0.1)	0.0

- Key Points:**
- The M11 YTD underspend of £0.1m includes a £11.0m shortfall in savings offset by other favourable variances of £(11.1)m.
 - The forecast break-even position has been maintained at M11.
 - Further details of the key drivers for the YTD position and year end forecast are provided overleaf.

Year to Date Performance and Forecast



	M11 YTD £m	M11 Year-end forecast £m	M10 Year-end forecast £m
Savings Shortfall	11.0	11.5	11.5
Operational Variances	14.5	17.6	17.8
Financial Plan Improvements	(12.2)	(14.6)	(14.8)
Additional Financial Allocation	(6.5)	(7.5)	(7.5)
Accountancy Gains	(6.7)	(7.0)	(7.0)
Grand Total	(0.1)	0.0	0.0

Key Points:

- The break-even forecast includes a forecast overspend on Delegated budgets of £29.4m , offset by a forecast underspend on non Delegated budgets of £29.4m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 11 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- The Health Board still needs to manage the remaining risks and opportunities to the forecast break even position.



Forecast

Underlying Position



Underlying Position	Plan £m	M11 Year-end forecast £m	M11 Recurrent £m	M10 Recurrent
Savings Shortfall		11.5	10.8	11.1
Operational Variances		17.6	18.4	18.1
Financial Plan Improvements		(14.6)	(13.8)	(11.0)
Additional Financial Allocation		(7.5)	(7.5)	(7.5)
Accountancy Gains		(7.0)	0	0
Grand Total	(2.1)	0.0	7.9	10.7

Key Points:

- The brought forward recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.
- The forecast underlying deficit at the end of 2024/25 is now £7.9m (M10: £10.7m).
- While the risk to the in year break-even forecast has reduced, it is important to highlight that the 2024/25 pay award funding has currently been issued on a non-recurrent basis, pending further WG review of identified costs. Consequently, there is a risk that the recurrent forecast could deteriorate further in the coming months.

Pay Expenditure Trends

Staff Group	Nov-24 £'m	Dec-24 £'m	Qtr3 Ave £'m	Jan-25 £'m	Feb-25 £'m
Administrative & Clerical	10.8	8.2	8.9	8.2	8.1
Medical And Dental	22.2	16.4	18.2	17.5	16.7
Nursing And Midwifery Registered	25.7	18.7	21.1	20.0	20.0
Add Prof Scientific And Technical	2.6	1.8	2.2	2.1	1.9
Additional Clinical Services	9.4	7.5	8.2	7.8	8.0
Allied Health Professionals	5.2	3.8	4.2	3.9	3.9
Healthcare Scientists	1.5	.9	1.2	1.2	1.1
Estates And Ancillary	4.3	3.3	3.7	3.5	3.4
Students	0.0	0.0	0.0	0.0	.0
Grand Total	81.8	60.6	67.6	64.2	63.2

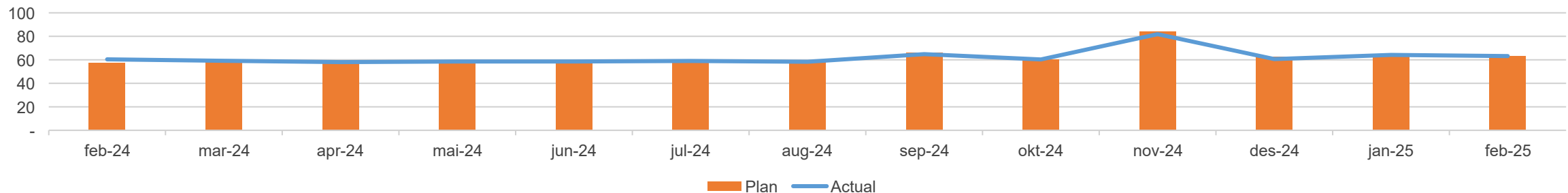
Spend category	Nov-24 £'m	Dec-24 £'m	Qtr3 Ave £'m	Jan-25 £'m	Feb-25 £'m
Core	73.4	53.5	59.7	56.1	55.5
Agency	2.8	2.8	2.9	3.3	2.8
Overtime	2.0	1.2	1.6	1.6	1.7
ADH	1.9	1.8	1.9	1.6	1.7
Bank	1.6	1.3	1.4	1.4	1.4
WLI	0.1	0.1	0.1	0.2	0.1
Grand Total	81.8	60.6	67.6	64.2	63.2

Key Points:

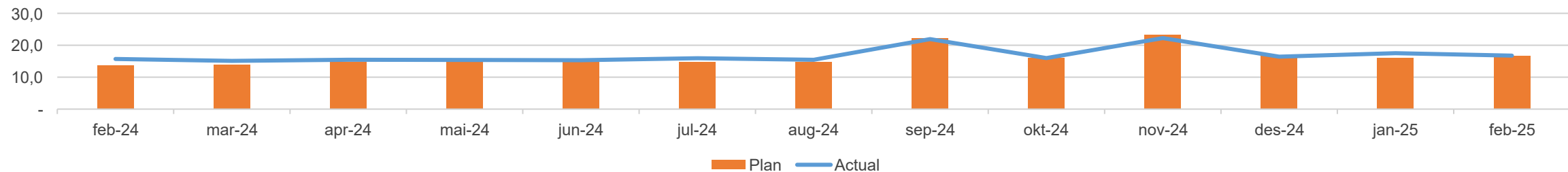
- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were circa £6.8m and the estimate of the In-year pay award is circa £0.7m per month.
- The 2024/25 pay award for all staff groups was processed in M8 including arrears. The impact of the pay award in M8 was estimated at £22.8m or £2.8m per month.
- The 24/25 new A4C increment points were processed in M10, along with some additional elements of the Medical & Dental pay award,
- Total pay expenditure in M11 was £63.2m. This remains consistent with the Q3 average when adjusted for the 24/25 pay award.
- When compared with the Q3 averages, the following variable pay movements occurred:
 - Decrease in Core costs of £4.2m (£0.7m after allowing for the pay award impact)
 - Decrease in agency costs of £0.1m
 - Reduction in ADH's of £0.2m

Pay Expenditure Trends

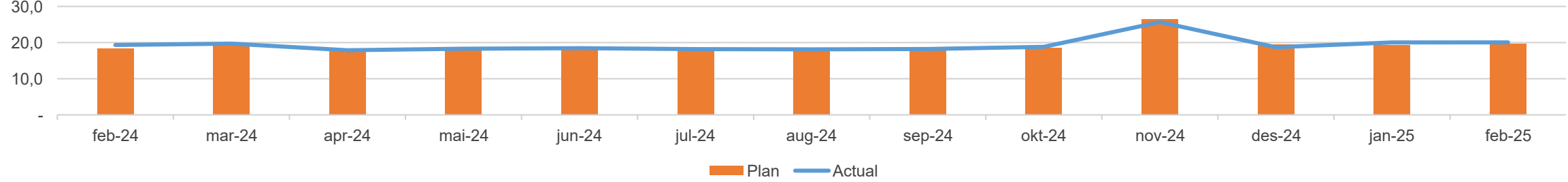
Total Pay Expenditure Trend (£'m)



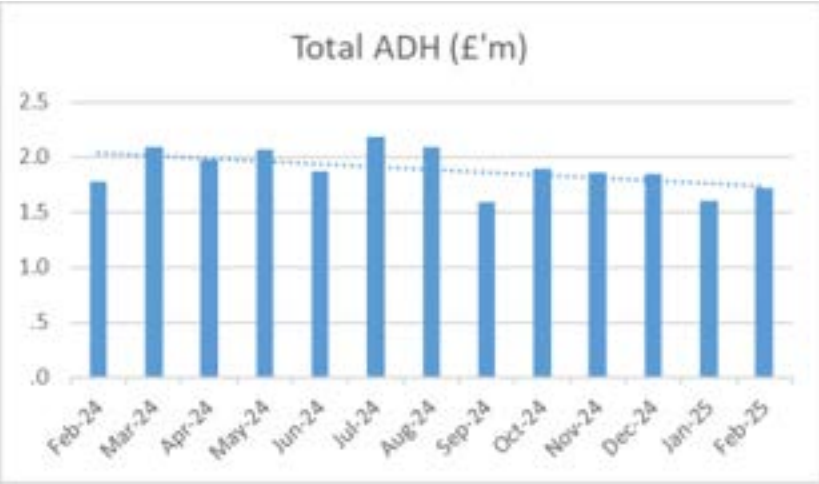
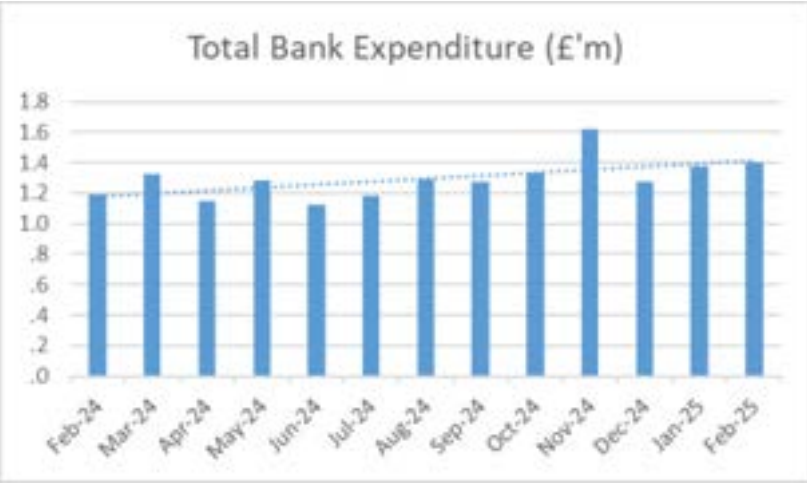
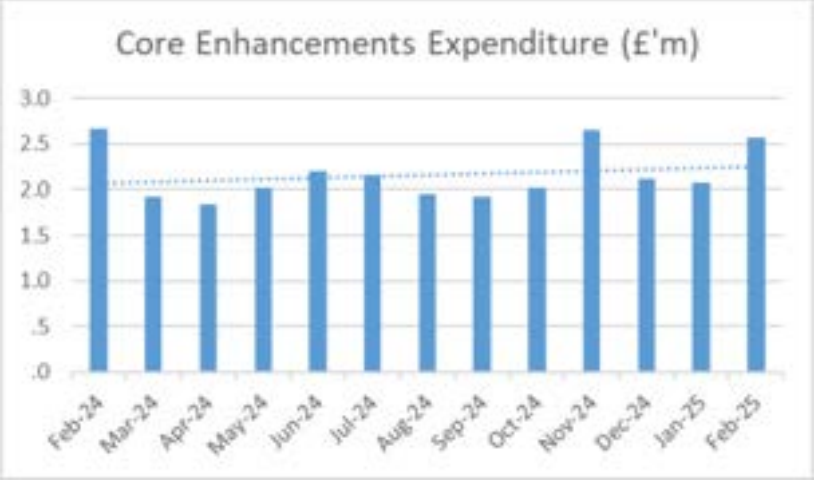
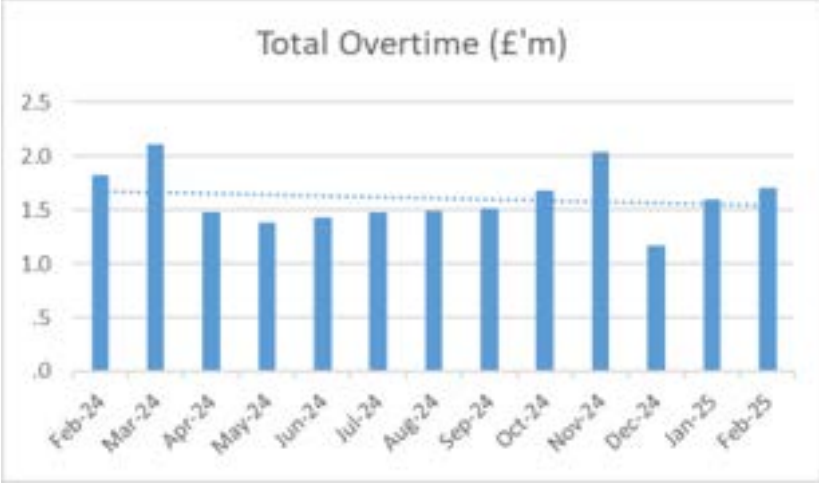
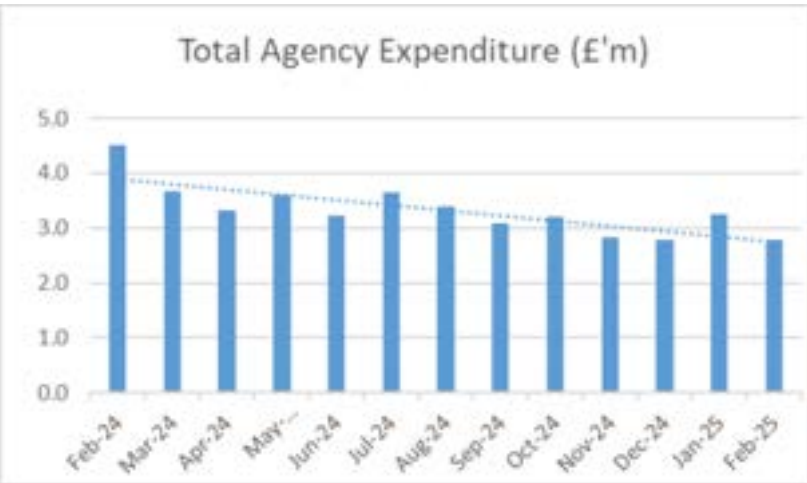
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



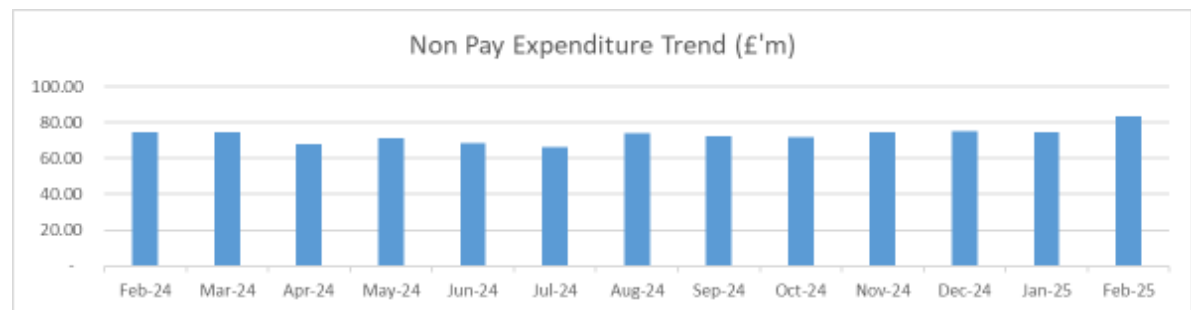
- Key Points :**
- Agency spend – Decrease in M11 of £0.5m and overall a downward trend.
 - Overtime payments- £0.1m increase in M11 and a decreasing trend.
 - Core enhancements – £0.5m increase in M11 and increasing trend.
 - Bank – No movement in M11 but an increasing trend.
 - ADH spend – £0.1m increase in M11 and a downward trend.



Non Pay Expenditure Trends



Non Pay Group	Nov-24 £'m	Dec-24 £'m	Qtr3 Ave £'m	Jan-25 £'m	Feb-25 £'m
Primary Care Contractors	12.3	13.1	12.6	13.6	21.7
Primary Care Drugs	9.2	9.1	9.2	7.9	8.1
Provider Non Pay	9.5	12.0	9.9	10.2	8.8
Secondary Care Drugs	5.0	5.6	5.4	5.2	4.2
Healthcare Commissioning	25.9	25.4	25.0	24.3	24.5
CHC & FNC	6.6	5.7	6.4	7.0	6.2
Other	6.3	4.3	5.3	6.4	9.8
Total Expenditure	74.8	75.1	73.9	74.6	83.2



Key Points:

- The total spend in M11 of £83.2m was £9.3m higher than the Q3 average. The main movements were:
 - Primary Care Contractors of £9.1m – Increase in M11 Non Cash Limited expenditure together with recognition of WG new allocations for Contract inflation settlements.
 - Decrease in Primary Care Drugs of £1.1m – Most recent PAR report indicated an improvement on volume growth.
 - Decrease Provider Non-Pay of £1.1m - Correction of Local Authority RIF expenditure see Joint & Other.
 - Decrease in Secondary Care drugs of £1.2m - Lower than anticipated treatments of NICE/HCD during February
 - Increase in Other of £4.5m – Correction of Local Authority RIF expenditure together with increased planned care recovery outsourcing expenditure.

Income Trends



Income Group	Nov-24 £'m	Dec-24 £'m	Qtr3 Ave £'m	Jan-25 £'m	Feb-25 £'m
Welsh NHS Income	6.5	6.0	6.4	5.3	6.0
JCC Income	1.0	1.1	1.0	1.0	1.3
Primary Care Contractor Income	1.2	1.1	1.2	1.0	1.4
CHC Income	0.6	0.6	0.6	0.7	0.5
Other Income	4.4	4.5	4.3	4.3	4.3
Total Income	13.7	13.4	13.6	12.3	13.6

Key Points:

- The total Income in M11 of £13.6m is equal the Q3 average of £13.6m .



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,423.8	31.2	26.5	95.8	1,577.3
Anticipated Allocations:					
IFRS 16 Adjustment	(3.1)				(3.1)
Depreciation	16.9				16.9
DOLs / MCA Funding	0.2				0.2
Advocacy Funding	0.2				0.2
Memory Assessment Waiting Times Funding	0.2				0.2
Buivald for Prison Service Funding	0.2				0.2
Other Allocations	0.1				0.1
Total Allocations	1,438.5	31.2	26.5	95.8	1,592.0

- Key Points:**
- As at M11 the confirmed Revenue Resource Limit (RRL) allocation was £1,577.3m.
 - The forecast position assumes a further £14.6m of additional allocations to give a Total RRL allocation of £1,592.0m.
 - The main outstanding allocations are for :
 - Depreciation £16.9m
 - IFRS 16 Adjustment (£3.1m)

Income Assumptions - NHS



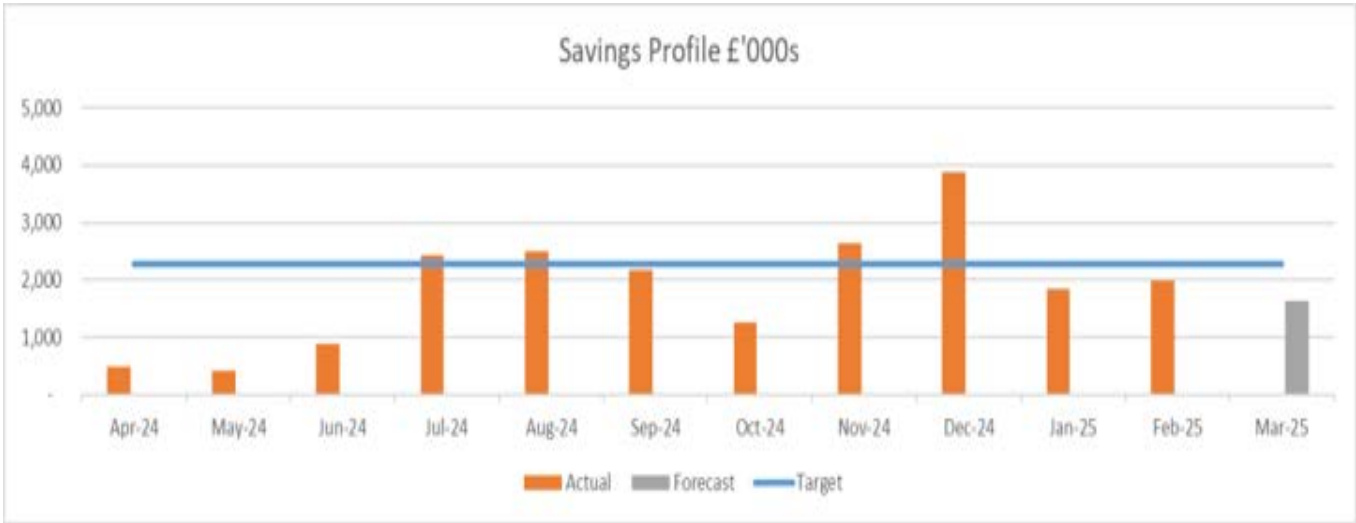
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	17.8	0.8	18.6
Betsi Cadwaladr University	0.0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.4	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0.0	11.8	11.8
NWSSP	0.0	0.0	0.0
DHCW	0.6	0.9	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.1	0.0	12.1
HEIW	0.0	16.9	16.9
NHS Wales Executive	0.0	0.0	0.0
Total	86.5	32.4	118.9

Key Points :

- The Health Board submitted its arbitration documentation for the ABUHB LTA dispute to WG on 1st July 2024. WG ruled in favour of ABUHB and the £1.9m impact has been factored into the year end forecast (see page 8).
- The further dispute was resolved in M9 and the £0.9m impact has also been factored into the year end forecast (see page 9).
- All LTA agreements have been agreed and signed for 2024/25.
- Good progress has been made in signing agreements on 2025/26 LTAs by the 31st March 2025.



	Month 11			Month 10		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	24.1	26.3	26.3	21.9	26.3	26.3
Actual and Forecast Savings	(13.1)	(14.8)	(15.5)	(11.6)	(14.8)	(15.2)
Total	11.0	11.5	10.8	10.3	11.5	11.1



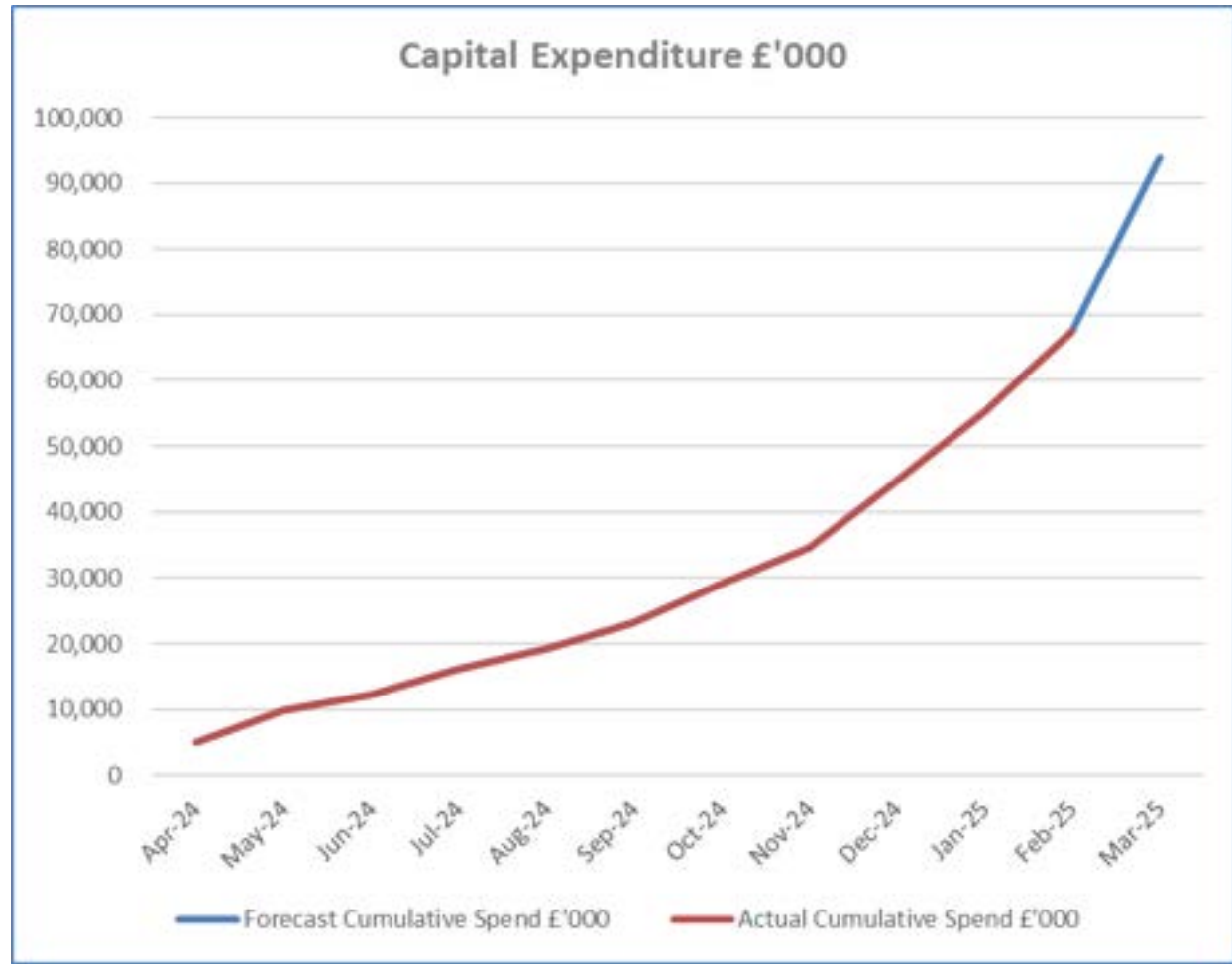
- Key Points:**
- The M11 YTD savings is now £13.1m ,which is £11.0m below the YTD target of £24.1m.
 - The forecast In year savings of £14.8m is £11.5m below the £26.3m target. This is unchanged from M10.
 - The M11 forecast Recurrent savings of £15.5m is £10.8m below the £26.3m target, this is a £0.3m improvement compared to M10.

Risk Management Risks and Opportunities

	M11 £m	M10 £m	Comment
Funding risks:			
Other risks:			
Other cost pressures and forecasting risks, including POW	0	1	Recognised in year end forecast.
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	Tbc	See Section 1.2
Total Risks	0.0	1.0	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	Tbc	£7.0m now included in year-end forecast.
Review of Annual leave provision	tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	tbc	Tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but unlikely to be achieved in 24/25.
Failure of Private providers to meet agreed activity levels on outsourcing plans	tbc	0.0	An Outsourcing provider is not in line with agreed plan at M11, potential that other providers will be able to meet the shortfall
Other Non-Recurrent Opportunities	0.0	0.0	
Total Opportunities	0.0	0.0	
Total	0.0	1.0	

Key Points :

- As at M11 we are not recognising any material risks to the forecast, as at M10 we there remained a risk of £1.0m forecasting risks.
- The financial risks and opportunities that the Health Board is trying to manage are now minimal but there is a still a risk that the recurrent forecasts could deteriorate in the coming months.



Key Points:

- The latest Capital Resource Limit (CRL) for 2024-25 of £93.819m was issued on the 28th February 2025
- This is supplemented by a forecast of £0.130m of donated funds and £0.004m of NBV of assets disposed of in this financial year giving an overall programme of £93.953m..
- Expenditure to M11 was £67.5m.
- The outturn capital position is forecast to be balanced against the CRL target.

Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M10 £'000	Closing Balance as at M11 £'000
Non Current Assets			
Property, Plant & Equipment	730,452	755,258	761,704
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	67,191	67,191	67,191
Total Non-Current Assets	799,735	824,541	830,987
Current Assets			
Inventories	7,367	7,051	7,032
Trade and Other Receivables	77,735	114,305	118,124
Cash and Cash Equivalents	1,485	9,367	5,666
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	86,587	130,723	130,822
Current Liabilities			
Trade and Other Payables	161,743	175,696	161,743
Provisions	36,955	36,955	36,955
Total Current Liabilities	198,698	212,651	198,698
Non-Current Liabilities			
Trade and Other Payables	18,437	18,437	28,543
Provisions	65,735	84,520	89,839
Total Non-Current Liabilities	84,172	102,957	118,382
TOTAL ASSETS EMPLOYED	603,452	639,656	644,729
Financed By:			
General Fund	493,867	530,071	535,144
Revaluation Reserve	109,585	109,585	109,585
TOTAL	603,452	639,656	644,729

Key Points :

The main changes in the balance sheet figures from M10 to M11 include the following::

- **Trade and Other payables have reduced by £3.8m since M10.**
 This is due to an decrease in capital creditors of £1.9m, general trade payables decreasing by £2.6m and Non NHS accruals decreasing by £3.1m offset by increases in dental and GMS creditors of £2.1m relating to the pay award.
- **Provisions have increased by £5.3m,** this is due to an increase in the clinical negligence provision of £5.1m.
- **Trade and Other Receivables have increased by £3.9m.** This is mainly due to an increase in the Welsh Risk Pool Debtors of £6.5m. This is offset by a decrease in Non-NHS Prepayments of £2.6m.
- **Property, Plant & Equipment has increased by £6.7m** mainly due to additions on the PoW roof scheme and PCH Phase 2.
- **Non Current - Trade and Other payables have increased by £10m since M10.** This is due to capital payables from previous year which we no longer anticipate the cash being paid by year end.



Cash Flow Forecast

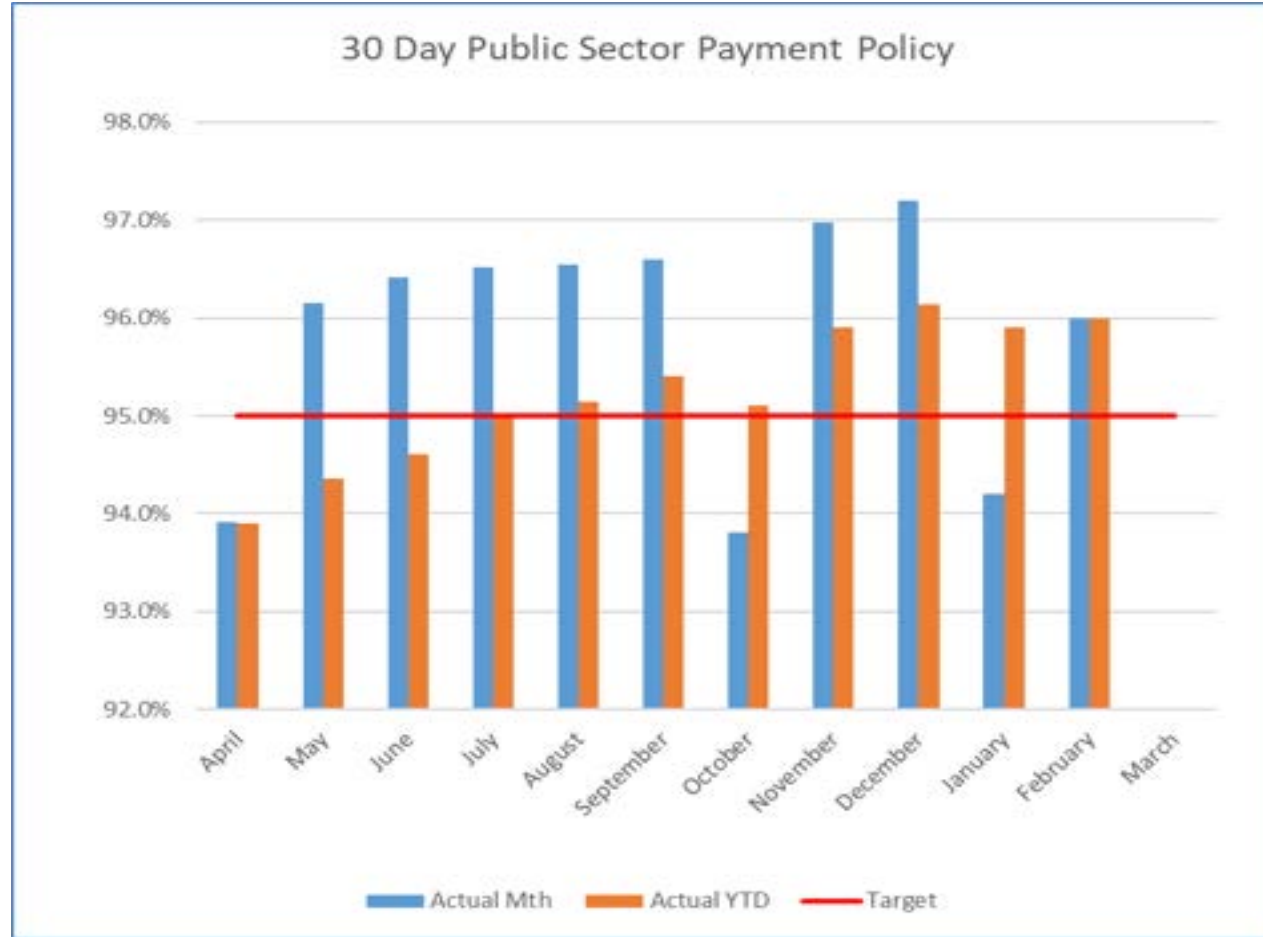


Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	104,060	121,501	110,845	123,671	122,274	115,153	110,593	141,166	136,104	119,474	127,432	127,246	1,459,519
WG Capital Funding	6,000	3,000	3,600	5,300	3,900	3,500	4,800	3,500	7,700	9,300	11,200	22,755	84,555
Sale of Assets	0	0	0	0	0	0	0	0	0	150	0	0	150
Welsh NHS Org'ns	13,521	8,976	10,095	10,090	10,783	10,967	10,075	8,641	9,104	13,664	9,645	10,000	125,561
Other	6,489	5,527	3,110	1,968	4,648	5,427	3,417	3,909	4,925	7,069	6,450	4,000	56,939
Total Receipts	130,070	139,004	127,650	141,029	141,605	135,047	128,885	157,216	157,833	149,657	154,727	164,001	1,726,724
Payments													
Primary Care Services	18,463	30,299	9,946	19,043	29,494	9,023	19,011	31,274	20,061	20,331	26,377	10,681	244,003
Salaries and Wages	151	178	194	69	104	132	50	0	0	0	0	0	878
Non Pay Expenditure	44,837	57,323	58,000	56,289	54,911	61,312	59,057	68,266	70,172	60,409	61,609	71,709	723,894
Capital Payments	5,476	6,126	3,568	2,845	4,105	3,004	4,171	5,379	7,791	7,295	12,189	22,489	84,438
Other	59,061	48,104	52,532	59,439	58,482	56,688	50,916	53,187	58,925	54,621	58,253	64,788	674,996
Total Payments	127,988	142,030	124,240	137,685	147,096	130,159	133,205	158,106	156,949	142,656	158,428	169,667	1,728,209
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(5,491)	4,888	(4,320)	(890)	884	7,001	(3,701)	(5,666)	
Balance B/F	1,485	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	9,367	5,666	
Balance C/F	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	9,367	5,666	0	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M11 was £5.7m, this is within our target balance of keeping cash balances below £6m.
- The year end cash flow forecast shows a balanced position.





Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in December was 96.0%
- The cumulative percentage to M11 is now 96.0%.
- We are forecasting to achieve the 95% target by the end of the year.



Agenda Item

7.1

CTM Health Board

Subsidy Control

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts
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 Development Committee	13/03/2025	Endorsed for Board Approval

1. Situation /Background

Subsidy control is a legal framework that governs the giving of subsidies. It must be followed by all UK public authorities, including the UK government, arm's-length bodies, the devolved governments, local authorities, and other organisations exercising functions of a public nature, in Wales this includes Local Health Boards.

The framework allows public authorities to use subsidies as a tool to meet their policy objectives, while at the same time avoiding unnecessary harm to fair competition between businesses in the UK, and between the UK and other countries.

A subsidy is where a public authority provides support with a financial value to an enterprise (which is any legal person who engages in economic activity by putting goods or services on the market), and this support gives the enterprise an economic advantage, meaning that equivalent support could not have been obtained on commercial terms. For example, a cash payment, a loan at below the market rate of interest or the free use of equipment or office space.

It is a public authority's responsibility to determine whether financial assistance is a subsidy or not, and therefore whether the requirements of the Act apply.

2. Purpose of the Report

The purpose of this report is to inform the Board on the Subsidy Control requirements set out by Welsh Government with respect to The Housing with Care Funding (HCF) Capital programme.

Details pertaining to Subsidy Control were presented to the Strategic Development Committee on 13 March 2025. The Committee endorsed the request for Board approval.

We are now requesting formal Board approval of the request from the Regional Commissioning Unit to submit a subsidy control scheme on Cwm Taf Morgannwg University Health Board's (CTMUHB's) behalf.

The Housing with Care Funding (HCF) is a Capital programme introduced by Welsh Government in 2022, with a primary focus on increasing the stock of housing that is available to meet the needs of people with care and support needs. In Cwm Taf Morgannwg, we receive £8.7m in HCF funding annually, which is broken down into 3 Objectives:

- Objective 1 – properties to be let as social rented tenancies i.e. Extra Care schemes.
- Objective 2 – intermediate care and accommodation i.e. Children's Residential homes, short-to-medium accommodation for adults as step-up/step-down services from hospital.
- Objective 3 – minor projects (below £100,000 in value) i.e. repairs, refurbishments and improvements to existing housing with care or intermediate care settings.

Working on behalf of the Regional Partnership, the Regional Commissioning Unit work in partnership with statutory partners including CTMUHB, Local Authorities, Registered Social Landlords and the Third Sector to develop projects that meet aligned priorities as set out in our 10-Year Strategic Capital Plan.

A Regional Capital Board was established to provide oversight and accountability on administering the funding, with members elected from each statutory partner. The main portion of the funding is allocated to Objective 1 and 2 schemes, which is issued directly from Welsh Government to grant recipients.

Objective 3 funding is administered by the Regional Commissioning Unit (on behalf of the Regional Partnership) as an allocation of £872,900 of the total HCF budget, which is paid to projects via CTMUHB acting as bankers.

All RPB capital funding comes into the CTMUHB finance department and all funding award letters are duly signed by Paul Mears as CEO and Sally May as the Executive Director of Finance.

Monitoring and administration is undertaken by the Regional Commissioning Unit.

The latest award of funding letter makes reference to subsidy control

(a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Housing, Local Government and Planning, one of the Welsh Ministers, acting pursuant to Sections 1 and 2 of the National Health Service (Wales) Act 2006 and functions transferred under sections 58A of the Government of Wales Act 2006.

(b) You must ensure that the use of the Funding is compatible with the Subsidy Control Act 2022 and the applicable agreements contained in the World Trade Organisation rules, UK-EU Trade and Cooperation Agreement and any Free Trade Agreement involving the UK and the Northern Ireland Protocol and any relevant domestic legislation.

Members of the Regional Commissioning Unit have attended a number of meetings with Welsh Government to understand the implications and action needed.

There will be a requirement to register any payments that may be classed as a subsidy and as such, show them on the relevant page of the UK Government's website.

The Welsh Government Subsidy Control team advise that the best way to proceed is to register the region's Objective 3 capital funding as a Programme Level subsidy with a subsidy reference number being attached to each payment made.

This allows the region to assess the Objective 3 funding as a programme and apply the 4-limb test to the programme, rather than each project individually. Once the 4-limb test has been applied, a 7-principles assessment to determine how the

funding meets the Subsidy Control criteria, which will be logged by Welsh Government.

These projects cannot exceed £100,000 in value and for the financial year 2024/25, we received 26 new applications for funding with a total value of £1,545,391.18. A review panel formed from members of the Capital Board were elected to priorities and decide which applications would receive funding.

3. Specific Matters for Consideration

As stated above in order to comply with the Subsidy Control UK Act 2022, each project that is issued any funding that could be considered a subsidy is required to undergo a 4-limb test.

The [4-limb test](#) is designed to provide guidance on whether any financial assistance is classified as a subsidy or not, with 'Yes' or 'No' answers sought for each question. If any of the four questions are answered 'Yes', then the award should be classified as a subsidy.

If the funding is determined to be a subsidy (in CTMs instance, each project answered 'Yes' to at least one of the 4-limbs), then a further [7-principles assessment](#) should be carried out on each project, or the assessment can be completed at a programme level to encapsulate all the projects. These 7 principles outline the considerations that need to be made by the awarding body, in awarding a subsidy.

Once the Principles assessment has been completed, the document can then be registered on the UK Subsidy Control Database. The subsidies are then published and can be 'challenged' for up to 30 days from the date of publishing, from other potential fund recipients that may not have received any previously. This process allows full transparency from WG as funders and the CTM RPB as fund administrators, CTMUHB as bankers.

For context, Welsh Government have advised that they have not had to process any challenges since the Subsidy Control Act 2022 has been in place.

A 7-principle assessment of CTMs Objective 3 Programme has been completed. (Appendix 1). This has been shared with Welsh Government Subsidy Control colleagues who were supportive of the submission.

Across Wales, other regions have successfully submitted their Subsidy Control schemes and are live on the Subsidy Control database. Working collaboratively with other regions, the CTM proposed submission is similar in content and only varies in region specific wordings. Welsh Government have already approved this format.

Approval from the Board of CTMUHB is required before the subsidy can be lodged.

Once submitted and approved, the subsidy will remain in place until the end of financial year 2026/27, meaning no other submissions will be required during the

cycle of the HCF fund. Any other award made until its expiry will be made under the existing subsidy scheme reference number

4. Key Risks / Matters for Escalation

In terms of risk, the regional team has been advised that CTM's Objective 3 capital programme would likely be classed as a SPEI (Service of Public Economic Interest) which would provide sufficient cover should any challenges be made to our awards,

In order to go ahead the Regional Team requires approval from the Board of CTMUHB and without this approval the subsidy control could not be logged.

5. 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))	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))	Efficient
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	Subsidy control is a legal framework that governs the giving of subsidies. It must be followed by all UK public authorities, including the UK government, arm's-length bodies, the devolved governments, local authorities, and other organisations exercising functions of a public nature, in Wales this includes Local Health Boards.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to follow the appropriate governance in agreeing and lodging the subsidy control would have a detrimental effect on the Health Board's reputation and jeopardise future Objective 3 Funding.	
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.	

6. Recommendation

The Board is asked to:

- 6.1 Note the new requirements on Subsidy Control for Objective 3 projects, as directed by Welsh Government.
- 6.2 Acknowledge the SDC endorsement for Board approval and formally approve the regional team's request to lodge the Subsidy on the health board's behalf.

7. Appendices

Appendix 1 – 7 Principles Assessment

Cwm Taf Morgannwg Housing with Care Fund (CTMHCF) Principles Assessment August 2024

INTRODUCTION

In line with the Housing with Care Guidance, the Cwm Taf Morgannwg Housing with Care Fund (CTM HCF) is to support with minor projects within localised communities which are aligned to the overarching Housing with Care (HCF) principles and delivered to the eligible priority groups.

The application process is open to any partner which ensures that competition for funding is equal, and the applications are reviewed by a designated review panel, from members of our Regional Capital Board who work on behalf CTM Regional Partnership Board.

The CTM HCF (Objective 3, Minor scale programme) for 2024/2025 is £872,900 which is applied for via an open application process. There has been WG authorisation for an additional 5% funding of £436,450 (5% of our overall HCF budget of £8,729,000 for Objectives 1, 2 and 3) which is ringfenced for specific Disabled Facilities Grants for each Local Authority area – this is split based on the population split across the region – RCT at 55.2% = £240,920.40, Bridgend at 30.3% = £132,244.35 and Merthyr Tydfil at 14.5% = £63,285.25. Therefore, total value of the CTM HCF for 2024/2025 is £1,308,350 and 100% of the project value is from Welsh Government.

All eligible costs are referred to within the HCF Guidance (2021) and provides usage examples such as repairs, refurbishment and improvements to existing housing with care or intermediate care settings, equipment and adaptations to existing homes, other small-scale projects let by the community or third sector and digital aids, monitoring and assistive technologies.

HCF funding may not be used for purchase of vehicles or conversion or improvement of analogue to digital technology infrastructure.

The success of the CTM HCF minor projects will be measured against the health & Social Care Outcomes Framework, HCF specific indicators and benefits realisation.

WG directly award CTM HCF to the Cwm Taf Morgannwg Regional Partnership Board (CTM RPB), with CTM UHB acting as banker for the funds. CTM RPB then allocate, and programme manage the funding per financial year. The Local Health Board (Cwm Taf Morgannwg UHB) act as the 'banker' to support the financial administration of programme funds.

Each partner, including Local Authorities would assign a project lead who is directly responsible for the utilisation of the CTM HCF and to be a main point of contact between CTM RPB and the project. The process take place as follows:

1. Application window is opened, where partners are informed and invited to submit applications.
2. HCF Objective 3 Applications Form is completed and submitted.
3. Initial review and assessment of all application forms are done by Regional Commissioning Officer and Regional Capital Support Officer.
4. An application review panel is set up from members of our Regional Capital Board, with members from each statutory partner to ensure fair representation across the panel.
5. A shortlist is confirmed by the panel and submitted to the wider Regional Capital Board for approval.
6. Once the list of projects have been confirmed, confirmation of funding / offer letter is administered to successful projects
7. Project work takes place with quarterly progress reports submitted for each project, with invoices submitted to the RPB for forwarding to the LHB at the end of each quarter for review and payment.

STEP 1 – Consider principles A and E

Principle A: Common interest

Subsidies should pursue a specific policy objective in order to remedy an identified market failure or address an equity rationale (such as social difficulties or distributional concerns or local or regional disadvantage).

The purpose of CTM HCF is to facilitate minor projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

The CTM 10-year Capital Strategy (2022) outlines the following market failures (which are aligned with HCF priorities) within the Cwm Taf Morgannwg region:

- **Older People** – The challenge of the growing proportion of older people in the population is well-known. The PNA (population needs assessment) predicts a general rise in the population by 5% over the next 20 years, with decreases expected in those lower than 65 but significant increase in those over 85. The over-arching policy direction is to support people in their own homes, including home adaptations and the use of assistive technology.
- **Dementia** – There is a discrepancy in the number of beds available for older people living with dementia, with an estimated shortfall of 778 nursing beds available. From 2020-2040, we are expecting an estimated 62% increase in people living with dementia across CTM.
- **Children and Young People** – as of the 31st of March 2022, there were 1205 children looked after in Cwm Taf Morgannwg. Across CTM, roughly 25% of

children looked after are done so out of county. Using data from 2021-23 there is an estimated shortfall of 60-70 placements for children looked after across the region that currently reside in for profit accommodation. There is an estimated yearly demand of 85 unit of accommodation for CYP leaving care across CTM.

- **Mental Health** – CTM poses a higher than Wales average of people claiming Employment Support Allowance and Incapacity Benefit due to mental health issues – 4.4% compared to the average of 3.3%. As an example, RCT have reported in their 2022-23 prospectus that there is a year-on-year increase of 11% in mental health referrals. It also identified 17 individuals with mental health challenges were awaiting accommodation and 88 required step-down provision.
- **Physical Disability and Sensory Need** - There are just over 4000 people with a registered physical disability across the region although disaggregated data between older and younger adults is not available. Capital investment has had an emphasis on assistive technology and adaptations, supporting people to be maintained in a home of their choice rather than being placed.
- **Learning Disability and Sensory Need** - There is a considerable demand across the region for specialist housing for people with a learning disability and/or autism. Each Council has separate arrangements in place for the management of long-term and short-term placements, however provision is not sufficient to meet current and future demand. There are about 740 children and young people in RCT and Merthyr Tydfil who are Autistic, and some will also have a learning disability (Cwm Taf Regional Plan 2018-23). The number of people diagnosed with autism is expected to increase across the region.
- **VAWDASV** - A total of 2021 survivors of domestic abuse accessed services across the region in 2020-21 in high and medium risk categories. The model of support for survivors of VAWDASV includes a combination of dedicated refuges, move-on accommodation, and floating support services. In 2020-21 270 women and children were supported in refuges and 237 in 2021-22. In 2020-21 450 people were supported by floating support.
- **Unpaid Carers** – Respite care for individuals with learning disabilities is a specific challenge. The provision of respite care by homes is hampered by the administrative burden, and financial risk to independent providers. Where provision within the region is unable to meet the assessed needs of an individual, then specialist complex provision may be identified and commissioned out of county. The level of care and support for unpaid carers provided by unpaid carers is projected to increase significantly over the next 10 years as the population grows older, with many carers themselves over the age of 65.

The covid-19 pandemic has exposed some of the frailties of the health and care system. A combination of sustained public sector austerity and the wide-ranging impact of the pandemic is compounding pressures upon the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity – increasing pressure upon market stability.

Across adult services, waiting lists are developing and domiciliary care packages are being subjected to tighter assessment. Further there is limited access to some local specialist services – such as those focused on people with mental health issues, and critically, significant workforce shortages across all parts of the care and support market.

However, there is also a growing risk of market instability within the residential / nursing home market for older people across the region. Providers are facing significant workforce pressures, rising levels of complexity, increased costs and reduced occupancy levels. Market intelligence across Wales suggests that the pressures on residential

providers have escalated since Autumn 2021 with staffing issues meaning that some homes are not able to accept new residents.

Likewise in children services and services for working aged adults, there are growing challenges in ensuring access to the right services and support - with many placements being made outside of the county (and region) at significant cost.

CTM HCF will support minor projects within localised communities. Projects must assist to alleviate market failures as described above and prioritise the following principles, eligible priority groups and project types:

Principles:

- The ageing population
- Care closer to home
- Intermediate health and care services in the community.

Priority groups eligible for HCF:

- Older people including people with dementia
- Children and young people with complex needs
- People with learning disabilities, neuro-diverse and neurodevelopmental conditions
- People with physical disabilities
- Unpaid carers
- People with emotional health and mental well-being needs.

Project types:

- Repairs, refurbishments and improvements to existing housing with care or intermediate care settings
- Equipment and adaptations to existing homes which are not supported by other WG adaptations grants including supplementing the cost of Disabled Facilities Grants over the £36,000 statutory maximum
- Other small-scale projects in support of HCF objectives e.g. community or third sector led
- Digital aids, monitoring and assistive technologies.

Principle E: Least distortive means of achieving policy objective

Subsidies should be an appropriate policy instrument for achieving their specific policy objective and that objective cannot be achieved through other, less distortive, means.

CTM HCF will be awarded by way of small grants up to the maximum value of £100,000 each. If an individual grant is to exceed £100,000, WG authorisation must be sought prior to award. Other means of funding had been considered, however based on the guidance set out by Welsh Government, small scale individual awards were based to be the least distortive. Other *possible* means could have been loan arrangements, ring fencing funds to each LA based on population etc but these were not considered.

Minor projects can have a significant and disproportionately beneficial impact compared with their cost. 12-month minor projects provide short and sharp intervention and prevention within localised communities to help support independent living in localised communities for people with care and support needs.

No other means of financial awards have been considered as HCF guidance (point 129) stipulates the setup of a small grant scheme.

STEP 2 – Consider principles C and D

Principle C: Design to change economic behaviour of beneficiary

Subsidies should be designed to bring about a change of economic behaviour of the beneficiary. That change, in relation to a subsidy, should be conducive to achieving its specific policy objective, and something that would not happen without the subsidy.

The purpose of CTM HCF is to invest in and facilitate minor projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Support of this fund can assist with market failures by improving overall societal welfare and distribute resource, and to assist HCF priority groups to maintain living independently within localised communities, thus supporting the NHS to save money from additional hospital admissions and extended hospital stays due to the inability to discharge to suitable accommodation which fulfils the needs of patients.

As stated within A Healthier Wales (2021), externality has occurred where and undersupply of health and social care services and activities have affected the health and wellbeing of third parties (general public). This market failure is having a detrimental effect upon the care and support needs of vulnerable citizens, which is leading to increased hospital admissions and lengthier hospital stays due to a lack of service and facilities to support independent living. These issues are putting additional undue pressures upon the health and social care sector which require addressing to support a more sustainable future for the sector.

Investment in housing with care and intermediate care settings is a preventative approach which is designed to deliver financial savings to the health and care system as a whole.

Projects must assist to alleviate market failures as described in step 1 and above, prioritise the following principles, eligible priority groups and project types, along with achieving HCF indicators and benefit realisations:

Without the CTM HCF, there would be no grant aided support for minor projects which help to support the prevention of hospital discharges and timely hospital discharges back into suitable accommodation which meets individuals needs by way of maintaining independence within localised communities, therefore market failures would continue.

The CTM HCF programme will have a long-term and disproportionately positive benefit compared with the investment it receives.

Principle D: Costs that would be funded anyway

Subsidies should not normally compensate for the costs the beneficiary would have funded in the absence of any subsidy

As explained in step 1 above, the covid-19 pandemic exposed some frailties of the health and care system, namely provider of adult services considering handing back contracts or stopping services, resulting in the development of lengthy waiting lists to access domiciliary care packages which are being subject to tighter assessments.

Furthermore, there is limited access to some local specialist services – such as those focused on people with mental health issues, and critically, significant workforce shortages across all parts of the care and support market.

It is evident that market failures are putting unprecedented pressure upon the housing and social care sector, and without funding support to alleviate, projects would not be taking place to address the failure or to plug the gap.

If the CTM HCF programme was not in place, there could be two possible scenarios across the region:

- The works being carried out would not be done at all, meaning significant hardship to those who receive the works in terms of their physical wellbeing, in terms of adaptations not being done. It could mean that as the need for assistive technology increases, less of the technology is being provided therefore those in need are not being supported.
- The works/equipment are paid for by the service users, leading to financial hardship leading to negative mental wellbeing and impacting their overall health further.

IRCF is a sister fund to the HCF, which is there to support the rebalancing agenda which is a priority identified in our 10-year Capital Strategy.

STEP 3 – Consider principles B and F

Principle B: Proportionate and necessary

Subsidies should be proportionate to their specific policy objective and limited to what is necessary to achieve it.

Individual schemes are capped to £100,000 which is considered as a small subsidy and proportionate enough to achieve the required change in behaviour.

There is significant risk-management involved in the administering of the funds, with payments not being made unless sufficient evidence is provided that the works outlined

the application is being progressed. This is done via quarterly progress returns which are requested at the end of each quarter, as well as invoices to draw down funding wherever possible and in-line with their award. This minimises the risk of projects overspending/underspending and ensures we are able to maximise on the funding that is available to us.

CTM HCF objective 3 funds are issued on a 12-month basis, therefore is time-limited and likely to lead to less distortion. Payment schedules are linked to criteria such as the achievement of specific milestones and benefit realisation.

CTM HCF's are to support capital projects therefore no 'day-to-day' costs will be funded.

Use of the CTM HCF is ringfenced to be utilised for minor projects which fulfil the HCF criteria and prioritisation of the priority groups. These rules are made clear in the WG HCF Objective 3 offer letter and the HCF Guidance.

The CTM HCF assists with Welsh Government health service ambitions as set out in 'A Healthier Wales', by encouraging engagement from a range of sectors to assist with the delivery of minor but fundamentally beneficial projects, which assist to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home. Without the support of the CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.

Principle F: competition and investment within the UK

Subsidies should be designed to achieve their specific policy objective while minimising any negative effects on competition and investment within the UK.

As identified in A Healthier Wales (2021), the fund is operating within the health and social care market which no longer meets the needs of the society the NHS was originally designed for. People now live longer, medicines are more advanced, technology has transformed the way we live, lifestyles and expectations have changed. Treating people in hospitals when they are ill is only a small part of modern health and social care. The Welsh Government's ambition is to bring health and social care services together, so they are designed and delivered around the need and preferences of individuals, with a greater emphasis on keeping people healthy and well. To achieve this ambition, there is a need to work towards a seamless whole system approach to health and social care. Services from different providers should be seamlessly co-ordinated, and going beyond services to make a difference to the social and economic factors which influence health, wellbeing and life chances.

The CTM HCF is open to applications from any partner – this ensures that competition for the funding is fair and equal. All applications are reviewed based on how well they meet HCF objectives, meaning it's an open process to apply if they can provide evidence that they support the funds overarching goals.

To offer transparency to the application process, grant applications are asked not to exceed £100,000 which also assists to ensure a consistent approach to size and scope of

projects. Nevertheless, there is scope to accept applications over £100,000, however such applications require proper discussion with the RPB and regional lead, and the structure of the proposed project must be heavily aligned with the HCF aims, objectives, priority groups and achieve substantial benefits. All proposed projects over the £100,000 threshold must be individually reviewed and authorised by WG.

Looking from a broader perspective, as a region, we are limited to issuing grants to within our region. Meaning that other, similar projects are funded in similar ways from within their own pre-determined regions. This approach allows us to focus on identified needs within our locality, with other regions adopting similar approaches to their own areas of work.

Certain funds are often ringfenced for Disabled Facilities Grant utilisation – the ringfencing measure is set by WG. If the RPB feels there to be a prominent area for exploration within the CTM HCF criteria, ringfencing of funds for projects which contribute to and address the area of interest may be actioned.

STEP 4 – Consider Principle G

G: beneficial effects outweigh negative effects

Subsidies' beneficial effects (in terms of achieving their specific policy objective) should outweigh any negative effects, including in particular negative effects on competition or investment within the UK and international trade and investment

The CTM HCF will create a wide range of positive effects which include:

- Before any award is made, significant due diligence is performed to ensure the positives far outweigh the negatives of the projects not being funded.
 - For example, one of the Local Authorities in the region have applied for funding to purchase specific chairs to use in their care homes. These chairs are to support care home staff to help its residents in getting back to their feet/sitting upright following a fall, without the need to call emergency services. The cost to purchase one of these chairs is £2,349.95 and have been noted to reduce the need for Care Homes to require emergency service support to help the person in question. The Welsh Ambulance Service have attributed a cost of £225 per attendance and conveyance with

an average cost of £95.72 per visit to A&E, showing potentially significant savings being made with these chairs.

- Without the CTM HCF, the minor projects would not take place due to the financial constraints and pressures currently experienced across all local authority areas and other partners.
- Each application is assessed to try and understand the level of need from each partner to gain a clear picture of what would happen should funding not become available. This assists to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home.
- Without the support of CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.
- The fund is operating within the health and social care market which no longer meets the needs of the market which the NHS was originally designed for.
- Encouraging engagement from a range of sectors to assist with the delivery of minor but fundamentally beneficial projects and support minor projects within localised communities. Projects must assist to alleviate market failures as described within our Population Needs Assessment and 10-year Capital Strategy and prioritise the principles, eligible priority groups and project types outlined within the HCF guidance.
- Assists projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Due to the nature of the CTM HCF and it being a very small fund with a wide range of applicable support avenues, any negative effects on competition and investment within the UK and international trade and investment will be minimal.

Where local authorities and other funding beneficiaries seek to source suppliers for minor projects and adaptations, they do so in following due diligence with regards to procurement regulations.

Based on the above, we can say with positive certainty that the CTM HCF objective 3 programme has a monumental benefit to its end users, when considering the very minimal (if any) negative impact that these projects may have. This is further evidenced by way of assisting to achieve the Welsh Government's health service ambitions as set out in A Healthier Wales (2021). This is done by encouraging engagement from a range of sectors to assist with the delivery minor but fundamentally beneficial projects, which assist to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home. Without the support of CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding

additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.

Agenda Item

8.1

CTM Health Board

National Digital Cellular Pathology Business Case

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Melanie Barker, Deputy Director of Allied Health Professions and Health Science / Clinical Director of Healthcare Science
Cyflwynydd yr Adroddiad / Report Presenter	Melanie Barker, Deputy Director of Allied Health Professions and Health Science / Clinical Director of Healthcare Science
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Lauren Edwards, Executive Director of AHPs and Health Science

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
Executive Management Board	24/02/2025	Endorsed for Board approval
Strategic Development Committee	13/03/2025	Endorsed for Board approval

Acronyms / Glossary of Terms	
BJC	Business Justification Case
NDCP	National Digital Cellular Pathology Project

1. Situation / Background

- 1.1 The National Digital Cellular Pathology Project (NDCP) have developed a business justification case, for the national scale up of digital enablement across Wales, emphasizing that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future.
- 1.2 The purpose of this Business Justification Case (BJC) is to set out the proposals for Phase 3 of the NDCP Project. This will build upon the previous work, where investment in infrastructure and staffing evidenced proof of concept, most recently identifying the opportunities and benefits of AI & computational pathology.
- 1.3 The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.
- 1.4 Digital pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy. Crucially, the NDCP Project will support delivery of the NHS Planning Framework 2023-2026 which builds on learning from the pandemic and sets out Ministerial priorities for the recovery and sustainability of health services. It is similarly aligned with the Diagnostics Recovery and Transformation Strategy for Wales 2023-25, published in April 2023, which outlines plans to recover diagnostic services by 2025, addressing the impact of the pandemic, and sets the groundwork for longer term sustainability.
- 1.5 The National Scale Up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

2. Specific Matters for Consideration

- 2.1 Cellular Pathology services across Wales are exceptionally fragile due to workforce challenges, inadequate estates/facilities, inadequate digital infrastructure and increasing demands on the service leading to an over-reliance on costly out-sourcing of both processing and reporting.
- 2.2 Cellular pathology services in Wales processed more than 1 million slides in 2022/2023, with actual and forecast growth suggesting that by 2025/26 the service will be processing approximately 1.5 million slides. The forecast growth in activity is compounded by the increasing complexity of the workload along with an increasing proportion of urgent specimens being processed and the number of tests per specimens generally increasing. As a result, turnaround times are slower and there are increasing backlogs of cases in all Health Board areas. Services face increasing challenges in

achieving target turnaround times of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

- 2.3 It is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. Recovery from the pandemic has resulted in a growing backlog of activity. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.
- 2.4 Wales are at real risk of falling behind the rest of the UK. Northern Ireland have a fully digitised cellular pathology service and Scotland are almost fully digital. In England, the practice is building up of digital networks. For example, Nottingham, Leeds and surrounding (NPIC), and PathLink (pathlake) Midlands, Norwich area are all fully digital and almost every network is at various stages of deployment.
- 2.5 Digitisation of cellular pathology services is a key interdependency of any move to a regional cellular pathology service, which is an agreed priority of Health Boards in South East Wales.
- 2.6 Cellular Pathology services at CTM are heavily reliant on costly outsourcing to enable timely service provision. The laboratory and reporting facilities are not appropriate for the demand on the service and cannot be configured to maximise workflow and enable increases to establishment. Options to increase capacity are being considered but all depend on obtaining additional estate e.g. mobile units through local costs.

3. Key Risks / Matters for Escalation

- 3.1 The BJC seeks approval to undertake full procurement of the new solution and commitment for HB funding.
- 3.2 The principal aim of the procurement is to procure additional software and equipment to create a cellular pathology service that will maximise the use of digital reporting, replacing as much of the existing traditional microscopy service as possible. The scope of the procurement:
 - Slide scanners
 - Medical grade screens
 - Management systems
 - Additional workstations/laptops
 - Image storage
 - AI/computational pathology solution

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost. The final specification will be agreed following pre-tender engagement with suppliers.
- 3.3 Three procurement models were considered as part of the options framework:
 - 1) Traditional purchase and service support model
 - 2) Managed service provider model
 - 3) Hybrid model:

The managed service provider model has been selected as the preferred way forward. The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

3.4 Two procurement routes have been explored: full tender and a framework agreement. It has been agreed that a full tender process is the most suitable route. Procurement Scope and Specification.

3.5 The funding request for the BJC is:

- Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB) for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Table 1 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Project Team (non-recurring)	101	101	50								251
DHCW Support (non-recurring)	34	34	34								101
20% Contingency	27	27	17								71
Non-recurring revenue costs	161	161	101								423
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	3,336	3,105	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)	263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs	434	4,005	3,772	3,807	3,886	3,967	4,053	4,127	3,160	3,160	34,371
Total costs	595	4,167	3,873	3,807	3,886	3,967	4,053	4,127	3,160	3,160	34,795

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Apportionment											
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	4,251
CVUHB	24.53%	75	930	873	884	905	923	944	963	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	5,986
Total Recurring Revenue Costs	100.00%	434	4,005	3,772	3,807	3,886	3,967	4,053	4,127	3,160	34,371

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABUHB		27	27	17							71
BCUHB		27	27	17							71
CTMUHB		27	27	17							71
CVUHB		27	27	17							71
HDUHB		27	27	17							71
SBUHB		27	27	17							71
Total Non-Recurring Revenue Costs		161	161	101							423

3.6 Financial Implications for CTMUHB for 25/26 are £71k recurring revenue and £27k non-recurrent revenue (divided over three years with 27k in 25/26).

3.7 This investment will deliver a wide range of benefits:

- Provide opportunities to create additional diagnostic capacity to support the National Recovery Programme, a key priority of all Health Boards, which will help reduce the numbers of people waiting for diagnostic tests.
 - Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.
 - Enable the workforce to operate across boundaries, reducing inequality of access and reducing the pressure on the wider system.
 - Utilise digital technology to enable the service to deploy existing and future workforce to best effect, including supporting multidisciplinary team-working and advanced practice models, while enabling people to develop their careers and work at the top of their license. It will also provide greater opportunities to support hybrid working and 'reporting from home'.
 - Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients.
 - The resulting digital solution will provide more opportunities to work with others in line with NHS Wales' approach to innovation. In particular, this will: Enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.
 - Provide opportunities to adopt innovative digital technology solutions including AI/computational pathology
 - Most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.
- 3.8 While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand. As demand continues to grow in the future, the value of these productivity gains will be even greater and combined with greater ability to attract and retain workforce will increase internal capacity.
- 3.9 It is estimated that almost £4million was spent on outsourcing for 23/24 (an increase from £1.2million that was reported in previous version of the BJC). While investment in digital cellular pathology will not necessarily reduce this, as there are multiple factors influencing this expenditure, it will help reduce the risk of increased activity needing to be outsourced to external providers, or covered by expensive temporary staffing, in the future, and the risk of this expenditure increasing in line with growing demand. In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

3.10 It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular, this includes:

- Supporting the elective pathway and enabling NHS Wales to deliver on the associated Recovery Plan depends on the service's capacity to meet target turnaround times
- Supporting public health initiatives such as screening programmes and the cancer pathway, depends on the service's ability to meet target turnaround times
- Genomics pathway – histological identification and classification of a tumour by Histopathologists is paramount in delivering a precise and accurate genomic profile
- R&D – pathology has steadily expanded its role in tumour diagnostics and beyond from disease entity identification via prognosis estimation to precision therapy prediction. Recent applications for the analysis of molecular profiling data from different sources and clinical data support the notion that AI/computational pathology will enhance both histopathology and molecular pathology in the future
- Developing the role of advanced practitioners requires input from pathologists, which a digital cellular pathology solution could support
- Supporting the development of regional diagnostic hubs depends on the service capacity to deliver on turnaround times and having the appropriate infrastructure in place to support regional working. It is essential that we have an integrated and standardised cellular pathology service for Wales to provide a robust and reliable service for the future
- Ongoing transformation initiatives such as regionalisation and a 'Centre of Excellence' as outlined below
- Recruitment will be very challenging if Wales is not utilising digital technology within the next few years. Many cellular pathology national quality assurance schemes are already using digital technology. Within the next few years, it is anticipated that the RCPATH exam for Consultant Histopathologists will be based on digital technology rather than glass slides
- Allowing working from anywhere in the UK which allows greater potential for working when convenient (potential additional hours worked) and would allow for collaboration

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: Creating Health, Inspiring People, Improving Care
Dolen i Feysydd Strategol BIP CTM /	Living Well
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Timely If more than one applies please list below: Effective, Efficient, Equitable, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
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	Choose an item.	
Enw da / Reputational	Yes (Include further detail below) Other organisations within Wales have agreed this Business Case	

Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)
	Financial

5. Recommendation

- 5.1 Following endorsement at Executive Management Board and Strategic Development Committee, CTM Board are asked to approve the National Digital Cellular Pathology Business Case.

Business Justification Case for National Digital Cellular Pathology Project Phase 3 – National Scale Up

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1 Executive Summary

Introduction

It is now clear that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future. The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

The last four years have posed significant challenges to the NHS and the cellular pathology service generally. In particular, it is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. The impact of the pandemic has resulted in a growing backlog of activity. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.

In addition, Wales are at real risk of falling behind the rest of the UK. Northern Ireland have a fully digitised cellular pathology service and Scotland are almost fully digital. In England, the practice is building up of digital networks. For example, Nottingham, Leeds and surrounding (NPIC), and PathLink (pathlake) Midlands, Norwich area are all fully digital and almost every network is at various stages of deployment.

As clinical and service leads for cellular pathology across Wales, we are therefore requesting your support to procure the most suitable equipment which will help us mitigate these challenges and ensure we provide a high quality and reliable cellular pathology service for Wales.

The purpose of this Business Justification Case (BJC) is to set out the proposals for Phase 3 of the National Digital Cellular Pathology (NDCP) Project. This will build upon the previous work, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI & computational pathology.

We can only progress this and fully understand and realise the related benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National Scale Up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.

- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Table 1 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Project Team (non-recurring)	101	101	50								251
OnCall Support (non-recurring)	34	34	34								101
20% Contingency	27	27	17								71
Non-recurring revenue costs	161	161	99								423
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	3,334	3,303	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)	263	525	525	491	491	491	491	491	491	491	4,749
OnCall Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs	434	4,005	3,772	3,867	3,866	3,967	4,053	4,327	3,160	3,160	34,371
Total costs	595	4,167	3,871	3,867	3,866	3,967	4,053	4,327	3,160	3,160	34,795

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABUHS	10.52%	72	956	818	823	856	890	884	578	505	5,831
BCUHS	17.18%	72	685	645	651	664	678	693	706	540	5,874
CTMHS	13.42%	71	493	460	468	477	487	496	505	394	4,251
CVUHS	24.53%	73	930	873	884	903	923	944	963	725	7,945
HUHS	11.98%	71	544	514	517	517	518	549	518	433	4,684
IBUHS	17.58%	73	698	657	663	677	692	707	710	550	5,886
Total Recurring Revenue Costs	100.00%	434	4,005	3,772	3,867	3,866	3,967	4,053	4,327	3,160	34,371

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABUHS		27	27	17							71
BCUHS		27	27	17							71
CTMHS		27	27	17							71
CVUHS		27	27	17							71
HUHS		27	27	17							71
IBUHS		27	27	17							71
Total Non-Recurring Revenue Costs		161	161	99							423

This investment will deliver a wide range of benefits (*please see page 51*), most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater and combined with greater ability to attract and retain workforce will increase internal capacity. It is estimated that almost £4million was spent on outsourcing for 23/24 (an increase from £1.2million that was reported in previous version of the BJC). While investment in digital cellular pathology will not necessarily reduce this, as there are multiple factors influencing this expenditure, it will help reduce the risk of increased activity needing to be outsourced to external providers, or covered by expensive temporary staffing, in the future, and the risk of this expenditure increasing in line with growing demand.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

STRATEGIC CASE

Strategic Context

There is no single pathology service across Wales. Services are delivered through the six University Health Boards (UHBs) and Trusts (N.B. Powys Teaching Health Board has no district general hospitals or associated pathology services therefore pathology services are provided by neighbouring UHBs and Trusts). Pathology services in Wales are being developed in line with the vision set out in the Pathology Statement of Intent 2019 and, more recently, the Diagnostics Recovery and Transformation Strategy for Wales 2023-25.' The National Pathology Programme has been established to deliver these aims and is managed by the NHS Wales Executive (formerly NHS Wales Health Collaborative).

Working as part of the wider National Pathology Programme, the NDCP Project was set up to capitalise on a previous investment to modernise Cellular Pathology services at Betsi Cadwaladr University Health Board (BCUHB). The aim of the NDCP Project is to scale up and digitise cellular pathology services as completely as possible for the whole of Wales.

Digital pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy. Crucially, the NDCP Project will support delivery of the **NHS Planning Framework 2023-2026** which builds on learning from the pandemic and sets out Ministerial priorities for the recovery and sustainability of health services. It is similarly aligned with the **Diagnostics Recovery and Transformation Strategy for Wales 2023-25**, published in April 2023, which outlines plans to recover diagnostic services by 2025, addressing the impact of the pandemic, and sets the groundwork for longer term sustainability. This is because the NDCP Project will:

- Provide opportunities to create additional diagnostic capacity to support the National Recovery Programme, a key priority of all Health Boards, which will help reduce the numbers of people waiting for diagnostic tests.
- Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.
- Enable the workforce to operate across boundaries, reducing inequality of access and reducing the pressure on the wider system.
- Utilise digital technology to enable the service to deploy existing and future workforce to best effect, including supporting multidisciplinary teamworking and advanced practice models, while enabling people to develop their careers and work at the top of their license. It will also provide greater opportunities to support hybrid working and 'reporting from home'.
- Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others in line with NHS Wales' approach to innovation. In particular, this will:
 - Enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.
 - Provide opportunities to adopt innovative digital technology solutions including AI/computational pathology.

In supporting the key strategies, the NDCP Project aligns with a number of other national strategies, including (*for more details please refer to page 26*):

- Review of Histopathology Services in Wales (2010)
- 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 Well-Being for Future Generations
- Welsh Government's Digital Strategy for Wales (2021)
- Welsh Government's Digital and Data Strategy for Health and Social Care in Wales (2023)

It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular, this includes:

- Supporting the elective pathway and enabling NHS Wales to deliver on the associated Recovery Plan depends on the service's capacity to meet target turnaround times
- Supporting public health initiatives such as screening programmes and the cancer pathway, depends on the service's ability to meet target turnaround times
- Genomics pathway – histological identification and classification of a tumour by histopathologists is paramount in delivering a precise and accurate genomic profile
- R&D – pathology has steadily expanded its role in tumour diagnostics and beyond from disease entity identification via prognosis estimation to precision therapy prediction. Recent applications for the analysis of molecular profiling data from different sources and clinical data support the notion that AI/computational pathology will enhance both histopathology and molecular pathology in the future
- Developing the role of advanced practitioners requires input from pathologists, which a digital cellular pathology solution could support
- Supporting the development of regional diagnostic hubs depends on the service capacity to deliver on turnaround times and having the appropriate infrastructure in place to support regional working. It is essential that we have an integrated and standardised cellular pathology service for Wales to provide a robust and reliable service for the future
- Ongoing transformation initiatives such as regionalisation and a 'Centre of Excellence' as outlined below
- Recruitment will be very challenging if Wales is not utilising digital technology within the next few years. Many cellular pathology national quality assurance schemes are already using digital technology. Within the next few years, it is anticipated that the RCPATH exam for Consultant Histopathologists will be based on digital technology rather than glass slides
- Allowing working from anywhere in the UK which allows greater potential for working when convenient (potential additional hours worked) and would allow for collaboration

There are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) Project in South West Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The South East looks to do the same with a similar project bringing together the cellular pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network. Digital pathology has proved a key facilitator in the successful regionalisation of cellular pathology services in BCUHB.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

Spending Objectives

The following spending objectives and associated benefits have been identified based on the aims of the overall NDCP Project and specifically the goals of Phase 3 which are informed by the strategic context.

Table 2 Spending Objectives

SO1	Build a standardised, robust and sustainable cellular pathology service for the whole of Wales
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years
SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor
SO4	Enable reporting and review of any case from any location, using any device.
SO5	Enable rapid, specialist, second opinion both internal and external to Wales
SO6	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research
SO7	Build stronger relationships between NHS, Academia and Commercial Partnerships

Existing Arrangements

Cellular pathology services in Wales processed more than 1 million slides in 2022/2023, with actual and forecast growth suggesting that by 2025/26 the service will be processing approximately 1.5 million slides.

The forecast growth in activity is compounded by the increasing complexity of the workload along with an increasing proportion of urgent specimens being processed and the number of tests per specimens generally increasing. As a result, turnaround times are slower and there are increasing backlogs of cases in all

Health Board areas. Services face increasing challenges in achieving target turnaround times of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

Increased turnaround times have a significant negative impact on patients and the wider system creating the following risks:

- Costly cancellations and stressful appointment delays when results are not ready.
- Additional anxiety for patients and their families awaiting results.
- Diseases, especially cancer, become more advanced while patients are waiting for results.
- Prioritising urgent specimens to meet cancer and screening targets has a significant impact on turnaround times for routine specimens. This increases the risk of a delayed diagnosis of cancer in samples clinically thought to be benign
- The General Medical Council (GMC) undertook a national training survey in 2023 and reported an increase in burnout for histopathology trainers (25% high risk, 62.5% moderate to high risk).

The increased turnaround times also mean that fewer specimens can be processed within existing capacity and this has contributed to a growing backlog of cases, placing the staff and service under additional pressure. Work is ongoing to accurately quantify the extent of the capacity gap. However, given the forecast growth in volumes, prioritisation and complexity of cases, it is clear that significant mitigation measures are urgently required at all Health Boards to address this.

Outsourcing adds to the pressure as well as dramatically increasing costs - it is estimated that almost £4million was spent on outsourcing for 23/24. Unless action is taken to facilitate an all-Wales digital service, this cost will inevitably increase rapidly.

This is particularly difficult given the ongoing challenges recruiting and retaining appropriately skilled workforce. There is a well-documented shortage of diagnostics professionals across the UK and various studies have identified specific issues related to the pathology service in Wales. This results in a high dependency on outsourcing of work to locums or external providers to mitigate workforce capacity gaps, which increases costs and impacts on service quality, and has a very negative effect on staff morale and reputation of the service.

A large proportion of the workforce are approaching retirement age or have already retired and returned to the service. There are 20 substantive pathologists are over the age of 55 and over 8 of these have already retired and returned. Pathology is a highly specialised field, and it takes around a decade to train a pathologist from scratch and the service competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training. Many trainee pathologists are now using digital pathology and are likely to seek employment in departments where digital technology is available to support and enhance their diagnosis. Mitigations are therefore urgently required to address these ongoing workforce risks.

Currently the reporting for this service is largely based on the traditional method of glass slides and light microscopes. Gathering slides and reports for multi-disciplinary team (MDT) meetings and for sending out to specialists for second opinion is time-consuming and often causes delay. Irreplaceable diagnostic material can also be lost or damaged in transit – digital imaging removes this risk.

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible, but is essential to keep pace with the rest of the UK. Digital pathology is fundamental to support the pathologists in decision making and while AI/computational pathology is not designed to replace the pathologists, the use of AI/computational pathology tools has already shown improvements in quality and capacity in the service as detailed below.

The NDCP Project was established to modernise cellular pathology services in Wales and to maximise the use of digital technologies nationally. To date, two phases have been achieved:

Phase 1: Rapid Evaluation and Verification – demonstrated proof of concept and confirmed accuracy.

Phase 2: Partial National Scale Up – partial procurement and installation of digital equipment for each of the Health Boards.

Each Health Board is currently connected to the digital hub in a spoke model and has some limited scanning capability. There is irrefutable evidence that the digital technology delivers many benefits as already experienced in BCUHB who are acting as a pilot site for digital pathology in Wales. Scanners are currently in everyday use in BCUHB and are being used to scan routine and cancerous slides enabling both on site and remote digital reporting. Images of scanned slides are shared at MDTs, and cross site working with Swansea Bay University Health Board (SBUHB) is enabling rapid reporting of digital images by the All Wales Lymphoma panel reducing from 2 weeks to just 24 hours. The All Wales Lymphoma panel is only partly supported by digital cellular pathology, for instance cases referred to the panel from BCUHB will be seen much quicker than those from ABUHB, which results in an inequitable service for patients until a digitisation is scaled up across all Health Boards.

BCUHB have successfully completed Phases 1 and 2 of a Small Business Research Initiative (SBRI) Project where AI has been successfully used to pre-analyse prostatic biopsies and triage malignant cases for early reporting. Phase 2 of the Project included rolling out to SBUHB and ABUHB and over 1900 prostatic cases were scanned between the 3 Health Boards. The project has recently also been rolled out to Cwm Taf Morgannwg UHB, Hywel Dda UHB and Cardiff & Vale UHB and by mid-May 2024, all Health Boards in Wales will be using the AI platform to assist pathologists in the reporting of prostatic biopsies. The benefits from Phase 2 have shown an improvement in accuracy of around 13% and a possible 50% reduction in the demand for immunohistochemistry (IHC) to support clinical suspicion of cancer, and other benefits are being considered. In BCUHB, the Moondance Breast AI Project has carried out the validation phase and is now processing breast biopsies and in CVUHB, a pilot project is due to commence shortly for gastric biopsies.

During a visit to BCUHB Cellular Pathology laboratory, the Minister for Health and Social Services, Eluned Morgan said *"we are seeing how AI presents incredible opportunities to transform the way we interact and deliver NHS services. The benefits of using AI to help diagnose cancer has exceeded all our expectations and it is fantastic that six Welsh Health Boards are undertaking further trials of this technology. The IBEX system has shown real promise and the possibilities of what this type of technology can do and how it could be used in the future across a number of suspected cancers is an exciting prospect."*

BCUHB, SBUHB and ABUHB are using voice recognition and command software to improve dissection and report turnaround times by as much as 5 days. Despite the partial success, none of the Health Boards currently has sufficient scanning capability to fully maximise the use of digital technologies.

Business Needs

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the global direction of travel. This includes *(please refer to page 36 for more detailed Business Needs)*:

- **Business Need 1:** Procurement of All Digital Pathology Capability
- **Business Need 2:** Determine and Agree a National Image Store
- **Business Need 3:** Management of the Future Digital Hub
- **Business Need 4:** Work with Health Boards to find a Solution for Cross-Boundary Working as part of a National Network of Cellular Pathologists
- **Business Need 5:** Work with Health Boards to Develop Workflows and Workforce to ensure maximum benefits are realised from the implementation of the new LIMS

Potential Scope and Services

The NDCP Project agreed that the following would be included within the scope of Phase 3 *(please refer to page 38 for more details on the scope)*:

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops**
- **Image storage** (investigation of cloud storage options)
- **AI/computational pathology**
- **Standardisation of services** (via Standardisation Group)
- **Adoption of standardised technical standards for image formats**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

ECONOMIC CASE

Options Framework

In accordance with the HM Treasury Green Book and Welsh Government Better Business Cases guidance, a long list of options was identified and evaluated against spending objectives and critical success factors using the options framework. The results of this are presented in the following table:

Table 3 Options Framework

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
1. Service Scope <i>As outlined in Strategic Case</i>	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally. Would ensure Wales keeps pace with rest of cellular pathology global community
	Carried Forward	Carried Forward		Preferred Way Forward
2. Service Solution <i>In relation to the preferred scope</i>	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	Carried Forward	Carried Forward		Preferred Way Forward
3. Service Delivery <i>In relation to the preferred scope and service solution</i>		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution
		Carried Forward		Preferred Way Forward
4. Implementation <i>In relation to preferred scope, solution and method of service delivery</i>		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		Preferred Way Forward		Discounted
5. Funding <i>In relation to preferred scope, solution, method of service delivery and implementation</i>		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		Discounted	Carried Forward	Preferred Way Forward

Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option.
- **Do Minimum:** Continue with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital

capability. This would require two pathways to operate simultaneously and would be prone to error and considerable inefficiency.

- **Intermediate - Capital and Revenue Funding Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding.
- **Preferred Way Forward - Fully Revenue Funded Managed Service Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a fully revenue funded managed service option.

Options Appraisal

An economic appraisal was prepared to determine the value for money of the shortlisted options. This was based on indicative costs, benefits and risks which were estimated in accordance with the level of information available at this stage in the process. An overview of the results is presented in the table on page 58.

Preferred Option

Based on the financial and non-financial analysis outline in the Economic Case, the Preferred Way Forward delivered via a fully revenue-funded model, which reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality.

It will improve sustainability and equity of the service ensuring realisation of Project benefits including:

- Sustainable, equitable, and future proofed cellular pathology service across NHS Wales
- Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location
- National image sharing
- Improvement in attractiveness of service for recruitment and retaining of staff
- AI/computational pathology can be utilised to support the pathologists and improve the quality and efficiency of clinical diagnosis
- Supports delivery of Single Cancer Pathway targets as detailed in 'A Cancer Improvement Plan for NHS Wales 2023-2026'
- Utilise digital equipment purchased during Phase 1 & 2
- Utilise integration developed between current and new LIMS
- Improved quality and drive innovation through AI/computational pathology
- The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists
- Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a remote site.
- Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working

- Improved MDT preparation by eliminating time spent collating cases for MDT review also saving laboratory staff time retrieving slides from file storage and re-filing following review.
- Enable pathologists to interact easier with colleagues e.g. virtual multi-disciplinary team meetings and virtual review of cases online.
- Improvements in education, training (both in class and virtual) and for presenting at MDTs, tumour boards, audit etc
- Aligned to international direction of travel for the service
- Heat mapping and annotation of images will assist with identifying areas for molecular genetics improving precision medicine
- Reduce risks associated with HTA regulations on slide storage

COMMERCIAL CASE

Procurement Route

Three procurement models were considered as part of the options framework:

- 1) Traditional purchase and service support model
- 2) Managed service provider model
- 3) Hybrid model:

The managed service provider model has been selected as the preferred way forward. The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

Two procurement routes were explored: full tender and a framework agreement. It has been agreed that a full tender process is the most suitable route.

Procurement Scope and Specification

The principal aim of the procurement is to procure additional software and equipment to create a cellular pathology service that will maximise the use of digital reporting, replacing as much of the existing traditional microscopy service as possible. The scope of the procurement includes (*please refer to page 38 for a more detailed description*):

- **Slide scanners**
- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology solution**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost. The final specification will be agreed following pre-tender engagement with suppliers.

Timeline for Procurement

The following table sets out the procurement milestones and complies with all applicable legal requirements.

Table 4 Procurement Timeline

Activity	Date
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

Payment Mechanism

Payment mechanisms will be confirmed with the preferred bidder.

Contractual Arrangements

The final contractual arrangements will be confirmed with the preferred bidder.

Legal and Personnel Implications

A Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead.

It is likely that specific individuals will be involved across multiple activities. The combined staff and consultancy team will cover the following roles for the procurement:

- **Digital Cellular Pathology Project Team:** Comprising the Senior Responsible Owner, National Pathology Programme – DCP Clinical Lead, National Pathology Portfolio Programme Lead, Programme Manager, Senior Project Manager, and Senior Project Support Officer
- **Procurement Project Team:** NWSSP Procurement Project Manager/Category Manager will be appointed to manage the Project and deliver the planned outputs as expected within quality, time and budget constraints. The Procurement Project Manager will report to the Programme Manager and be supported by the Project Team.
- **Health Board representatives** (Pathologist, Manager and IT)
- **DHCW Representatives**
Other representatives will be co-opted as appropriate

Each Health Board has a laboratory manager and a clinical lead who act as digital pathology champions from within their laboratory. The work done so far with AI/computational pathology implementation has benefited from a "do once and share approach" which also supports national standardisation. The role in the local laboratories is not envisaged to be full time position but a duty required by all laboratory managers as part of the modernisation of pathology. Each laboratory

will already have a quality manager in place who should be able to help support the quality/regulatory and assurance work required. The NDCP Project will assist in developing documentation such as SOPS/risk assessments and governance documents. Also, included in the Health Board revenue costs is Band 3, Band 6 biomedical scientist (BMS) and a part time Band 7 IT (one day per week) which will also form part of the membership.

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

FINANCIAL CASE

Affordability Analysis

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.
- **Additional Health Board Staff:** Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is below: (*please see a more detailed breakdown on page 5*).

- **Non-recurring revenue funding which in total equates to £423,000 requested from Health Boards**
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**

MANAGEMENT CASE

Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the “new capability” is outlined in the following diagram.

Figure 1 Structure



Timescales

The high-level timeline for the Project is set out in the following table:

Table 5 Project Timeline

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27
Standardisation approach Development of the Business Justification Case Health Board Executive approval of the BJC (x 6) Update service specification	Tender process Supplier engagement Finalise service specification Contract Award Implementation Preparation Digital hub/storage preparation Recruit HB staff	Digital hub/storage implementation Implementation in Health Boards (phased approach) Training

Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable Pathology services the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans. Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Appoint an executive level SRO

- Reinforce clinical leadership arrangements, for instance the National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen existing membership ensuring IT representation from each organisation
- Formalise DHCW membership
- Continue to update National Diagnostics Strategic & Operational Group at regular intervals
- Continue to work with the Cellular Pathology Standardisation Group to drive the Project forward and ensure Subject Matter Expert (SME)

This approach will ensure the continuation of a robust, governance structure ensuring enabling high quality delivery at pace.

Transformational Leadership

The NDCP Project is providing transformational leadership enabling the Pathology service to create their vision and own the Project at every stage of the process.

Health Board and Trust Leadership

Health Boards and Trusts will provide the leadership necessary for the successful implementation of the new NDCP Service by supporting the following:

- Approval of the BJC at National Strategic Planned Care Board;
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable Pathology service;
- Establish a Local Deployment Project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project
- Include NDCP Project in their integrated medium-term plans (IMTPs)
- Enable their pathology services to contribute to the development, testing and validation of the new service;
- Release their staff for training for the new service

Management of Requests for Change

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing the management of change requests during the managed service contract.

Benefits Realisation

The Benefits Management Strategy developed in Phases 1 and 2 of the Project will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation (see Section 3.8 for list of benefits). It is recognised that this will require buy-in and support from Health Boards.

Risk Management Arrangements

The Risk Management Strategy developed in Phases 1 & 2 of the Project will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3 of the Project. It is recognised that this will require buy-in and support from Health Boards. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan. A detailed Risk & Issues Register has been developed by the Project Team to assist with risk & issue management throughout the development process. Risks will be assessed and values attributed to each area.

Contract Management Arrangements

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM). Regular contract review meetings will be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda.

Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of tranches 2 and 3, to assure the readiness for service prior to go live and once the project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

Contingency Plan

There is a contingency built into Tranche 3 should there be any delays in the implementation of the Project. In the event that the Project fails, the aim will be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

2 Introduction

Purpose of Business Justification Case

As outlined in the Executive Summary on page 5, the purpose of this BJC is to set out the proposals for Phase 3 of the NDCP Project. This will build upon the previous work of the Project, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI/computational pathology. We can only progress this and fully understand and realise the benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National scale up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Structure and Content of the Document

The BJC has been prepared using the agreed standards and format for business cases, as set out in the Welsh Government [Better Business Cases](#) guidance. The approved format is the Five Case Model, which comprises the following key components:

- The **Strategic Case** outlines the strategic context and demonstrates that there is a compelling case for change.
- The **Economic Case** demonstrates that the preferred option best meets the existing and future needs of the service and optimises value for money (VFM).
- The **Commercial Case** outlines the procurement route and the content and structure of the negotiated deal.
- The **Financial Case** confirms funding arrangements and affordability and outlines the impact on balance sheet and income and expenditure.
- The **Management Case** demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

3 Strategic Case

Strategic Context

Pathology Overview

Pathology is involved in 70% of all diagnosis made in the NHS, however, this figure does not reflect the role that pathology has in screening and monitoring and in relation to chronic conditions. Pathology underpins all clinical services and 95% of clinical pathways including those referred from primary and community care rely on patients having access to efficient, timely and cost-effective pathology services, within secondary care. Cellular pathology is also integral to the delivery of precision medicine and genomic services.

During 2018, pathology processed more than 34 million tests at an estimated cost of 1.9% of the total healthcare budget. A key component in the delivery of prudent health services, pathology is an enabler to other Welsh Government health strategies including those in cancer and stroke services.

Organisation Overview

The NHS Wales Executive is a national support body which has been operational since 1st April 2023. Its key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health. The NHS Wales Executive will also provide strong leadership and strategic direction through the National Strategic Planned Care Board which is attended by all Chief Executives of UHBs, Trusts, and enabling organisations, providing support and directing NHS Wales to transform clinical services in line with national priorities and standards.

The National Pathology Programme

The National Pathology Programme is managed by the NHS Wales Executive. The National Pathology Programme was established to:

- Develop and implement a Programme of strategic work which contributes to delivering the vision of the Pathology Statement of Intent 2019.
- Ensure the adoption of all Wales standards and protocols for pathology services in NHS Wales.

The National Pathology Programme Strategic Group, chaired by a CEO Lead, was formed to ensure oversight and ongoing development of the implementation plan and report to the National Diagnostics Strategic & Operational Group and the National Strategic Planned Care Board.

Delivery of the agreed actions of the Pathology Statement of Intent 2019 is the responsibility of the National Pathology Programme Strategic Group who have oversight of each of the dedicated all Wales delivery groups, which include Pathology Workforce and Education Group, Point of Care Strategy Group, National Pathology Operational Managers Group, Pathology Quality and Regulatory Compliance Group, and the NDCP Group. See section below for more details on the NDCP Project.

The development of pathology services across Wales includes:

- Some progress to consolidate pathology services into three regions, in line with the Carter Report (2008), completed in north Wales.
- A Regional Collaboration for Health (ARCH) is a partnership between SBUHB and Hywel Dda UHB to deliver service transformation across south west Wales.
- Regionalisation work ongoing with CVUHB, CTMUHB and ABUHB in south east Wales
- Maximise digitisation and IT connectivity for cellular pathology – in line with the long-term requirement documented in the Richards Report 'Diagnostics: Recovery & Renewal' October 2020 and more recently WG's Digital and data strategy for health and social care in Wales (2023).
- Expansion and retention of the workforce within cellular pathology – as identified in the Pathology Statement of Intent (2019).
- Impact of COVID-19 on pathology – as documented in the Richards Report and WG's Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025.
- Realignment to support the National Clinical Framework.
- A pilot in digital cellular pathology has created the capacity for reporting on digital images for a wider area.
- Boundary changes have taken place with CTMUHB now managing the Princess of Wales Hospital in Bridgend.
- The Public Health Wales (PHW) microbiology network has consolidated many investigations to a regional or national model of delivery and continues to transform services, such as the six additional hot labs for COVID-19 testing.

The National Digital Cellular Pathology Project

The NDCP Project is critical to the continued delivery of a modern and sustainable Pathology service as well as ongoing transformation initiatives.

Established in 2016, under the auspices of the National Pathology Programme (then National Pathology Programme Board), the NDCP Project was formed following a successful bid to the Efficiency through Technology Fund, on behalf of the National Pathology Operational Managers Group. The bid was submitted to capitalise on a previous investment made to modernise cellular pathology services at BCUHB, through rapid verification of the procured equipment and then national implementation if verification was successful. Benefits were expected to include but would not be limited to the pooling of clinical resource and standardised working across Wales to enable any consultant to report any case using any device from any location in Wales. This would reduce costs by reducing the necessity to outsource work.

Pathology Service Strategic Aims

Plans for the development of modern, sustainable pathology services are described in the Pathology Statement of Intent (2019). The NDCP Project supports many of the key priorities set out in the Statement, including:

- **Workforce Development.** A modern and innovative digital cellular pathology service will make it easier to recruit and retain staff. The Project will also improve operational efficiency and support changing roles, MDT working and cross-boundary collaboration.

- **Equipment.** The modernisation and standardisation of scanning equipment (as detailed within the scope) will increase service productivity and will fully integrate with the wider NDCP Project.
- **Quality and Safety.** The current digital system has been fully verified for accuracy and safety. It enables treatments to be more easily tailored to individuals, supporting evidenced-based care. Errors and loss of slides are minimised as all samples are held digitally.
- **Services** A fully digital system will improve service efficiency and support the aim to work beyond geographical barriers by exploiting new technologies.
- **Informatics & Information.** Informatics support and enhanced business intelligence will be a key feature of the new solution including a national image storage repository.
- **Research and Innovation.** The new infrastructure supports the sharing of information and will promote and accelerate innovative practice for cellular pathology. There will be enhanced opportunities for learning, development, and research.
- **National and Regional Working.** The new service will provide one seamless system for the whole of Wales, which is co-ordinated nationally and delivered regionally and locally.

Alignment to National Policies and Strategies

The national strategies informing the NDCP Project are summarised in the following table:

Table 6 Alignment to National Policies & Strategies

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
NHS Planning Framework 2023-2026	This NHS Planning Framework for 2023-26 builds on the learning from the pandemic and sets out the Ministerial priorities to support recovery and sustainability of health services, with the three-year context being a commitment to improving population health and reducing the burden of disease. Delivering efficiently, effectively, and optimising service delivery is how the improvements must be embedded in the DNA of NHS in Wales.	Provide opportunities to create additional capacity to support Planned Care and Recovery as led by the National Recovery Programme and prioritised by Health Boards. The Framework outlines that Diagnostics services improvements must result in a reduction in numbers of people waiting for diagnostic tests to pre-pandemic levels as a minimum. Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway. Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others as part of NHS Wales' approach to innovation. Focus on ways to deploy the existing and future workforce to best effect, including enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
		advanced practice models, enabling people to develop their careers and work at the top of their license.
Diagnostics Recovery and Transformation Strategy for Wales (2023-2025)	Outlines plans to recover diagnostic services by 2025, addressing the impact of pandemic, and set the groundwork for longer term sustainability including: - Catch up unmet diagnostics demand for important conditions - Transform services and move beyond traditional boundaries to put patients at the centre, reduce inequality, improve outcomes and reduce secondary care demand - Create and sustain safe services with prudent value-based pathways and workforce models - Be informed by evidence and be data driven - Create an environment where research and innovation improve outcomes and experience and success is scaled. - Connect seamlessly with the National Clinical Plan	Provides opportunities to create additional diagnostic capacity, addressing the current gap and contributing to the recovery of waiting list volumes. Enables the workforce to operate across boundaries, reducing inequality and reducing the pressure on the wider system. Provides a digital solution that can help mitigate capacity gaps, contribute to the attraction and retention of suitably skilled staff, support training of diagnostic specialists and advanced practice roles, and enable hybrid working and 'reporting from home'. Builds on the success of earlier stages, allowing the service to scale up the benefits across NHS Wales. Provides a digital solution that will enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging. Provides opportunities to adopt innovative digital technology solutions including AI/computational pathology
National Clinical Framework: A Learning Health and Care System (2021)	The Framework builds on the vision described in A Healthier Wales for a National Clinical Plan. Recognising that healthcare should be driven by planning rather than the market, the Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. It includes all clinical services and clinicians. The Framework will be underpinned by a suite of new commitments outlined in 'Quality Statements', which provide the next level of detail for specific clinical services.	A nationally planned pathology service that is delivered locally and regionally. Will act as an enabler to personalise medicine where therapies can be tailored to individuals, leading to more efficient and prudent provision of evidenced-based care. Will enable the extraction and analysis of data to understand the links between tests and treatment, improving clinical outcomes.
Quality & Safety Framework – Learning & Improving	Building on the aspirations set out in a Healthier Wales, the Framework provides guidance and direction for NHS Wales, focusing on requirements for multi-level, strong quality management systems – in turn reducing variation in quality.	Improving quality and equity through the implementation of a nationally planned service.

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
Healthcare Science in NHS Wales – Looking Forward	Referred to the role of healthcare professionals in realising the potential from new technologies and diagnostics to allow services to address challenges associated with increasing diagnostic demand and ageing population.	Utilising technological advances such as AI/computational pathology will help increase capacity and capability.
The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)	The Parliamentary Review set out a vision for the future, to include health and social care moving forward together and developing primary care services out of hospitals. The Review's recommendations focus on key themes around seamless care, a great place to work and maximising the benefits of technology and innovation.	Improving the efficiency of the patient care pathway. Improving facilities. Providing greater opportunities in order to attract a highly skilled workforce Maximising the benefits of technology and innovation.
A Healthier Wales: Our Plan for Health and Social Care (June 2018)	'A Healthier Wales' is the Welsh Government's response to the Parliamentary Review. It sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. It focuses on 'providing more joined-up services, in community settings', and shifts the emphasis from treating illness to prevention and supporting people to stay well and lead healthier lifestyles.	Addressing the recommendations set out in the Parliamentary Review as described above Focusing on improving services that will enable better targeted treatments.
The Wellbeing of Future Generations (Wales) Act 2015	The Wellbeing of Future Generations Act is about improving the social, economic, environmental, and cultural wellbeing of Wales. It makes the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.	Deliver a sustainable service that focuses on: • Addressing health inequalities • Improving outcomes for patients • Attracting and developing a highly skilled workforce.
Prudent Healthcare: Securing Health and Well-being for Future Generations	Contributing to the four prudent healthcare principles: • Public and professionals are equal partners through co-production • Care for those with the greatest health need first • Do only what is needed and do no harm • Reduce inappropriate variation through evidence-based approaches	Better information sharing Patients are prioritised according to their need Treatments can be more easily personalised Improved business intelligence supports evidence-based care

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
Digital Strategy for Wales, March 2021	The purpose of the strategy is to develop a digital approach for people, public services and the business community across Wales. It has six main aims: 1. Digital services – deliver modern and user-friendly digital services 2. Digital inclusion – ensure people can engage with the digital world 3. Digital skills – ensure the workforce has the digital skills and confidence to excel 4. Digital economy – exploit digital innovation to drive economic prosperity 5. Digital connectivity – ensure services are supported by fast and reliable infrastructure 6. Data and collaboration – improve services by sharing data and working together	Creating a more efficient and cost-effective service by ensuring that: • reporting times are reduced; • productivity is increased; • digitised slides can be shared easily facilitating quicker second opinions and cross boundary working, leading to better clinical outcomes for patients.
Digital Service Standards for Wales	Sets out what's expected from new or redesigned digital services funded by Welsh public sector organisations, in three main areas: • Meet user needs • Create digital teams • Use the right technology	Supports several of the Future Generations Wellbeing goals including reducing health inequalities, improving outcomes for patients and developing a skilled workforce. Embeds digital ways of working in the service Ensures flexibility by using software that meets open standards, is cloud based and is widely supported Supports the use of data analytics to improve patient pathways and deliver better clinical outcomes

Supporting Other Initiatives

It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular those outlined in the Executive Summary on page 8.

In addition, there are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) project in south west Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The south east looks to do the same with a similar project bringing together the Cellular Pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

Integration

The ability to use a single integrated all Wales LIMS system to provide a secure national reporting platform for cellular pathology is key to the NDCP Project. The ability to securely share images with pathology colleagues in any part of Wales for specialist reporting and consultation has already been shown to reduce reporting times for Lymphoma case by several days and has been recognised as a vital step in improving outcomes for some of our most severely ill patients. The reports generated using digital images can be linked to patients clinical data and health outcomes through the single patient record and the clinical portal. Quicker, more accurate and comprehensive reports are facilitated by digital images supported by AI/computational pathology platforms. Digital images will also support the All Wales Medical Genomics Service in identifying specific areas of tumour which will improve analytical outcomes and improve targeted therapies. It has recently been shown how data from the all Wales LIMS system can be interrogated to produce valuable information relating to workloads, backlogs, outsourced work as well as productivity and turnaround times for each laboratory in Wales. This can be used to enable future service planning and provide data to drive more efficient innovative and productive health care. Information from standardised reports generated by AI platforms could be fed automatically into the big data projects.

Foundational Economy

The foundational economy is focused on reversing the deterioration of employment conditions and encouraging local excellence to support the Welsh economy. This will be vital in retaining and attracting cellular pathology staff to NHS Wales. It will make it possible for specialist staff to work remotely and to benefit from work life balance policies. The use of digital pathology enhances flexibility and could help retain experts approaching retirement age by allowing more flexibility in working practices such as part time or flexible working. The IBEX AI prostate biopsy project has been supported by SBRI to work with commercial partners to pilot new ways of working. AI/computational pathology could provide opportunities for Welsh universities to work with Health Boards to support developmental and research projects that could support future diagnostic projects. Digital pathology can not only help remove Health Board boundaries but can also deliver shared learning and necessary documentation to quickly roll out a robust digital diagnostic service. The training of future pathologists and laboratory staff must be tailored to ensure the workforce can be recruited locally and the working environment meets the expectations of trainee staff who are now developing skills in digital services. There are opportunities to facilitate national imaging training centres with remote learning material that would attract trainees from across Wales and provide future generations with a robust cutting-edge pathology

service. Failure to deliver a fully digitised service within the next 3-5 years would adversely impact abilities of laboratories to meet the necessary quality standards.

Case for Change

Spending Objectives

Spending objectives describe what the NDCP Project is seeking to achieve and provide a basis for post-Project evaluation. The following spending objectives have been identified based on the aims of the overall Project and specifically the goals of Phase 3.

Table 7 Spending Objectives & Outcomes

Ref	Spending Objective	Outcomes
SO1	Build a sustainable robust and sustainable cellular pathology service for Wales	- Remote working - Flexible working - Improved ergonomics - Reduction in temporary staffing - Reduction in insourcing and outsourcing
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years	- Use of 2D bar codes to identify requests, specimens, blocks, slides and images - Reduced risk of tissue/slide loss or damage during transport or storage - Use of annotated scanned image to identify tumour areas required for genomic analysis - Electronic case assembly - Transfer of information on electronic request direct to report. Storage of post mortem images to improve management of cases to meet HTA standards
SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor	- Reporting of H&E samples - Diagnostic efficiency (of digital tech) - Digital dictation direct into report in dissection room
SO4	Enable reporting and review any case from any location, using any device	- Case sharing and collaboration - Single identifier for a sample across Wales - Assessing disease progression - Digitally generated request information available to pathologist on screen
SO5	Enable rapid, specialist, second opinion both internal and external to Wales	- Link H&E and IHC /special stains on screen - Synchronous analysis of slides - Flip and rotate images to aid interpretation - Measurement and annotation - Easy access to archived images, slides & case tracking, archival and retrieval - Image storage and retrieval & slide storage and retrieval - where cases need to be referred for second opinion or second review, electronic images can be retrieved quickly and efficiently, improving turnaround time. - Speedier diagnosis of urgent cases - Improved access to external second opinion & improved case transfer times - Clearer diagnostic audit trails - Faster access to molecular testing
SO6	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research	- Improved quality in obtaining section - Improved turnaround times due to digital workflow - Case allocation to pathologist

Ref	Spending Objective	Outcomes
		• Electronic test request and workload management in laboratory enabling improved planning and workforce management • Reduced risk of patient/slide misidentification errors • Quantification of specific cells and markers • Highlighting and heat mapping of areas of abnormality • Quality control and audit • Prioritisation of cases to meet cancer targets • Automatic formatting of certain reports such as normal colonic biopsies based on AI pre-screened slides • Improved confidence in diagnosis if slide pre-screened by AI • Convenient and reproducible cancer staging • AI to identify micro-organisms • AI to identify special features not readily recognised by pathologist • AI/computational pathology for enhanced cancer research • Fewer microscopes to service in the future • Capture of digital image at macro dissection using macropath systems • Decrease in number of costly IHC tests • Reduction in number of repeat biopsies • Reduction in requirement of 2nd review pre-MDT
SO7	Build stronger relationships between NHS, Academia and Commercial Partnerships	• To increase teaching, training and mentoring • Improved recruitment and retention • Research resource

Existing Arrangements

Traditional Cellular Pathology

Cellular pathology services in Wales make a major contribution in many disease pathways, most significantly the early detection, diagnosis, staging and monitoring of cancer. Cellular pathology laboratories produce microscope slides from tissue samples sent for analysis from patients in surgical/outpatient settings. Consultant cellular pathologists subsequently make their diagnoses by evaluating microscope slide preparations using a light microscope.

Cellular pathology services are typically organised to be as regional to the clinical teams they support as possible, with regular engagement in MDT meetings the top priority for consultant cellular pathologists. Departments prioritise cases identified for MDT review so as not to delay the patient pathway.

Primary care cellular pathology services are organised in various ways across Wales to support their local health boards. There is a need for regular engagement with MDT meetings across sites, this is now often done via videoconferencing.

Due to increasing complexity in diagnosis, sub-specialisation has become the norm. Increasing sub-specialisation within cellular pathology often requires external opinion to be obtained – this currently requires microscope slides to be physically sent for external review within the UK NHS and sometimes further afield. The consequence of this is significant time delays (and costs) transporting slides by courier/post for expert review, and further time delays in receiving reviewed case reports.

In addition, severe difficulties in recruiting and retaining medical staff mean most departments have vacant posts at any moment in time. The Royal College of Pathologists' workforce census of 2018 showed that only 3% of NHS histopathology departments have enough staff to meet clinical demand.

This capacity gap results in backlogs of unreported cases, with either expensive medical agency locum or external outsourcing used to maintain minimum performance levels. These solutions also contribute to delays in reporting turnaround times.

Demand and Capacity

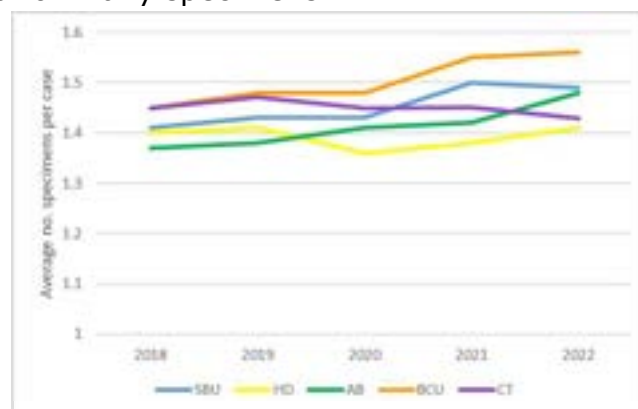
Pathology services in Wales processed more than 1 million slides in 2022/2023. Although activity reduced significantly during the early months of the pandemic, it has been increasing steadily since and by early 2022 had returned to pre-pandemic levels in most UHBs.

It is anticipated that factors such as the Recovery Plans outlined in the NHS Planning Framework 2023-2026 will mean that activity continues to increase during 2023/24. Forecast activity analysis suggests that by 2025/26 the service will be processing approximately 1.5 million slides.

The recent and forecast growth in demand is compounded by the increasing complexity of the workload including:

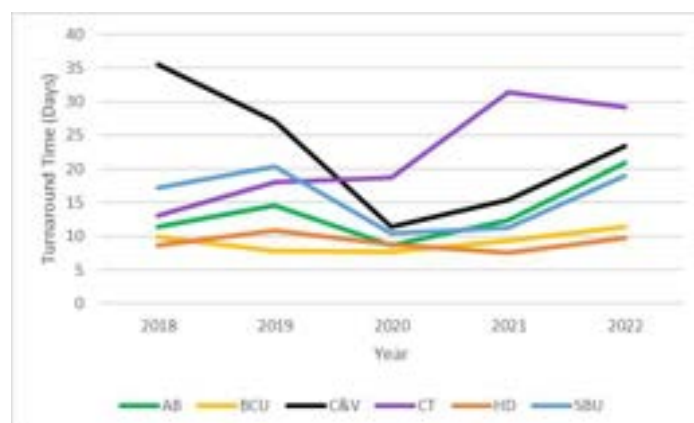
- The most urgent specimens making an increasing percentage of specimens in most Health Boards.
- The number of specimens per case is generally increasing and increasing number of tests are needed for many specimens.

Figure 2 Average no Specimens per case



As a result of this, turnaround times are now at, or are higher than, pre-Covid levels.

Figure 3 Turnaround times



This is impacting on the service's ability to achieve target turnaround times for specimens of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens. Target time breaches have increased across the board during 2022, with the percentage of USC and routine specimens processed within target time having decreased in recent years.

Prioritising urgent specimens to meet cancer and screening targets has a significant impact on routine specimens. This creates several risks including:

- Reduced opportunities for early intervention in the routine specimens that lead to a cancer diagnosis, particularly since audits have shown the cancer rate in routine specimens to be between 8% and 11%.
- Cancellations and appointment delays when results are not ready.
- Additional stress for patients and families awaiting results.

The backlog of activity has been gradually increasing following a previous reduction in 2020. This creates additional pressure to create more capacity to address this, which is challenging given the workforce pressures outlined below.

This has resulted in a gap between demand and capacity since mid-2022, particularly in south Wales where there are a number of pathologist vacancies. BCUHB following implementation of digital technology, have been able to attract pathologists to any vacant posts. Work is ongoing to accurately quantify the size of this gap but given the forecast growth in volumes, prioritisation and complexity of cases, then mitigation measures are required at all HBs to address this.

Workforce

It is widely recognised that there is a shortage of diagnostics professionals across the UK, and this is particularly evident in the Pathology service in NHS Wales. The Royal College of Pathologists published 'Briefing: The pathology workforce in Wales' in June 2019 and the 'Royal College of Pathologists' Priorities for Wales' in March 2021. Both papers outlined the workforce challenges and highlighted the need to invest in the workforce for patients and to achieve the Welsh Government's commitment to earlier cancer diagnosis.

NHS Wales Executive modelling in 2022 showed a capacity gap of 25% in west Wales for cellular pathology, with only 3 substantive cellular pathology consultants in HDUHB and a requirement for 9 to satisfy current levels of service. In addition, for south east Wales, the current gap is the equivalent of 8.5 cellular pathology consultants.

The associated studies referenced in these reports highlight a growing retirement crisis in the service. In 2019 it was estimated that 36% of the consultant workforce was over 55 years old and 10% of histopathologists 'retired and returned'. This largely remains the case based on the current pathologist workforce establishment outlined in the table below:

Table 8 Number of Pathologists (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Number of substantive pathologists in post	12	14 (13 Medics, 1 reporting BMS)	20 "general" pathologists, 2 paediatric pathologists 2 neuropathol- ogists 1 consultant reporting scientist.	16 plus an external pathologist providing 2 digital sessions working from Birmingham 1 post out to advert	2	8
Number of above pathologists aged over 55	4	4	6	4	2	0
Number who have 'retired and returned'	3	0	2	2 (1 currently & 1 pending imminently)	1 retiring & returning Apr	0

The Royal College of Pathologists estimated in 2019 that 17% of consultant pathologists in Wales were locums. The service continues to rely on outsourcing to mitigate capacity gaps in the service, as outlined earlier, at an overall cost to NHS Wales of almost £4million at the time of writing.

Table 9 Outsourcing & Agencies (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Cost of outsourced reporting in last 12 months	0	£660,100	£389,194	£900,000	Currently don't outsource to external companies however have significant In-lieu of locum costs for in house consultant reporting above their contracted sessions – Approx. £400,000	£2 million
Number of agency pathologists employed	nil but heavy insourcing in place	0	0	Nil, we are however issuing an average of 20 extra sessions to existing consultants per week	2 NHS locums on long term contracts 1 high cost agency locum	0
Average number of cases sent to agencies for reporting each work	No send any cases away for reporting, the extra work generated is reported as out of hours work by the Pathologists on site.	Wet to slide capped at 226 cases per week	Slides to outsourcing each week is around 150 but depends on admin support to get them out and back in, push to do in house WLI's as well	Currently sending 100 wet specimens per week	No send any cases away for reporting, the extra work generated is reported as out of hours work by the pathologists on site.	400-500 specimens wet tissue/ week. Plus 30-50 slides for reporting/ week

As well as increasing costs, reliance on outsourcing impacts on the quality of the service.

This is clearly not sustainable and is expected to worsen over time due to ongoing challenges recruiting and retaining staff. Short to medium term mitigations are limited. Pathology is a highly specialised field, and it takes around a decade to train a Pathologist from scratch. The Royal College of Pathologists highlighted that pathology competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training.

Table 10 Current BMS vacancies and trainee Pathologists (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Number of BMS vacancies	1 x B6 waiting to interview	2 x B6 whole time equivalents	2 x BMS B5 1 x BMS B6	5 x B3 support workers	3 x B4 1 x B5 1 x B6 currently vacant, adverts out or waiting for a start date	2 x B6, 6 x fixed term B3 MLA current vacancies do not enable the department to meet the demand placed on it
Number of trainee pathologists	3 +2 fellows	One	Trainee pathologists: 6 x Year 1 6 x Year 2 2 x Year 3 1 x Year 4 2 x Year 5 /Stage 4	2, but we have a request to increase from the deanery	No trainee Pathologists.	0
Number of BMS dissection roles currently filled / vacant	1 but a split role – part Senior BMS	2 (training started awaiting examination results)	2 BMS reporting / dissection for GI in post	4 advanced practitioners in dissection <u>with one of these posts vacant</u> 1 advanced practitioner reporting Gynae	We do not currently do BMS dissection.	1 advanced practitioner in Histological dissection

Mitigations are therefore urgently required to address these ongoing workforce risks.

Digitisation of Cellular Pathology Services

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible but is essential to keep pace with the rest of the UK.

The system consists of a slide scanner, capable of creating high resolution images of microscopic preparations of human tissue, at comparable magnifications to that of a traditional light microscope. Other components of the system are a software interface, data storage servers, and computer workstations with high power graphics cards and high-resolution monitors to enable viewing and manipulation/sharing of slide images. Integration of the software interface with LIMS enables cases to be reported within an all-digital environment.

Consequently, moving to digitise cellular pathology services as completely as possible would eliminate many of the physical, time-consuming steps involved in

transporting microscope slides to consultant cellular pathologists, both locally and externally. Digital images can reduce the turnaround time from two days to a couple of hours. In addition, the preparation of slides for MDT review is much faster: the time taken to find and share physical slides is significant (there are currently up to 28 MDTs per week in BCUHB). When compared with radiology, which has been digitised for many years, it is estimated that the number of MDT administrative staff for pathology could be reduced from two to one.

An example of this occurred in SBUHB when, at a recent central urology MDT, the slides had not been received for review. During the MDT, SBUHB were able to email HDUHB and requested that the slides were scanned and the report sent electronically. The case was then immediately reviewed, discussed at MDT, saving another week on the pathway for MDT review.

Voice command is a major advantage, also supporting quicker turnaround times, improved reporting and a reduced need for secretarial support. And the risk of misplacing slides is also reduced, which reduces duplication and litigation risks.

Digitisation also offers benefits in terms of the time saved in retrieving and storing slides. Exact figures on this won't be available until Phase 3 is complete but, based on early studies from the digitisation of cellular pathology services in Leeds, it is estimated that a saving of between two and three WTE administrators will be possible with a fully digitised service. In addition, case review and external expert opinion can be undertaken electronically in real-time, with the likelihood that additional diagnostic expertise/precision will be more attainable than before.

Remote consultant MDT attendance through videoconferencing such as Microsoft Teams (including display of images), increasing the potential for greater sub-specialisation and shared working across NHS Wales.

Finally, without national scale up, the full benefits of AI/computational pathology cannot be realised across Wales. The benefits of AI/computational pathology are significant. For example, a pathologist cannot manually count one million cells, but this will now be possible through machine learning, leading to greater accuracy and faster reporting times.

The NDCP Project was established to modernise cellular pathology services in Wales and to introduce a fully digitised national service. To date, two phases have been achieved.

Phase 1: Rapid Evaluation and Verification

Phase 1 demonstrated proof of concept through the high correlation achieved when comparing the results obtained using both traditional glass slide methodology and digital image to report 3000 cases. This resulted in receipt of a mandate from All Wales CEOs to proceed with national implementation of digital enablement.

Phase 2: Partial National Scale Up

Phase 2 has realised, through investigation, procurement, and installation, the delivery of partial, standardised, digital enablement for each of the Health Boards including the delivery of local storage and an interim hub solution. Phase 2 has

also progressed the work of integrating the current digital scanning solution into the current LIMS with work expecting to be completed quarter 1 2024/25.

Current position

The current position is outlined previously in the executive summary on page 9.

Business Needs

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the national direction of travel. This includes:

Business Need 1: Procurement of All Digital Pathology Capability

The budget for Phase 2 was not sufficient to digitise cellular pathology services as completely as possible. It was agreed at the time that an incremental approach to implementation would be taken ensuring that work progressed at pace giving some digital capability to each Health Board. The aim of the final Phase is to fund the procurement and installation of the remaining infrastructure, equipment and software to digitise services as completely as possible solution for the whole of Wales.

Business Need 2: Determine & Agree National Image Store

As an interim measure during Phase 2 images were stored on additional server space purchased at each of the Health Boards with local IT back up providing the required resilience. This current storage availability will greatly limit digital reporting in the future. Going forwards a national long-term storage solution (including plans for back up) is required which should meet the following:

- Images should be accessible easily and quickly by any reporting pathologist from any location
- Image storage needs to be compliant with retention schedules and GDPR.
- Images should be available for research purposes.
- The size of a 20x20 slide is approximately 1GB-1.5GB per slide and a megaslide would be around 3GB each, however megaslides are not currently being scanned.
- For governance reasons, a backup file of all clinically significant images including any AI heat maps, would be required.
- It is important to have instant access to current and the most recent cases (probably around 12 months). However, images more than 12 months old could be stored where access would be available within 24-48 hours which will hopefully help to reduce storage costs.

Business Need 3: Management of the Future Digital Hub

There are currently interim arrangements for managing the digital hub. The aim of Phase 3 is to investigate all options for managing a national central hub and to procure the agreed solution. The hub would act as a repository for meta data relating to the images for all Health Boards.

Business Need 4: Work with Health Boards to find a Solution for Cross-Boundary Working as part of a National Network of Cellular Pathologists

Cross-boundary working is needed to maximise access to specialisms available within different organisations to provide equity to patients across Wales. A 'virtual lab' will support cross-boundary working by enabling anyone from any location to

review any slide. This has been critical during the COVID-19 pandemic when 20-30% of staff have been off site. Cross-boundary working will need to be underpinned by the recruitment of more cellular pathologists to address current gaps in the workforce. The RCPATH workforce census (2018) proposed a range of solutions to address the shortages, including:

- More funded training places for specialist cellular pathology trainees;
- Better IT for day-to-day work;
- Investment to implement digital pathology more widely so staff can work efficiently and flexibly;
- The development of advanced clinical practitioners to work alongside medically qualified cellular pathologists.

Business Need 5: Work with Health Boards to Develop Workflows and Workforce to Ensure Maximum Benefits are Realised from the Implementation of the New LIMS

Workflows are being developed as part of the wider Project of digital work to standardise pathology processes for integration in the LIMS system. LIMS is the national reporting system for all pathology and all reports from different disciplines need to be available for easy review by reporting pathology clinicians. Nationally sample numbering and identification depends on unique identifiers generated by the LIMS. The unique identifiers for episode, case and sample are printed in bar code which is used to identify and track the samples in LIMS. The barcode label on the glass slide is scanned to identify the image and link it to the request in LIMS. All reporting is done on LIMS and authorised digital results are stored and transmitted via LIMS to the Welsh Clinical Portal where results are nationally available to clinicians and GPs treating patients anywhere in Wales, LIMS is the agreed reporting system and will be integrated to any scanners procured either directly or through laboratory workflow management middle-ware.

Future cellular pathology workforce requirements will be determined by the Pathology Workforce and Education Group (PWEG) in collaboration with Health Education and Improvement Wales (HEIW) and academia.

Potential Scope and Services

During a NDCP Project Board meeting, held on 22nd February 2021, members agreed that the following would be included within the scope:

In Scope

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops** (appropriate graphics cards for the new screens would need to be compatible. Possibility of workstations in MDT and seminar rooms, and for trainees and hot-desking. High-specification laptops to support working from home, which could also be used with docking stations and medical grade screens in the MDT/seminar rooms as an alternative to a full workstation. Keyboards and mice should be washable. Joysticks to be included)
- **Image storage** considering the different file formats, storage over a defined length of time, the file sizes and the bandwidth needed etc. In line with the

DHCW principle of 'cloud first' (which will deliver benefits such as secure, fully managed, predictable performance, rapidly available, and resilient), cloud storage will be the storage method of choice. Most of the AI systems use cloud storage to analyse copy images- the analysed diagnostic images will need to be stored along with the original image as long as deemed necessary for the active case.

- **AI** is a rapidly developing computational tool designed to support pathologists in reaching a quick and reliable diagnosis. It is not designed to replace the pathologists. Described at a high level only, to remain as flexible as possible, as the technology is developing rapidly. AI provider would need to be system 'agnostic'. Several different providers can deliver targeted analytical platforms to suit different tissue types.
- **Standardisation of services** (via Standardisation Group)
- **Adoption of standardised technical standards for image formats** (e.g. DICOM) and Interoperability (e.g. HL7 FHIR)

Out of scope

- **Tissue processors**
- **Stainers**
- **Other specialist laboratory equipment**

These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

By considering the range of business functions, areas and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the Project.

Coverage and services are considered on the following continuum of need:

- **Core:** Essential elements that must be included in the Project to address immediate risks and ensure service continuity.
- **Desirable:** Additional elements that should be included in the Project to enhance the service and deliver greater value for money through additional benefits.
- **Optional:** Possible elements that could be included in the Project to maximise benefits providing they can be justified on a marginal low cost and affordability basis.

The potential scope of service coverage was reviewed at various points of the Project and categorised the main elements in line with this continuum of need. The results of this analysis is provided in the table below.

Table 11 Summary of items in scope

	Core	Desirable	Optional
Scanners			
• Cellular pathology scanners	✓		
• High resolution haematology scanners			✓
Workstations			
• Medical grade screens	✓		
• Keyboards and mice	✓		

• Joysticks		✓	
Management systems (including voice recognition)	✓		
Additional workstations/PCs			
• High resolution laptop, docking station and medical grade screen	✓		
Image storage	✓		
AI	✓		
Standardisation of services	✓		
Integration with current/future LIMS	✓		

Main Benefits

Investment in the NDCP Project is expected to deliver a wide range of benefits, many of which were proven during Phases 1 and 2. Benefits include:

- Enabling greater information sharing that will lead to better collaboration including facilitating cross boundary working and improving turnaround times for second opinions and peer review.
- Providing access to digital images enables remote and cross-site working, reducing travel time which will have a positive impact on staff welfare and enables more efficient ways of working. It will also help reduce the carbon footprint.
- Improved efficiency and cost savings associated with reduced transportation of physical slides and time spent retrieving and collating data. Further reduction of carbon footprint.
- Improving the quality of patient care by enabling the tailoring of therapies, risk-based case prioritisation, better control over samples managements and improved reporting that leads to more accurate diagnosis.
- Contributing to improvements in treatment by improving data analysis and business intelligence used in the day to day management as well as teaching and research.
- Creating a modern and efficient service by adopting up to date technologies will improve staff satisfaction and support recruitment and retention.
- Meet standards of prudent healthcare and improve the service's reputation.
- Opportunities to adopt AI/computational pathology technologies and maximise efficiencies.

The quantification of these benefits are explored in the Economic Case and plans to manage realisation of them in the Management Case. The full benefits register is provided in Appendix M1.

Main Risks & Issues

All outstanding risks and issues from Phases 1 and 2 have been carried forward into Phase 3. These are identified in Appendix M2 and include:

Table 12 Risk & Issues

Ref	Risk Type	Risk	Mitigation
PROGRAMME RISKS & ISSUES			
008 (Issue)	Financial	Funding for NDCP procurement and implementation not secured:	Funding avenues are currently being explored.

		- WG confirmed no funding available for the procurement phase of NDCP - HB revenue funding for 2025/2026 (and ongoing) has not yet been secured, which could impact progress of the work.	Revisions to the BJC are in progress.
039 (Risk)	Financial	If revenue funding is no longer available for NDCP, there is a risk of not being able to procure a managed service contract which may result in obsolete equipment being out of date and HB's not in financial position to replace	Capital funds are now looking an unlikely option therefore revenue managed service contract. Alternative funding streams being investigated
OPERATIONAL RISKS & ISSUES			
002 (Risk)	Operational	Delays in integrating Leica scanners with current WLIMS1 data infrastructure. Risk that integration is not implemented within Project timescales. Impact on the ability for National reporting and, there will not be an interface for new LIMS if the interface for current LIMS not implemented.	Interface is available to link LIMS and Leica. Work ongoing to operationalise
004 (Risk)	Operational	NDCP Image Storage: risk of individual Cellular Pathology departments being unable to store images and therefore being unable to use DCP as a reporting tool.	NPP progressing the Phase 3 BJC which includes a long term national storage solution. WG funding provided to HBs for interim storage solution
040 (Risk)	Operational	Risk of a delay to the integration of new LIMS2.0 with newly procured DCP solution	Mitigation around specification and DCP specification working group working with potential suppliers and Intersystems. Implementation of new solution due to commence after LIMS2.0 deployment has finished

Constraints

The Project is subject to the following constraints:

- **Funding.** Phase 2 funding was not sufficient to digitise cellular pathology services as completely as possible. A partial implementation only has been achieved. Without further funding Phase 3, national scale up, will not be possible.
- **Image storage.** The 49TB of server storage initially purchased at each of the Health Boards is now almost full and further scanning will not be possible without the development of a long-term solution for image storage. In 2023, £150,000 has been allocated to each Health Board as an interim solution prior to a move to cloud storage as part of the full BJC.
- **Resources** For Phase 2, BCUHB agreed as an interim measure, to host the data hub (hub to store the meta data for all images). A permanent national image storage solution will be identified and agreed in Phase 3

The Project is subject to the following dependencies:

- The requirement for digital pathology system to integrate with the new LIMS service.

- Revenue funding from each of the individual Health Boards
- Local staff resource to support implementation and ongoing scanning capability incorporated once into the routine service.

4 Economic Case

Critical Success Factors

Critical Success Factors (CSFs) are the essential attributes for successfully delivering the Project and are used along with spending objectives that are outlined in the Strategic Case to evaluate the options. The CSFs are provided in the table below.

Table 13 Critical Success Factors

Critical Success Factor	How well the option:
Strategic Fit and Business Needs	- Meets the agreed spending objectives, related business needs and service requirements, and - Provides holistic fit and synergy with other strategies, Programmes and Projects.
Potential Value for Money	Optimises public value (social, economic and environmental), in terms of the potential costs, benefits and risks.
Supplier Capacity and Capability	- Matches the ability of potential suppliers to deliver the required services, and - Is likely to be attractive to the supply side.
Potential Affordability	- Can be funded from available sources of finance, and - Aligns with sourcing constraints.
Potential Achievability	- Is likely to be delivered given the organisation's ability to respond to the changes required, and - Matches the level of available skills required for successful delivery.

Options Framework

The options framework, outlined in HM Treasury Green Book and Welsh Government Better Business Cases guidance, provides a systematic approach to identifying and filtering a broad range of options. An overview of the key dimensions within the options framework is provided in the table below.

Table 14 Key elements of the options framework

Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

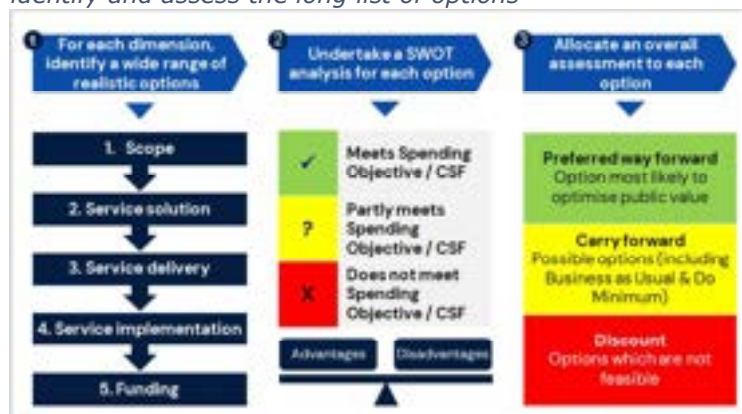
The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension
- Undertake an analysis for each option to:
 - Assess how well the option meets the Project's spending objectives and critical success factors; and

- Identify the option's main strengths, weaknesses, opportunities and threats (SWOT analysis).
- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

A diagram illustrating this process is shown in the figure below.

Figure 4 Process to identify and assess the long list of options



A long list of options for each of the five dimensions was developed by the NDCP Project and evaluated to determine how well each meets the spending objectives and critical success factors at a series of workshops. The detailed analysis is provided in Appendix E1 and an overview in the table below.

Table 15 Summary of long list assessments

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
1. Service Scope <i>As outlined in Strategic Case</i>	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally. Would ensure Wales keeps pace with rest of cellular pathology global community
	Carried Forward	Carried Forward		Preferred Way Forward
2. Service Solution <i>In relation to the preferred scope</i>	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	Carried Forward	Carried Forward		Preferred Way Forward
3. Service Delivery <i>In relation to the preferred scope and service solution</i>		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution
		Carried Forward		Preferred Way Forward

4. Implementation <i>In relation to preferred scope, solution and method of service delivery</i>		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		Preferred Way Forward		Discounted
5. Funding <i>In relation to preferred scope, solution, method of service delivery and implementation</i>		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		Discounted	Carried Forward	Preferred Way Forward

The possible options are carried forward to the shortlist as outlined in the table below.

Table 16 Developing the shortlist

Options	Do Nothing	Do Minimum	Intermediate Option	Preferred Way Forward (PWF)
Project Scope	All cases are reported using microscopes and glass slides.	Most cases are reported using microscopes and glass slides plus some limited digital reporting.	Most cases are reported digitally.	Most cases are reported digitally.
Project Solution	Return to previous process (glass slides and microscope).	Partial procurement and installation of digital capability for each Health Board.	National scale up of digital capability including image storage and digital hub solution.	National scale up of digital capability including image storage and digital hub solution.
Service Delivery	N/A	NHS Wales purchases equipment and support provided via a maintenance contract	NHS Wales purchases equipment and support provided via a maintenance contract	Fully managed service contract where provider owns and manages the digital solution
Project Implementation	N/A	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time
Project Funding	N/A	Combination of capital and revenue funded (NHS owned asset/revenue model)	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded

Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option
- **Do Minimum:** Continue to with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital capability. This would require two pathways to operative simultaneously and would be prone to error and considerable inefficiency.

- **Intermediate Option:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding (NHS owned asset and ongoing support/maintenance contract).
- **Preferred Way Forward:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Delivered through a fully revenue funded managed service contract (provider owns and manages the digital solution).

Options Appraisal

The key features of the shortlisted options included an analysis of advantages and disadvantages is provided below.

Table 17 Key features of Do Nothing

OPTION 1	DO NOTHING
Description	The 'do nothing' option reflects the position pre-Project where cellular pathology services reported all cases using microscopes and glass slides. If this option was to be used, all digital enablement and voice command procured pre-Project and in Phases 1 & 2 would not be utilised. The benefits demonstrated in the AI prostate project could not be realised.
Advantages	• No training on digital systems required • No digital image storage requirements • No requirement for digital hub
Disadvantages	• Wales not benefitting from digital technology whilst the rest of the UK takes advantage of the latest technology resulting in an adverse impact on patients as well as recruitment and retention. • Unsustainable in the long term likely to lead to backlogs • Decreased recruitment and retention of staff due to non-innovative practice • Unlikely to support Single Cancer Pathway TATs • Not utilising digital equipment purchased for Phases 1 & 2 • Not utilising the integration development between current supplier & LIMS • Unable to employ AI solutions • Inequity of service provision across Wales • Not aligned to international direction of travel for the service • Light microscopy will become a virtually obsolete diagnostic modality and it will be even harder to recruit pathologists particularly newly qualified pathologist and almost certainly impossible to support histopathology training in Wales again exacerbating the current recruitment issues
Conclusion	Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on

	the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.

Table 18 Key features of Do Minimum

OPTION 2	DO MINIMUM
Description	The 'do minimum' option reflects the current position whereby cellular pathology services continue to report most cases using microscopes /glass slides and perform some digital reporting using current limited digital capability.
Advantages	• Some digital enablement in each of the Health Board's • A small amount of cross boundary working e.g. BCUHB/SBUHB • Proved the proof of concept through interim hub and spoke formation and sharing of images • Ability to use a very limited amount of AI
Disadvantages	• Not aligned to international direction of travel for the service • Decreased recruitment and retention of staff • Unsustainable in the long term and already leading to significant backlogs • Unable to maximise the benefit from the use of AI • Unlikely to be able to support Single Cancer Pathway TATs • Inequity of service provision across Wales • Limited digital image storage
Conclusion	Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.

Table 19 Key features of Preferred Way Forward Option - Capital

OPTION 3	INTERMEDIATE
Description	This option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Funded through a combination of capital and revenue funding.
Advantages	• Aligned to international direction of travel for the service • Digital storage solution • Sustainable equitable cellular pathology service across NHS Wales • The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists • Improvement in attractiveness of recruitment and retaining of staff

	• Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location • National image sharing • AI/computational pathology can be better utilised to support and improve the quality of clinical diagnosis • Improve quality and drive innovation through the development of AI • Supports Single Cancer Pathway TATs • Access to different specialities e.g. lymphoma cases between BCUHB and SBUHB • Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working • Improved MDT preparation by eliminating time spent collating cases for MDT review • Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings • Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc • Access to NHSE and UK wide expert networks for fragile services such as paediatric pathology and neuropathology which are difficult to sustain unilaterally in Wales. • Minimises revenue impact for Health Boards • Utilise digital equipment purchased during Phase 1 & 2 • Utilise integration developed between current supplier and new LIMS • Reduces risks associated with the transfer of tissues, tissue blocks and slides. • Digital images are not covered by the Human Tissue Act and therefore moving toward the use and storage of digital image for autopsy cases removes a significant existing HTA compliance risk with management and disposal of post mortem slides. • Reduces costs associated with secure storage and retrieval of PM slides across Wales. • Frees up existing internal space and reduce footprint refurbishment or new build costs. • Reduction in the carbon footprint
Disadvantages	• Training on digital systems required (much of this is already underway) • Digital image storage requirements • Requirement for digital Hub • Capital funding unlikely to be available over the longer term.
Conclusion	Option 3 would improve sustainability and equity of the service ensuring realisation of Project benefits but is unlikely to be affordable over the longer term because of ongoing capital

	investment requirements to replace and maintain the digital equipment in the future.

Table 20 Key features of Preferred Way Forward Option - Revenue

OPTION 4		PREFERRED WAY FORWARD
Description		The 'Preferred Way Forward' option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Delivered through a fully revenue funded managed service contract.
Advantages		• Aligned to international direction of travel for the service • Digital storage solution • Sustainable equitable future proofed cellular pathology service across NHS Wales • The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists • Improvement in attractiveness of recruitment and retaining of staff • Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location • National image sharing • AI and computational pathology can be utilised to support and improve the quality of clinical diagnosis • Improved quality & drive innovation through the development of AI/computational pathology • Supports Single Cancer Pathway TATs • Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a specific site. • Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working • Improved MDT preparation by eliminating time spent collating cases for MDT review • Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings • Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc • Ensures that all equipment and technology remains up to date over the life of the contract without the need for capital investment • Avoids the need for capital investment upfront and in the future. • Reduces risks associated with the transfer of tissues, tissue blocks and slides.

	• Reduces costs associated with secure storage and retrieval of PM slides across Wales. • Frees up existing internal space and reduce footprint refurbishment or new build costs. • Reduction in the carbon footprint • Utilise digital equipment purchased during Phase 1 & 2 • Utilise integration developed between current supplier and LIMS
Disadvantages	• Training on digital systems required (already ongoing) • Digital image storage requirements • Requirement for digital Hub • Increased revenue consequences for Health Board
Conclusion	Option 4 would improve sustainability and equity of the service ensuring realisation of Project benefits without the need for initial and future capital investment. A managed service contract will provide the flexibility to take advantage of innovations in the future however NHS Wales cloud could be considered too.

The options have been considered in further detail with a cost benefit analysis below.

Estimating Costs

For the purposes of the BJC, indicative costs have been estimated based on the information that is currently available. This includes:

- **Do Nothing:** It has not been possible to determine baseline costs at this stage as costs differ significantly across the service and are impacted by various factors. In any event, existing operating costs are expected to continue since there will be an ongoing need for the acquiring, using, and storing glass slides. Baseline costs are therefore excluded for comparison purposes as it is expected they would apply consistently to all options. Any opportunities for efficiency savings or cost reductions are dealt with in the benefits section.
- **Do Minimum:** Indicative costs have been estimated for the continuation of partial digital capability. This includes the cost of initial set up in each of the Health Boards (although this does not include costs for image storage, integration with LIMS or integration costs for speech) and ongoing annual costs for maintenance and warranty.
- **Intermediate Option:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).
- **Preferred Way Forward:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).

The table below outlines the resulting indicative costs for each of the options over a 20-year appraisal period:

Table 21 Indicative Costs

	Option 0 - BAU	Option 1 - Do Min	Option 2 - Cap/Rev	Option 3 - PWF (Rev)
	£'000	£'000	£'000	£'000
Project Team	0	0	826	0
DHCW Support	0	74	0	0
Solution Costs	0	672	8,184	0
Initial capital costs	0	746	9,010	0
Lifecycle costs (20-year appraisal period)	0	1,492	16,368	0
Whole life capital costs	0	2,238	25,377	0
Project Team inc. DHCW element (non-recurring)	0	0	0	423
DHCW Support (Recurring)	0	0	966	1,728
Additional Health Board staff (20-year appraisal period)	0	0	9,498	9,498
Solution Costs (20-year appraisal period)	0	0	53,980	56,368
Maintenance and Warranty (20-year appraisal period)	0	608	0	0
Whole life revenue costs	0	608	64,443	68,017
Total whole life costs (20-year appraisal period)	0	2,846	89,821	68,017
Equivalent Annual Costs	0	142	4,491	3,401

Estimating Benefits

The Project to date has identified specific benefits associated with these factors and work has been undertaken to quantify them, building on experience of the first two phases and establishing baseline positions and target improvements. Where possible, these metrics have been stated in monetary equivalent values to enable a thorough cost benefit analysis to be prepared.

For the purposes of the BJC, indicative values have been estimated to determine the potential opportunities available to NHS Wales organisations for the following categories of financial benefits:

- **Cash releasing benefits:** Direct cost saving as results of reduced resource requirements.
- **Non-cash releasing benefits:** Productivity savings that can be quantified in monetary equivalent values but are not expected to directly reduce costs although they will release staff time to focus on alternative activities.
- **Societal benefits:** Indirect benefit that will be realised by wider society and can be quantified in monetary equivalent values.

For the purposes of the BJC, efficiency benefits are assumed to be non-cash releasing to give an indication of the scale of opportunity available, but this will be reviewed in detail as the benefits are developed and opportunities sought to convert into cash releasing benefits.

Calculations are based on the early phases and findings at BCUHB and individual Laboratory Managers' assessments of how this is expected to apply at a Health Board level. The main assumptions are outlined in the following table with the total NHS Wales impact outlined. Specific Health Board assumptions and values are provided in Appendix M1.

Table 22 Benefits Overview

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
Increased capacity to meet growing demand					
B01	Streamlined workflow and greater ability to recruit and retain suitably skilled staff will contribute to increasing capacity to enable the service to meet growing demand. This will reduce reliance on outsourcing in the future.	Outsourcing and temporary staffing costs	Potential cost avoidance in the future	See risk R2 below	It is not possible to reduce current outsourcing costs because there are multiple factors which drive the need for external capacity. However, full digitisation could potentially reduce the need for increased outsourcing / use of locums in the future to deal with growing demand, as the streamlined workflow and better recruitment/retention will increase future internal capacity.
Streamlined workflow leading to productivity gains					
B02	Greater ability to get the section quality right first time will reduce the need to re-work slides	Number of reworked slides	823 fewer slides re-worked each year across Wales	£4k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in reduced number of reworked slides for each lab, based on estimated average cost per re-cut.
B03	Use of voice recognition/command software reduces workforce time spent reporting on H&E samples	Number of hours spent reporting on H&E samples	2,984 fewer hours spent reporting on H&E samples each year across Wales	£146k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B04	Ability to link H&E and IHC /special stains on screen will reduce the amount of time workforce spend linking individual cases	Number of hours spent linking cases	2,866 fewer hours spent linking cases each year across Wales	£63k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B05	Ability to undertake online real time consultations and reviews will reduce the amount of time workforce spend searching for and sharing case information	Number of hours spent searching for and sharing case information	4,491 fewer hours spent searching for and sharing case information each year across Wales	£80k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
B06	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of time workforce spent filing and retrieving slides	Number of hours spent slide filing and retrieval	5,764 fewer hours spent on slide filing and retrieval each year across Wales	£78k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B07	Improved access to external second opinion and improved case transfer times will reduce the amount of workforce time spent sending slides	Number of hours spent sending slides	5,357 fewer hours spent sending slides each year across Wales	£78k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B08	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of workforce time spent preparing for MDT meetings	Number of hours spent preparing for MDT meetings	9,558 fewer hours spent preparing for MDT meetings each year across Wales	£139k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B09	Fully automated electronic case assembly will reduce the amount of workforce time spent assembling cases	Number of hours spent assembling cases	7,643 fewer hours spent assembling cases each year across Wales	£155k p.a. Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
Non-pay costs					
B10	Use of 2D bar codes to identify requests, specimens, blocks, slides and images reduces the need for paper labels	Number of labels printed	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, when fully integrated, this is likely to be cash releasing.
B11	Single identifier for a sample across Wales will reduce the need to transport slides	Number of slides transported	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, BCU identified this as a cash releasing benefit during earlier phases
B12	Reduced risk of tissue/slide loss or damage will reduce the need to repeat tissue collection	Number of tissue samples/slide	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
		es lost or damaged			
Improved workforce experience					
B13	More flexible of ways of working open to the workforce as the new system will enable remote working	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but enabling more flexible ways of working will contribute to the recruitment and retention of staff
B14	Teaching, training and mentoring	Not easily measurable	Qualitative	Unmonetisable	
B15	Improved recruitment and retention of highly skilled staff	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but investing in digitisation which keeps pace with the rest of the UK and wider global Pathology community will support the recruitment and retention of staff
Improved patient outcomes					
B16	Prioritisation of cases to meet cancer targets	Not easily measurable	Qualitative	Unmonetisable	
B17	Speedier diagnosis of urgent cases	Not easily measurable	Qualitative	Unmonetisable	
B18	Reduced risk of patient/slide misidentification errors	Not easily measurable	Qualitative	Unmonetisable	
Opportunities to deliver benefits of Computational Pathology and AI					
B19	AI/computational pathology for enhanced cancer research	Not easily measurable	Qualitative	Unmonetisable	
Other system improvements					
B20	Automated case allocation to pathologist	Not easily measurable	Qualitative	Unmonetisable	
B21	Electronic test request and workload management in lab	Not easily measurable	Qualitative	Unmonetisable	

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
	enabling improved planning and work force management				
B22	Synchronous analysis of slides	Not easily measurable	Qualitative	Unmonetisable	
B23	Flip and rotate images to aid interpretation	Not easily measurable	Qualitative	Unmonetisable	
B24	Measurement and annotation	Not easily measurable	Qualitative	Unmonetisable	
B25	Improved ergonomics	Not easily measurable	Qualitative	Unmonetisable	
B26	Use of annotated scanned image to identify tumour areas required for genomic analysis	Not easily measurable	Qualitative	Unmonetisable	
B27	Transfer of information on electronic request direct to report	Not easily measurable	Qualitative	Unmonetisable	
B28	Clearer diagnostic audit trails	Not easily measurable	Qualitative	Unmonetisable	
B29	Quantification of specific cells and markers	Not easily measurable	Qualitative	Unmonetisable	
B30	Highlighting and heat mapping of areas of abnormality	Not easily measurable	Qualitative	Unmonetisable	
B31	Quality control and audit	Not easily measurable	Qualitative	Unmonetisable	
B32	Automatic formatting of certain reports such as normal colonic biopsies based on AI pre-screened slides	Not easily measurable	Qualitative	Unmonetisable	

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
B33	Research resource	Not easily measurable	Qualitative	Unmonetisable	
B34	AI to identify micro-organisms	Not easily measurable	Qualitative	Unmonetisable	
B35	Assessing disease progression	Not easily measurable	Qualitative	Unmonetisable	
B36	Fewer microscopes to service in the future	Not easily measurable	Qualitative	Unmonetisable	
B37	Capture of digital image at macro dissection using macro path systems	Not easily measurable	Qualitative	Unmonetisable	
B38	Digital dictation direct into report in dissection room	Not easily measurable	Qualitative	Unmonetisable	

The resulting indicative benefits values have been applied to the options as follows:

- **Do Nothing:** will not deliver any benefits.
- **Do Minimum:** will only allow partial delivery of benefits since it will provide limited digital capability. For the purposes of the BJC it is assumed that 10%-20% of activity will use digital reporting. However, to reflect the inefficiencies that will be inherent in dual running of a system, this is reduced by half and so it is assumed that just 7.5% of potential benefits are deliverable.
- **Preferred Way Forward:** Provides the opportunity to deliver 100% of the benefits value.

Estimating Risks

To present a comprehensive cost benefit analysis, an indicative assessment of risks has been undertaken and efforts made to quantify these in monetary equivalent values. The main risks that have been considered for this purpose are:

- Risk that digital cellular pathology information and images are not backed up as data storage is not resolved.
- Risk that inadequate systems impact on sustainability of services

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 5 Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the tables below:

Table 23 Risk Assumptions

	Do Nothing	Do Minimum	Preferred Way Forward
R1: Data storage			
Risk	Digital cellular pathology information and images are not backed up as data storage is not resolved.		
Consequence	Data images could be lost impacting on diagnostic reporting		
Impact	Benefits will not be realised - Do Minimum: £56k p.a.; Preferred Way Fwd.: £773k p.a.		
Probability	N/A	75%	1%
Timescales	N/A	Years 0-20	Years 0-20
Risk Value £'000 (Total 20- year)		836	

	Do Nothing	Do Minimum	Preferred Way Forward
R2: Sustainability			
Risk	Risk that inadequate systems impact on service sustainability		
Consequence	In addition to patient impact (which is not quantifiable in monetary terms), staff morale and ability to recruit impacted.		
Impact	Vacancies will increase - Assume that between 20% - 40% of current established Pathologists posts (equates to between 12 – 24 WTE) become vacant and cannot be recruited to and that this would result in additional temporary staff costs. Assuming 25% premium on average pay costs, equates to an impact of £288k - £576k p.a.		
Probability	80%	80%	1%
Timescales	Years 0-20	Years 0-20	Years 0-20
Risk Value £'000 (Total 20- year)	6,912	6,912	86

Economic Appraisal Results

The indicative assumptions above have been incorporated into a discounted cash flow for each of the options, using DHSC's Comprehensive Investment Appraisal (CIA) model, to support the appraisal of overall value for money and cost-benefit analysis of the shortlisted options. In line with HMT Green Book requirements:

- Costs, benefits and risks are calculated over a 20-year appraisal period.
- Year 0 is 2025/26.
- Costs and benefits use real base year prices – all costs are expressed at 2023 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.

The results of the economic appraisal suggest that the Do Minimum provides a better net present cost than the two Preferred Way Forward options because of the minimal costs involved. However, there are several other factors that should be considered in comparing the options:

- The Do Nothing and Do Minimum options represent significant risks that it is not possible to express in monetary values and so are not accounted for in this analysis, such as sustainability impact on patients and the wider service and inequity of service across Wales.
- The Preferred Way Forward is necessary to deliver a service that is in line with international best practice and provides opportunities for maximising benefits through the adoption of AI/computational Pathology technologies.

A summary of the overall options appraisal is provided in the following table:

Table 24 Options appraisal summary

	Do Nothing	Do Minimum	PWF – Capital / Revenue	PWF - Revenue
Net Present Cost (£'000)	Unable to be calculated, see pg.49	4,749	41,715	34,370
Benefit Cost Ratio	-	0.05	0.67	0.81
	N/A	Some benefits for small proportion of activity.	Service in line with international direction of travel. Improved collaboration and flexibility of service.	Service in line with international direction of travel. Improved collaboration and flexibility of service.
Significant non-financial benefits			Opportunities to maximise benefits e.g. adoption of AI.	Opportunities to maximise benefits e.g. adoption of AI. Managed service contracts provide opportunities to keep pace with technological advances
Residual risks	Significant risk to sustainability and inequitable service across Wales. Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce.	Significant risk to sustainability and inequitable service across Wales. Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce. Ongoing inefficiencies of running two systems.	Capital investment required initially and in the future Restricts opportunities to keep pace with technological advances	Additional revenue funding required from HBs

Preferred Option

Based on the financial and non-financial analysis above, the Preferred Way Forward has the highest cost benefit ratio, based on delivering cash benefits in the form of significantly reducing the requirement for outsourcing from year 3 when the digital cellular pathology solution is fully in place and based on Health Boards/Trust experience, organisations are more able to attract consultant staff. This option involves a national scale up digital reporting which is recommended as

the preferred option. This will be delivered via a combination of Health Board revenue funding - both non-recurring and recurring.

Although Option 2 Capital/Revenue model could deliver the same benefits, it is at a higher cost so the cost benefit ratio is lower. Option 1, Do minimum has the lowest cost benefit ratio due to only delivering 10% of the benefits that options 2 and 3 are able to deliver.

5 Commercial Case

The Commercial Case sets out the procurement route and seeks to demonstrate that the preferred option will result in a viable procurement and a well-structured deal between the public sector and the supplier.

Procurement Route

Three procurement models were considered as part of the options framework. These are:

- 1) **Traditional Purchase and Service Support Model:** In this model the equipment and software is purchased outright as a capital asset and is owned by NHS Wales. The supplier implements the system, but once implemented it would be managed by NHS Wales with the supplier providing technical and service support under a contract arrangement requiring recurrent revenue funding. The service support contract would still include all the same management responsibilities and KPIs etc as a managed service provider model.
- 2) **Managed Service Provider Model:** In this model, NHS Wales purchases a "service" from the supplier. The supplier then implements and manages the system with charges based on fee-per-service arrangements. NHS Wales does not own the hardware or software. This model moves most of the capital acquisition costs into recurrent revenue budget, spreading that expenditure across the life of the system.
- 3) **Hybrid Model:** The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

The managed service provider model has been selected as the preferred way forward, following review by the NDCP Project Board and NHS Wales Executive. Two procurement routes were explored: full tender and a framework agreement. The strengths and weaknesses of each route are outlined in the table below.

Table 25 Procurement route options - strengths and weaknesses

Tender Process		Framework Agreement	
Strengths	Weaknesses	Strengths	Weaknesses
All suppliers can bid therefore not limiting market	Can increase timelines slightly	Doesn't require an advert out to Find a Tender Service (FTS)	Some suppliers on potential framework 1 and other suppliers on potential framework 2 limiting bidders.
Can shape specification exactly to requirements		Could reduce timelines slightly	Having engaged with the market, suppliers could potentially challenge why we have used a framework limiting competition. Justification would be required as to why framework used.
Other procedures can be used that may aid			QE Procurement Framework only

the process e.g. a competitive procedure with the negotiation, or a competitive dialogue if required			permits purchase of a full solution so scanners and PACS must be from same supplier (albeit this could be a primary bidder who is supplying products from another manufacturer)

It has been agreed by the NDCP Project Board that a full tender process is the most suitable route.

Procurement Scope and Specification

The principal aim of the procurement is to procure appropriate services to create a fully digitised cellular pathology service that will replace the existing traditional microscopy service. The scope of the procurement (as agreed by the NDCP Project Board) is explained in more detail on page 38:

- **Slide scanners**
- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology**
- **Standardisation of services**
- **Adoption of technical standards for image formats**

It should be noted that the Procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

The final specification will be agreed following pre-tender engagement with suppliers. It will be made clear as part of any procurement exercise that all images remain the property of the Health Boards. The Health Boards will remain responsible for ensuring data protection and security. This provides extra resilience and security through independent review. It is anticipated that all data collected will form part of the single patient record.

Timeline for Procurement

The table below sets out the procurement milestones and complies with all applicable legal requirements.

Table 26 Key Procurement Milestones

Activity	Date
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025

Activity	Date
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

Payment Mechanism

Payment mechanisms will be confirmed when the preferred bidder is identified.

Contractual Arrangements

An FTS tender procedure has been established as the most suitable procurement route. This will require the development of a specification of requirements. This will be undertaken by the NDCP Project, taking account of lessons learned from other similar initiatives.

Key aspects of the contractual relationship that the NDCP Project is seeking to achieve will be reflected in the contract as follows:

- Value for Money (VfM) – the proposed procurement will have an underpinning financial model that provides transparency and certainty around costs for key system and service elements. These costs can be considered alongside how well the system design meets the clinical and technical requirements. The aim is to secure the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the system and services to meet NHS Wales requirements. A value-based approach to procurement should be adopted to deliver long-term outcomes for patients, including improved patient experience and better clinical outcomes. A key contractual issue when considering the VfM is how risks are allocated between the supplier and NHS Wales.
- Intellectual Property Rights (IPR) – The IPR from the application and the interfaces is not envisaged to have significant value for the Contracting Authority and need not be pursued to any major extent. In instances where the Authority works with the successful Contractor to develop and refine clinical content, question sets and workflow, then IPR equivalent to the invested resource by the Authority shall be retained.
- Warranties and guarantees – this is notionally a high-cost deal and the perceivable risk of loss (of the service) is moderate, given its intended use by the NHS in Wales. These should be pursued within the contract.

Legal and Personnel Implications

It is anticipated that a Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead. The Programme Manager will manage the procurement, working with the Procurement Lead allocated by NWSSP and specialist advice as required.

It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy

team will cover the following roles for the procurement (for more details see page 17):

- a) **National Digital Cellular Pathology Project Team**
- b) **NWSSP Procurement Project Team**
- c) **Health Board Representatives**
- d) **DHCW Representatives**

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

6 Financial Case

Introduction

At the time of writing the BJC, limited supporting information is available to determine accurate costs, therefore indicative figures have been estimated based on initial information received from suppliers and the assumptions outlined below.

Accounting Treatment

Given the lack of clarity around costs at this stage, assumptions have been made about the appropriate financial treatment. These will be validated during the procurement process as specifications are drafted and tenders received by potential suppliers outlining firm costs and potential contractual arrangements.

Capitalisation

Since the preferred option involves delivering the digital cellular pathology solution via a managed service contract, it is anticipated that no assets will be created, and therefore all costs associated with the scheme will be treated as revenue costs.

IFRS16

The baseline assumption of this business justification case is that this will be a revenue cost driven solution, however as part of the procurement exercise an assessment of the service offering, contractual requirement, terms & conditions and ownership will be required to ascertain whether there are any portions of the "managed service" (broken down within the supplier financial model) that constitute a "right of use asset".

This principle would mean that any embedded lease's C-DEL (Capital Delegated Expenditure Limit) impact will occur at the time of procuring the right of use asset & lease liability and will equal the value of the right of use asset necessitating a transfer from revenue to capital, the mechanism for completing this via the "revenue recovery" process will be made clear within the final case (if required).

VAT

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the procurement in order to ascertain the likely VAT treatment of the contract. Initial review of VAT guidance would suggest:

- In relation to Software as a Service (SaaS) and Cloud Services, the current HMRC view is based on the question - is the solution as a whole something that can be demonstrated to be 'to the specification of' NHS Wales. If NHS Wales can demonstrate that the answer to this question is yes, as appears to be the case for this procurement, the costs should be VAT recoverable.
- All participating organisations, at the time of placing local deployment orders, should consult with their own VAT advisors and auditors to ensure VAT treatment is compliant with HMRC definitions. For the purposes of this iteration of the BJC, it is assumed that all capital costs (excluding capitalised staff) are not deemed VAT recoverable whilst ongoing service provision, support and maintenance will be recoverable as per COS Heading 14 - Computer services supplied to the specification of the recipient.

This assumption regarding VAT accounting will be confirmed with NHS Wales VAT Advisors as the procurement progresses and the design of the solution and contract terms become clearer.

Costing Methodology

Indicative costs for delivering the preferred option have been estimated for the following categories:

- Project team
- DHCW support
- Solution costs
- Additional Health Board staff

Further details are available in Appendix F1. The methodologies for estimating these cost categories are outlined below.

Implementation Plan

While a detailed project plan will need to be developed and agreed with the final preferred bidder for the solution, for the purposes of the BJC the following timescales are assumed:

- Procurement process: April 2025 – March 2026
- Implementation period: April 2026 – March 2027

Project Team

The cost of the Project team has been estimated based on the staff required to provide support in the initial 3 years of the programme including:

- 1 WTE Band 8a Programme Manager.
- 1 WTE Band 4 Senior Project Support Officer.

The cost of the following will be required for procurement and length of contract:

- 1 WTE Band 7 NWSSP Procurement Project Manager/Category Manager

It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.

DHCW Support

The cost of DHCW support has been based on anticipated requirements for the development of the infrastructure and integration of the new solution plus the ongoing support including:

- 0.5 WTE Band 8b Lead Engineer Networking.
- 0.5 WTE Band 8a Infrastructure Design (non-recurring).
- 0.5 WTE Band 6 Support Integration.
- 0.5 WTE Band 6 Development Integration.

Solution Costs

Market testing was undertaken to obtain an indication of the likely cost of procuring a solution. Potential bidders provided anticipated costs for each of the

Health Boards based on current cellular pathology activity levels. This included annual charges associated with:

- Digital scanners, workstations and any other hardware required.
- Integration into LIMS
- Storage
- Software (including voice recognition)
- Artificial Intelligence.
- Service.
- Training.
- Managed service contract fee.

The annual running costs are therefore estimated at an average of £3.2m p.a. over a 9-year period based on the following:

- Contingency of 20% to reflect the high degree of uncertainty around these costs in advance of the procurement process.
- At this stage, it is assumed that these costs will be classified as revenue expenditure. It should be noted that this will be subject to further review and advice from specialist advisors.
- As outlined above, it is assumed for the purposes of the BJC that VAT will be recoverable.

Solution costs are expected to be incurred from April 2026 at the start of the implementation period (bandwidth/infrastructure due to be incurred during 2025/26 in readiness for implementation of new solution).

Additional Health Board Staff

It is anticipated that there will be ongoing revenue costs associated with Health Board staff requirements from 2025/26 including:

- Band 6 Biomedical Scientist – 1 WTE per Health Board.
- Band 3 Healthcare Support Worker – 1 WTE per Health Board.
- Band 7 IT – 1 day per week per Health Board, reducing to 0.5 day per week from 2028/29 onwards.

It is anticipated that these roles are recruited and in post 6 months prior to implementation.

Capital Requirements

As the solution is anticipated to be delivered via a managed service contract, no capital investment is expected.

Revenue Requirements

Based on the assumptions outlined above, it is anticipated that the revenue consequences of implementing the preferred option will include the following:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the

solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

An indicative apportionment of the recurring revenue costs by Health Board based on potential providers assessment of existing workload is provided below.

Table 27 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Project Team (non-recurring)	101	101	50								251
DHCW Support (non-recurring)	34	34	34								101
20% Contingency	27	27	17								71
Non-recurring revenue costs	161	161	91								423
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	8,336	3,308	3,172	3,211	3,333	3,418	3,493	3,525	3,525	28,384
Health Board Additional Staff (recurring)	268	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs	434	4,005	3,772	3,807	3,886	3,967	4,053	4,127	4,160	4,160	34,371
Total costs	595	4,167	3,863	3,807	3,886	3,967	4,053	4,127	4,160	4,160	34,795

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ADHB	16.32%	71	656	618	625	636	650	664	676	508	5,831
BCUHB	17.38%	72	685	645	651	664	678	693	708	540	5,874
CMAHB	11.42%	71	693	656	668	677	687	696	705	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	7,965
HQHB	12.96%	71	544	514	517	517	508	548	558	433	4,684
IBUHB	17.58%	73	698	657	663	677	691	707	720	550	5,886
Total Recurring Revenue Costs	100.00%	434	4,005	3,772	3,807	3,886	3,967	4,053	4,127	4,160	34,371

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ADHB	27	27	17								71
BCUHB	27	27	17								71
CMAHB	27	27	17								71
CVUHB	27	27	17								71
HQHB	27	27	17								71
IBUHB	27	27	17								71
Total Non-Recurring Revenue Costs	161	161	91								423

Affordability

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary these include:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.
- **Additional Health Board Staff:** Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is required as follows:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

This investment will deliver a wide range of benefits, most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater. This combined with greater ability to attract and retain workforce will reduce the risk that increased activity will need to be outsourced to external providers or covered by expensive temporary staffing in the future.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

7 Management Case

Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

Project Management Principles

The principles that will be observed by the work undertaken by the NDCP Project are:

- Remaining aligned with national strategy
- Leading change
- Envisioning and communicating a better future
- Focusing on benefits such as improving outcomes, patient benefit and service efficiencies
- Adding value
- Designing and delivering coherent capability
- Learning from experience

Governance

Governance Framework

The Governance Framework that will be developed will build on current arrangements, ensuring that:

- Governance, decision-making and escalation routes are transparent.
- Decisions, including investment decisions, are better informed.
- Lines of accountability are clear, as are limits of authority and delegations.
- Efforts are focused on delivering results rather than on processes.
- Standards and processes are simple and clear.
- Strategic oversight and governance of the Project is maintained.
- The whole contributes towards a clear and consistent vision.
- There is adequate design assurance (business and technical).
- Risks and interdependencies are identified and managed
- SROs, and Project teams, are clear about their roles and responsibilities for delivering outcomes and what they are being asked to achieve.
- There is clear ownership of and accountability for delivering benefits
- Programme and Project Management (PPM) knowledge and best practice can be readily shared.
- PPM capability is developed and relevant behaviours become embedded.
- The need for support or resources can be identified at an early stage.

Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the “new capability” is outlined in the following diagram:

Figure 6 Programme Structure



Sponsoring Group

The key role of the Sponsoring Group is to ensure the Project remains aligned with the strategic objectives for NHS Wales and resolve any conflicts arising from directional/policy changes or overlap with interfacing Programmes or initiatives. Its role is also to approve any investment decisions and sign off final delivery and closure of the Project. The National Strategic Planned Care Board will be performing this role.

Senior Responsible Owner

The SRO role is concerned with the leadership, direction and ultimate accountability for delivery of the Project and management of risk.

National Pathology Portfolio Programme Lead

The National Pathology Portfolio Programme Lead is responsible for ensuring the Project remains aligned to the deliverables within the Pathology Statement of Intent, reporting on progress to National Pathology Programme Strategic Group.

Programme Manager

The Programme Manager is responsible for establishing the Project arrangements, governance and the delivery of new capabilities or outcomes. This role is accountable to the SRO.

National Digital Cellular Pathology Project Board

The Board's role is to drive the Project forward, manage the risks and ensure the outcomes are delivered. It reports to the SRO, who chairs the Board and members are individually accountable to the SRO for their area of responsibility within the Project. Key responsibilities are:

- Define acceptable risk thresholds for the overall Project;
- Ensure the Project delivers its objectives on time, within budget and to the required quality standard;
- Resolve strategic issues between Projects;
- Ensure the integrity of benefits profiles and the benefits realisation plan;
- Provide assurance for operational stability through transition.

Established and chaired by the SRO, and coordinated and supported by the Programme Manager, the prime purpose of the Board is to:

- Drive the Project forward to deliver the outcomes and benefits;
- Provide assurance that the Project meets needs of stakeholders;
- Resolving dependencies with other Projects and areas of work;
- Ensure that members provide resource and specific commitment to support delivery;
- Have ownership for ensuring resolution of risks.

The Board reports to the SRO, and whilst the SRO may delegate responsibilities and action to members of the Board, its existence does not dilute the SRO's accountabilities and decision-making authority.

Members of the Board are individually accountable to the SRO for their areas of responsibility and delivery within the Project as follows:

- Defining the acceptable risk profile and risk thresholds for the Project;

- Ensuring the Project delivers within its agreed parameters (e.g. cost, organisational impact, rate/scales of adoption, expected/actual benefits realisation);
- Resolving strategic and directional issues between Projects, which need the input and agreement of senior stakeholders to ensure the progress of the Project;
- Ensuring the integrity of benefits profiles and benefits realisation plans and ensuring that there is no double-counting of benefits;
- Providing assurance for operational stability and effectiveness through the Project delivery cycle.

Each member of the Board will provide and commit to the SRO for some or all of the following as appropriate for the area they represent:

- Understanding and managing the impact of change;
- Benefits estimates and achievement;
- Owning the resolution of risks and issues that the Project faces;
- Resolving dependencies with other pieces of work, whether change or business operations;
- Representing local strategy as expressed in, for example, medium-term plans and operational blueprints;
- Supporting the application of and compliance with operating standards.
- Making resource available for planning and delivery purposes

The current NDCP Group will be enhanced to provide procurement and implementation oversight in order to deliver Project success. Members (*however subject to change*) include:

- Senior Responsible Owner (SRO)
- National Pathology Programme – DCP Clinical Lead
- National Pathology Portfolio Programme Lead
- Programme Manager
- Senior Project Manager
- Senior Project Support Officer
- Pathologists (one representative for each Health Board)
- Laboratory Managers (one representative for each Health Board)
- IT (one representative for each Health Board)
- DHCW/LIMS Representative
- DHCW Cyber Security Representative
- DHCW Information Governance Representative
- NWSSP Specialist Diagnostic and Therapies Equipment Representative
- NWSSP Procurement Project Manager/Category Manager

Other members will be co-opted as appropriate.

Timescales

The high-level timeline for NDCP Project is set out in the table below.

Table 29 Timescales

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27
Standardisation approach	Tender process	Digital hub/storage implementation
Development of the Business Justification Case	Supplier engagement	Implementation in Health Boards (phased approach)
Health Board Executive approval of the BJC (x 6)	Finalise service specification	Training
Update service specification	Contract Award	
	Implementation Preparation	
	Digital hub/storage preparation	
	Recruit HB staff	

Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable pathology services and the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans.

Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Request an executive level SRO
- Reinforce clinical leadership arrangements, for instance The National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen the existing Group ensuring IT representation from each organisation
- Formalise DHCW membership and responsibilities

- Continuing to update the National Diagnostics Strategic & Operational Group at regularly intervals, obtaining document sign off when required
- Continuing to work with the cellular pathology Standardisation Group to drive the Project forward and ensure SME

This approach will ensure that a robust governance structure is put in place ensuring high-quality delivery at pace.

Transformational Leadership

The NDCP Project is providing transformational leadership enabling the pathology service to create its own vision and own the Project at every stage of the process.

Health Board and Trust Leadership

Health Boards and Trusts are expected to provide the leadership necessary for the successful implementation of the new national digital cellular pathology service by supporting the following:

- Approval of the BJC
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable pathology service;
- Establish a local deployment project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project;
- Include the NDCP Project in their integrated medium-term plans (IMTPs);
- Enable their Pathology services to contribute to the development, testing and validation of the new service whilst maintaining any ongoing services;
- Release their staff for training for the new service.

Management of Requests for Change

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing management of change requests.

Benefits Realisation

The Benefits Management Strategy developed in Phases 1 and 2 will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation following implementation of the agreed service model. Work has been undertaken to identify key benefits of investing in this Project.

A Benefits Management Framework has been developed to ensure the Project benefits are realised from the initial investment. It helps the Project focus on achieving its strategic objectives and getting best values from its investment.

The approach being adopted is based on the Public Sector Programme Management approach with the 'Managing Successful Programmes' (MSP®) and APM's 'Managing Benefits' publications the main source of guidance on the benefit

realisation management process. Benefit Realisation Management is a core element of Programme/change management. It provides a systematic approach to identifying, defining, tracking, realising, optimising, reviewing and communicating benefits during and beyond a Programme/Project lifecycle.

The reason for having processes in place to manage and realise benefits include:

- Ensuring benefits are identified and clearly defined clearly
- Ensuring benefits are aligned to the vision, objectives and to the strategic direction of the organisation.
- Ensuring service areas take ownership of the benefits and are committed to their realisation.
- Ensuring that the Project outputs support the benefits and business changes that will be needed;
- Ensuring benefits are tracked and recorded and that achievements are properly recognised.
- Ensuring key benefit measures are mainstreamed into the performance framework.

The NDCP Project will manage, track, and control the realisation of benefits through the Benefits Realisation Plan. The Benefits Realisation Plan is to be maintained by the Project Team, in detail by a designated Benefits Lead working in conjunction with the benefits group.

The plan will contain and provide information on:

- A schedule that details when each benefit or groups of benefits (including any dis-benefits) will be realised
- Milestones for undertaking Benefits Review(s), to determine progress and inform questions about the likelihood of ongoing success in the future
- Dates when specific outcomes (i.e. business transition(s)) that will bring about benefits, are planned to be achieved
- Details of the handover and embedding activities necessary to realise any benefits after the Project has closed.

The key objectives of benefit realisation are to understand how the new system has made a difference to the service, to patients and patient care both in terms of outcomes and experience of services.

Work is ongoing with Health Technology Wales to fully evaluate the wider benefits of IBEX AI application.

Risk Management Arrangements

The Risk Management Strategy developed in Phases 1 and 2 will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan.

The management of risk is to be embedded into the project management process as follows:

- The requirements of Corporate Governance will be adopted, including more focused and open ways of managing risk;

- The SRO will be the 'risk owner' at senior level – supporting, owning and leading on risk management;
- All members of the Project Team will own risk in commensurate quantum to their role;
- The Project reporting structure will encourage reporting and upward referral of significant issues. Risks will be actively monitored and regularly reviewed at each Project Team meeting;
- The risk management framework for the consistent treatment of risk will be established at an early stage and will be shared at all levels of the organisation and also with partners, particularly in the context of the complex types of risk arising from partnerships etc;
- The Project risk will be managed in the wider context of the whole business.

The Project Team is accountable for managing risk with regard the delivery of their respective workstreams. The Programme Manager is responsible for ensuring that all workstream leads have effective risk management strategies in place.

- Manage risks effectively each lead is required to:
- Understand at any point in time their major risks to delivery and ensure that they are taken into account within their workstream delivery plans;
- Ensure that those risks are allocated to a Risk Owner, who is actively managing a plan to mitigate the risks. The Risk Owner will be held accountable for action to mitigate the risks;
- Share and review risks at NDCP Project Team meetings and NDCP Project Board meetings to ensure that the Risk Register is fully representative of all risks, that these are up to date and being actively monitored;
- Where necessary escalate and bring to the attention of the Programme Manager and/or other key stakeholders, key risks they should be aware of.
- Be supported in this by the Project Manager whose role is to actively manage risk activities, ensuring that the risk register is compiled, maintained, regularly reviewed and refreshed to ensure that they represent the most up to date information and status;

A detailed Risk Register has been developed by the Project Team to assist with risk management throughout the development process. Risks will be assessed and values attributed to each area. The latest Risk Register can be found at Appendix M2.

The RAG Rating key for risks is as illustrated below:

Table 30 Risk Rating Matrix

			IMPACT				
			Very Low	Low	Medium	High	Very High
PROBABILITY	>	Very Low	1	2	3	4	5
		Low	2	4	6	8	10
		Medium	3	6	9	12	15
		High	4	8	12	16	20
		Very High	5	10	15	20	25

Contract Management Arrangements

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM).

Regular contract review meetings will be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda:

- Supplier preparedness/resilience
- Price management/invoice discrepancies
- Product/service quality
- Delivery
- SMTL product defects
- Accreditation
- Benchmarking
- Information governance
- Innovation
- Regulatory changes
- Sustainability
- Supplier issues/concerns/update
- Supplier performance rating

Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives.

To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of Tranches 2 and 3, to assure the readiness for service prior to go live and once the Project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

Contingency Plan

There is a contingency built in should there be any delays in the implementation Phase of the Project. In the event that the Project fails, the aim will be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

8 Document Control

Document Information

Document ID:	
Document Name:	Business Justification Case for National Digital Cellular Pathology Project – Phase 3 National Scale Up
Version:	V18.0
Issue Date:	02/05/24
Status:	Final
Document Owner:	National Pathology Programme, NHS Wales Executive
Document Authors:	National Pathology Programme, NHS Wales Executive

Document History

Amended by	Version	Status	Date	Purpose of Change
Archus	1.0	Draft	08/07/21	First draft for initial review and address gaps
CT	1.1	Draft	09/07/21	Second edition of the draft report in response to queries
Archus	1.2	Draft	14/07/21	Updated based on further information received from the Collaborative
Archus	1.3	Draft	16/07/21	Further revisions
CT	1.4	Draft	21/07/21	Further responses
Archus	1.5	Draft	27/07/21	Further revisions
Archus	1.6	Draft	05/08/21	Economic and Financial Cases
Archus	1.7	Draft	09/08/21	Finalise Benefits and Risks, revise Do Minimum
CT	1.8	Draft	02/09/21	Included comments from DCP Board
Archus	1.9	Draft	09/09/21	Included comments from DCP Board
CT	1.10	Draft	29/09/21	Updated formatting & Tranche timeline
MB	1.11	Draft	05/10/21	Further revisions
Archus	2.0	Draft	08/10/21	Updated costs
Archus	3.0	Draft	08/11/21	Minor corrections
Archus	4.0	Draft	31/01/22	Further work to Benefits & Costs
CT	5.0	Draft	01/02/22	Updated timeline
CT	5.1	Draft	01/02/22	Minor corrections
Archus	5.2	Draft	03/02/22	Minor corrections
CT	5.3	Draft	09/02/22	Updated following DCP PB
CT	5.4	Draft	15/02/22	Minor corrections
Archus	6.0	Draft	15/02/22	Updated following comments
CT	7.0	FINAL	16/02/22	Minor corrections
CT	7.1	Draft	07/09/22	Updates following comments
CT	7.1	Draft	07/09/22	Updates following comments
CT	9.2	Draft	30/11/22	Updates
Archus	10.0	FINAL	05/12/22	Final amendments
Archus	11.0	FINAL	09/01/23	Further updates
Archus	12.0	FINAL	13/02/23	Amend to capital funded business case and address comments from HBs and reviewers
CT	12.1	Draft	14/02/23	
Archus	13.0	Draft	28/04/23	Updates – Digital Strategy Wales 2021

Archus	14.0	Draft	26/04/23	Updates to commercial case following comments from Procurement
Archus	15.0	Draft	31/05/23	Updated Economic and Financial Cases and benefits analysis
Archus	16.0	Draft	02/06/23	Final review and strengthen VFM and affordability conclusions
CT	17.0	Draft	07/06/23	Final amendments
CT	17.1	Draft	01/12/23	Update following comments and refreshed costings
CT	17.2	Draft	19/12/23	Minor amendments
CT	17.3	Draft	19/12/23	Minor amendments
CT	17.4	Draft	04/04/24	Revision of costings and updated content following feedback
CT	18.0	FINAL	02/05/24	

9 The Appendices

Appendix 1: Glossary of Terms

Acronym	Full Title
ABUHB	Aneurin Bevan University Health Board
AI	Artificial Intelligence
APM	Association of Project Management
ARCH	A Regional Collaboration for Health
BCUHB	Betsi Cadwaladr University Health Board
BJC	Business Justification Case
CCS	Crown Commercial Services
CSF	Critical Success Factor
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff & Vale University Health Board
DHCW	Digital Health and Care Wales
H&E	Haematoxylin and Eosin
HDUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
IPR	Intellectual Property Rights
KPI	Key Performance Indicator
LIMS	Laboratory Information Management Service
MDT	Multi-Disciplinary Team
MSP	Managing Successful Programmes TM
NDCP	National Digital Cellular Pathology
NPP	National Pathology Programme
NWSSP	NHS Wales Shared Services Partnership
PHW	Public Health Wales
RCPATH	Royal College of Pathologists
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Owner
SWOT	Strengths, Weaknesses, Opportunities, Threats
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VFM	Value For Money

Agenda Item

8.2

CTM Health Board

CTM Learning Academy

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Janet Gilbertson Assistant Director Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter	Gregory Padmore-Dix, Executive Director of Nursing/Deputy CEO
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
Clinical Education Forum	11/11/2024	Approved
Quality and Safety Committee	21/1/25	Endorsed for Board Approval
Operational Management Board	19/3/25	tbc

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The purpose of this report is to seek approval from the Board to formally establish and launch the CTM Learning Academy in April 2025.
- 1.2 Significant progress has been made over the last 5 years in the delivery of Strategic Direction for Clinical Education, particularly the development of interprofessional learning activity, where we are leading the way in Wales.
- 1.3 Over the last 6 months CTMLA has been in shadow form and has undertaken engagement with professions across the organisation and incorporated feedback from staff regarding the intended direction.
- 1.4 The launch of the CTM Learning Academy (CTMLA) represents the next phase of the maturity journey and Strategic Direction for Clinical Education in CTMUHB.

2. Specific Matters for Consideration

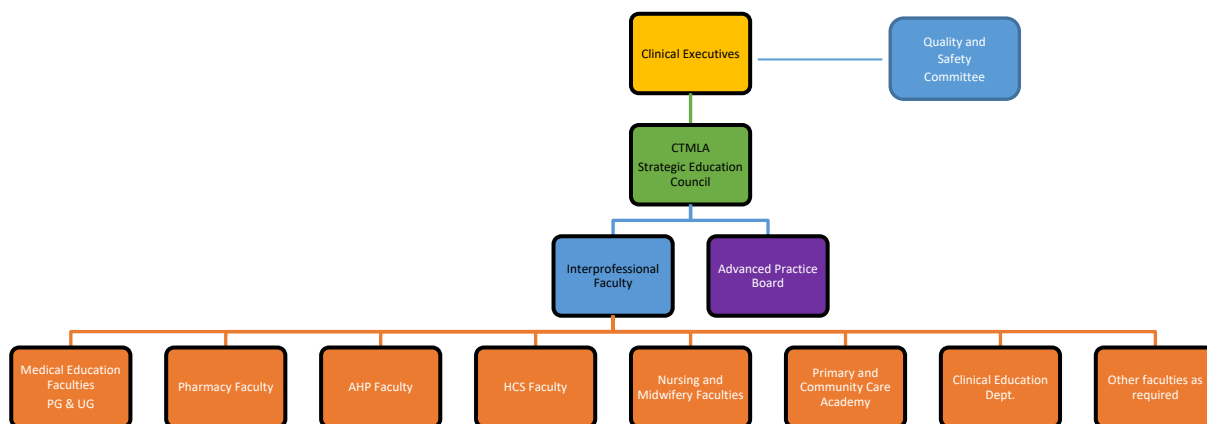
- 2.1 Investment in education and training of our workforce underpins the required transformation to the way we work. Continuing development of our staff underpins the CTM2030 strategy, with benefits for patients, individual staff members and the wider organisation; equipping people with the right skills in the right area at the right time, building confidence and career progression, and providing assurance of training and competence.
- 2.2 An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.
- 2.3 Investing in education is not just about investing in the health of the population and in the individual, it also contributes to the economic health of the nation.
- 2.4 Education funding streams need to be better targeted to support service redesign priorities. This will require clear decision making processes and robust input from Care Groups regarding their service plans and agreement on priority areas for investment.
- 2.5 Improved information regarding current workforce in education and trajectories for completion of qualifications is required to better inform workforce planning and modernisation to support service redesign.

CTM Learning Academy

- 2.6 **CTMLA Vision:** To develop an ambitious and capable multi-professional clinical workforce, improving patient and population health outcomes and wellbeing.
- 2.7 **CTMLA Purpose:** 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.
- 2.8 **CTMLA 4 Strategic Aims:**



- 2.9 There are changes proposed to the existing governance routes:
- 2.9.1 Establishment of a Strategic Education Council (SEC) underpinned by an Interprofessional Faculty.
- 2.9.2 Development of a faculty structure for existing education activity within professions feeding into the Interprofessional Faculty (IPF).
- 2.9.3 Reporting lines from the IPF to the SEC, SEC to Clinical Executives and to Quality, Safety & Experience Committee.
- 2.9.4 Disestablishment of the Clinical Education Forum.



Proposed CTMLA Governance Structure.

Benefits include:

- 2.10 The inclusion of the Advanced Practice Board and the Primary & Community Care Academy within CTMLA will ensure a CTM wide approach.
- 2.11 Recognition of the organisational contribution of education and training activities to safe working practices and patient care.
- 2.12 Improved efficiency, effectiveness and assurance through consistent education governance and the introduction of Quality Education Standards.
- 2.13 An interprofessional education and learning collaborative culture, improving the learner and educator experience, equipping health care professionals with the right skills in the right area at the right time and driving innovation.
- 2.14 Care Groups will have assurance that their workforce is educated to an appropriate level, particularly at advanced practice levels.
- 2.15 Improved processes for Education Commissioning for Strategic workforce planning.
- 2.16 Increased Interprofessional education and learning activity improving quality and capacity for training.

3. Key Risks / Matters for Escalation

- 3.1 The establishment of CTMLA will provide a mechanism to ensure utilisation and allocation of internal and external education funding streams is more

aligned with organisational priorities for service redesign and workforce modernisation.

- 3.2 An interprofessional learning focus for CTMLA will better inform education commissioning needs and strategic workforce planning activity by considering the workforce as a whole, in order to support multi-disciplinary service redesign to deliver our Clinical Strategy.
- 3.3 Permanent accessible training accommodation continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services. It is recommended that the creation of a dedicated interprofessional Education and Learning facility is included as part of the strategic site development plan.

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: Inspiring People Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below: 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: Safe Efficient Equitable Timely Person Centered
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:

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

Impact Assessment

Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No policies or services are new or have been withdrawn.
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: No policies or services are new or have been withdrawn.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 It is recommended that the Board approves the formal establishment and launch of CTM Learning Academy.

Unapproved Minutes of the Public Board Meeting

Date and Time of Meeting	Thursday 30 January 2025 at 9:00am
Venue	The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive Officer
	Kath Palmer	Vice Chair
	Carolyn Donoghue	Independent Member
	Dilys Jouvenat	Independent Member
	Geraint Hopkins	Independent Member (In part)
	Hayley Proctor	Independent Member
	Helen Lentle	Independent Member
	Ian Wells	Independent Member
	Patsy Roseblade	Independent Member
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Richard Hughes	Deputy Director of Nursing
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Linda Prosser	Executive Director of Strategy & Transformation
	Philip Daniels	Executive Director of Public Health
	Sally May	Executive Director of Finance
	Anne Morris	Associate Member
	Lisa Curtis-Jones	Associate Member
	Sally Bolt	Associate Member
In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Cally Hamblyn	Assistant Director of Governance & Risk (Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager (Virtually)
	Claire Taylor	Llais Cymru Representative

	Ana Llewellyn	Mental Health & Learning Disabilities Care Group Nurse Director (In part)
	Owen James	Head of Corporate Finance (Virtually)
	Mark Jones	Audit Wales (Virtually)
	Anthony Ford	Audit Wales (Virtually)
Meeting Observers	Janet Gilbertson	Assistant Director of Clinical Education
	Cheri Lewis	Senior Midwife for Clinical Informatics

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 were also noted by the Chair. The Chair advised that together with the Chief Executive, he would briefly need to leave the meeting at 11.30am to attend a meeting with the Cabinet Secretary. Members noted that K Palmer, as the Vice Chair, had agreed to Chair the meeting whilst the Chair was absent.
1.2	Apologies for Absence
	Apologies for absence were received from: • Greg Dix, Executive Director of Nursing/Deputy CEO; • Rachel Rowlands, Independent Member; • Simon Blackburn, Director of Communications, Engagement & Fundraising
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 AND LEARNING
3.1	Listening & Learning Story – CAMHS/AMHS Transition
	A Llewellyn shared the Listening & Learning Story with Members which outlined the experience of care received by a patient from within the CAMHS service and the subsequent lessons that had been learned. The Chair advised that he found this to be a powerful story and added that it was important for the Board to be able to hear people's experiences, whether they be positive or negative. The Chair advised that the story demonstrated the importance of ensuring good communication was in place for patients, given

	that the consequences of poor communication could be devastating for the patient. The Chair recognised the assurance received as a result of the learning from this story. G Hopkins stated that there were a number of contributing factors identified in relation to the patient's experience, one of which included advocacy, which was not always as consistent and communicative as it should be, and sought clarification as to whether this had now improved. A Llewellyn replied, advising that there are two layers of advocacy within Mental Health Services and added that for secondary Mental Health Service users and for those people who had been detained under the Mental Health Act, there was a statutory right to advocacy. The Board noted that it was evident from the learning that much of the advocacy did appear to centre around inpatient services and that as a result work had been undertaken to promote advocacy within community services. A Llewellyn advised that the 'Lived Experience Board' was the vehicle being utilised to receive that collective thematic learning of advocacy services. L Edwards asked A Llewellyn to extend her thanks to the patient for allowing their story to be shared and added that the story clearly articulated that matters that could be seen by the service as a minor impact, for example clinic cancellations and delays, could have a significant impact on service users. L Edwards recognised that Mental Health Services were leading the way regarding sharing of stories which had not gone so well and evidencing the learning and the actions that had been taken as a result. A Llewellyn also informed the Board, that the Team also celebrated positive stories, with negative stories being in the minority. L Curtis Jones extended her thanks to the patient for sharing their story and acknowledged that it was heartbreaking to hear that any young person should feel that they were not receiving the support they required, and added that unfortunately, this was not an isolated story and was not isolated to this Health Board. L Curtis-Jones referred to a recent multi-agency inspection that had been undertaken and sought clarity as to whether a robust action plan had been developed as a result of this inspection. A Llewellyn advised that this was a multiagency thematic review as opposed to an inspection, which was undertaken in each Health Board area. A Llewellyn advised that she was expecting an action plan to be shared with her for review within the coming days and added that whilst positive verbal feedback had been received, there were issues identified in regard to ensuring that there was further enhancement of lived experiences. A Llewellyn said she would be happy to share this action plan with Board once it had been submitted to and accepted by the inspectorate. The Chair extended his thanks to A Llewellyn for presenting and asked for the Board's thanks to be extended to the patient for allowing for their story to be shared.
Resolution:	The Listening & Learning Story was NOTED
Action:	Multi-agency thematic review action plan to be shared with Board Members once it had been submitted to and accepted by the inspectorate.



4. SETTING THE SCENE	
4.1	Chairs Report and Affixing of the Common Seal
	The Chair presented the report and highlighted the key matters for Members attention. The Chair made reference to the difficult decision that had been made to temporarily centralise stroke services in order to sustain the service and extended his thanks to staff, patients and their families who were understanding of the position. The Chair added that this acted as a reminder as to the challenges being faced by the Health Board in regard to delivering a number of services which face particular difficulties in relation to staffing, resourcing and configuration.
Resolution:	The Board NOTED the report and ENDORSED the Affixing of the Common Seal
4.2	Chief Executives Report
	P Mears presented the report and highlighted the key matters for Members attention. K Palmer welcomed the update and suggested that it may be helpful if an update could be provided to Board on the outcome of the Ministerial visit that was undertaken on 22 January 2025. P Mears advised the First Minister, in her previous role as cabinet secretary, requested and commissioned an external review to be undertaken into productivity and efficiency across the NHS in Wales. Members noted that a Team had been established and noted that this Team visited the Health Board on 22 January, with focus being placed on elective care, emergency care and cancer. P Mears advised that verbal feedback was received which was broadly positive and added that it would be likely that feedback would be received on areas for improvement. The Board noted that a draft report would be presented to the Cabinet Secretary at the end of February, with a final report expected at the end of March, which was likely to contain a set of recommendations.
Resolution:	The Board NOTED the report
5. BOARD GOVERNANCE ARRANGEMENTS	
5.1	Action Log
	The action log was received and Members confirmed they were happy to support the actions being proposed for closure.
Resolution:	The Action log was NOTED.
5.2	Matters Arising not Contained within the Action Log
	There were no matters arising
5.3	Charitable Funds Annual Report and Annual Accounts
	S May and O James presented the report and advised that the accounts were presented to the Charitable Funds Committee on 22 January 2025 where the Accounts were endorsed for Board approval. P Roseblade confirmed that a full and detailed discussion was held on this matter at the Charitable Funds Committee.
Resolution:	It is important to note that for this item that the Cwm Taf Morgannwg University Health Board is the corporate trustee of the charity under paragraph 16c of

	Schedule 2 of the NHS and Community Care Act 1990. In their capacity as the Corporate Trustee - The Board APPROVED the annual report and accounts, and APPROVED the signing of the letter of representation by the Chair of the Board and Chief Executive.
5.4	Board Assurance Framework G Watts presented the report and highlighted the key matters for Members attention. K Palmer welcomed the reduction in some of the risk scores and welcomed the consideration that was being given to the development of strategic risks for capital and estates. K Palmer queried whether consideration needed to be given to adding a strategic risk which related to shifting services from secondary into primary care given that this was an area of focus for the Health Board. The Chair advised that consideration would need to be given as to how this risk could be defined, whilst understanding the range of challenges of developing a community based service offer, which involved primary care, and how this sits within the wider discussion about what our hospitals do in the future, which is a focus of the Acute Clinical Services plan. P Mears agreed that consideration would need to be given as to how the risk could be described and framed. G Hughes suggested that the risk would be that the Health Board were not able to meet the needs of the population's health, and one of the control measures and mitigations would be changing the service model to deliver integrated care. G Hughes advised that whilst there would be risks associated to non-delivery of this, as well as risks to the delivery, he felt that the programme of integration was more of a control to meet the strategic obligation of meeting the needs of our population. G Hughes added that he would find it helpful if further discussion could be held on this. P Roseblade advised that she was pleased to see that this was continuing to be a live document and referred to the second bullet point contained within section 3.6 of the cover report which related to the failure 'to develop a fit for the future estate to reflect our future clinical service model'. P Roseblade advised that caution needed to be placed on this to ensure that the outcome of the Acute Clinical Services Plan model was not pre-empted, until consultation and all appropriate stages have been concluded. P Roseblade commented whether the risk related to ensuring the infrastructure is adaptable. The Chair agreed with the points made by P Roseblade on the need to consider how these risks were described, and added that in relation to the first risk, failure to maintain a safe and fit for purpose infrastructure, he felt that this related to providing assurance that the Board should have on the quality of its existing estate, whether existing estate was doing what it should do and the condition of the estate being occupied by staff and patients. The Chair agreed that the second risk related to future planning.

S May advised that the estimated backlog of estates maintenance currently stood at £108m, with the discretionary allocation to the Health Board over recent years being circa £2m - £3m. In this respect, S May advised that the backlog was significant, resulting in the need to utilise an element of discretionary capital to address the backlog position.

C Donoghue advised that she would welcome a Board Development discussion on estates and equipment as this is an area of interest being highlighted at many of the Committee / Sub Committee meetings. She reflected that within the recent Health, Safety & Fire Sub Committee discussions became operational in nature which could be an indication that Independent Members did not have sufficient assurance that there was an overall plan in place to address these issues.

S May advised that equipment replacement was funded by Welsh Government, with funding being provided late in the year. Members noted that funding for the replacement equipment was allocated following a risk-based approach, given that there was not enough funding available to address all risks. Members noted that there were also challenges in relation to delivering a capital programme within a live hospital environment.

P Mears advised that this matter would require further discussion and advised that given the challenges being experienced across Wales and England, a discussion had been held at the Chief Executives meeting as to whether there were alternative ways this position could be addressed, for example, alternative routes to capital. P Mears added that consideration may need to be given to disposal and consolidation of sites, given that a number of sites were in poor condition and required significant expenditure to address the maintenance issues.

S May highlighted that this year, the Board would have its largest ever capital programme, an opening Capital Resource Limit of £54m, to a current Capital Resource Limit of £92m, which provided the Health Board with the opportunity for capital investment, particularly within digital. Members noted this also posed as challenge given that funding was being received during the latter part of the year and a small team in place to deliver the programme. S May advised that Welsh Government had advised that the major capital schemes that would be prioritised for the Health Board next year would be the completion of phases two and three at Prince Charles Hospital and the development of the Llantrisant Health Park.

C Donoghue advised that whilst she understood the position that had been described in relation to significant capital investments, the issues being reported into the Committee's related to the wider operational challenges around estates and equipment, which should not be debated within a Committee setting, and consideration needed to be given as to where these matters needed to be reported to. P Mears advised that a risk-based approach was required on this matter and added that revenue funding was in place to enable local teams to

	determine the funding that could be allocated. Members noted that charitable funds could also be utilised and accessed by Teams for the purchase of equipment where appropriate. The Chair advised that in relation to the development of the strategic risks for capital and estates, he felt that this required further discussion with Board Members as soon as possible. Members agreed that there will be a focussed discussion on the Board Assurance Framework, with specific focus on a Strategic Estates and Capital risk at the May 2025 Board Development session. The Chair welcomed the reduction in risk score from 20 to 16 for Strategic Risk 10, 'Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government', and extended his thanks to S May and her team for managing this risk in a setting extremely challenging circumstances.
Resolution:	The Board resolved to NOTE the Board Assurance Framework and APPROVED the updates to the BAF Report for January 2025 as captured in Appendix 1, the changes outlined in Section 3 and the closure of Strategic Risk 6 – Leadership and Management.
Action:	Focussed discussion on BAF and Estates and Capital Strategic Risks to be held at the May 2025 Board Development session.
5.5	Board Committee and Advisory Group Highlight Reports
5.5.1	Quality & Safety Committee 19 November 2024
	C Donoghue presented the report and highlighted the matters contained within the alert/escalate section. C Donoghue welcomed the improvement regarding the quality of reports being presented to the Committee. D Hurford referred to the Safeguarding Team and the improvements that had been made in that area, particularly in regard to leadership. L Curtis-Jones echoed the comments made by D Hurford and welcomed the support being received from the Team regarding the Safeguarding Board.
Resolution:	The Board resolved to NOTE the report
5.5.2	Quality, Safety & Experience Committee 21 January 2025
	C Donoghue presented the report and highlighted the matters contained within the alert/escalate section.
Resolution:	The Board resolved to NOTE the report
5.5.3	Digital & Data Committee 29 November 2024
	I Wells presented the report and highlighted the matters contained within the alert/escalate section. I Wells advised that this was the last meeting of the Digital & Data Committee and provided initial feedback on the first meeting of the Operational Delivery Committee that had recently been held, which he found to be positive and impressive in terms of the discussion held. The Chair welcomed the feedback shared regarding the new Committee structure and how well it was operating in its early stages.

Resolution:	The Board resolved to NOTE the report
5.5.4	Mental Health Act Monitoring Committee 4 December 2024
	G Hopkins presented the report and highlighted the matters contained within the alert/escalate section. In relation to the concerns that had been raised by Committee Members in regard to the lack of electronic recording system, P Mears advised that funding had been approved and that the Health Board were now awaiting receipt of the funding allocation letter from Welsh Government.
Resolution:	The Board resolved to NOTE the report
5.5.5	People & Culture Committee Highlight Report 5 December 2024
	D Jouvenat presented the last report from this Committee and highlighted the matters contained within the alert/escalate section.
Resolution:	The Board resolved to NOTE the report
5.5.6	Local Partnerships Forum 10 December 2024
	H Daniel presented the report and highlighted the matters contained within the alert/escalate section
Resolution:	The Board resolved to NOTE the report
5.5.7	Strategic Development Committee 16 January 2025
	K Palmer presented the report from the first meeting of the Strategic Development Committee and highlighted the matters contained within the alert/escalate section, which included an update on the development of the Acute Clinical Services Plan, where a request was made for further assurance to be presented to a future meeting in relation to the delivery timetable and next steps. G Hopkins sought clarity as to whether consideration could be given to renaming the Acute Clinical Services Plan, to make it more user friendly. The Chair advised that this needed to be taken into consideration alongside other areas of work, such as the shape of community services, and queried whether it could be considered that this piece of work was styled as a Healthcare Delivery Plan given that this was wider than acute clinical services. The Chair advised that given that a new Programme Director for the Acute Clinical Services Plan had been appointed, and that there were three Independent Members on the Board who had a community focus, he would like the three community Independent Members to meet with the Programme Director once in post, given that the success of this programme rests on active engagement with communities and the public. I Wells commented that whilst he was not a member of this Committee, he was pleased to see that strategic discussions had been held in relation to the digital and data strategy and digital transformation programmes.

	D Jouvenat advised that she was a member of both the Strategic Development Committee and the Operational Delivery Committee and praised the way in which both inaugural meetings had been run and chaired.
Resolution:	The Board resolved to NOTE the report
6.	DELIVERING OUR PLAN
6.1	Integrated Performance Dashboard
	Executive Directors presented the report and highlighted the key matters for Members attention. I Wells made reference to the data included within the report regarding prevention, particularly covid-19 vaccinations for those eligible to receive them and sought clarity as to the reasons why this remained low. P Daniels advised that it appeared that people were becoming vaccine fatigued, particularly in relation to covid-19 vaccinations. P Roseblade advised that a lengthy discussion was held at the recent meeting of the Operational Delivery Committee in relation to this report, and made reference to the performance reported in relation to 100% of GP practices achieving in hours access standards in 2023/2024, which seemed to differ from the personal experiences of patients trying to access GP appointments. G Hughes advised that feedback is being shared with the national team to reframe the question being asked so that data around failed appointments could be collected. G Hughes advised that any spare capacity available in General Practices were being explored in terms of demand and capacity planning. In response to a question raised by P Roseblade regarding health protection funding, P Daniels confirmed that this funding was recurrent. H Lentle made reference to the positive outcomes highlighted by G Hughes in relation to pathway one and breast services, and sought clarity as to whether the percentage data that had been shared was based on increased numbers of patients since 2021. G Hughes confirmed that one of the reasons why performance was much higher than in 2020/2021 for cancer, was because the cancer patient tracking list was exceptionally small, given that most patients were unable to access General Practice during Covid-19, which resulted in a low rate of referrals. Members noted that when services started to re-open, there was a surge in the numbers of patients presenting with advanced stage cancer. D Jouvenat welcomed the positive performance on the cancer pathway and sought clarity as to the length of time patients were waiting for an appointment following a referral from the GP. G Hughes confirmed that for suspected cancer patients, the clock starts on the date the suspicion of cancer was highlighted, whether this was found by a GP or from within a hospital setting. Members noted that 95% of patients being referred on a suspected cancer pathway do not have cancer. D Jouvenat advised that in relation to patients not being able to get an appointment with their GP, there appeared to be a mis-understanding amongst

communities that they were not going to be able to get an appointment with their GP, and queried whether more could be done in terms of messaging via our communication platforms. D Jouvenat also referred to the workforce metrics report and welcomed the success of the lateral moves programme.

K Palmer welcomed the update provided by G Hughes in relation to breast services and recognised that part of its success was having a single centre of excellence in place across the Health Board's footprint. K Palmer queried whether consideration could be given to undertaking a case study on this in order to evidence that better outcomes could be achieved by having a centre of excellence in place.

K Palmer also referred to the issues being experienced in relation to vaccinations which had been discussed in a number of Committees and at the CTM Leaders Group, and advised that there was a real enthusiasm to assist with the vaccination programme in order to try to increase uptake.

H Proctor welcomed the suggestion made by K Palmer regarding undertaking a case study, which would help to push forward plans for other services. H Proctor also welcomed the positive updates provided in relation to staff turnover and the lateral moves programme, which she hoped would continue to be rolled out further. H Daniel provided assurance that the scheme would continue, with plans to roll out the scheme to Healthcare Assistants and Therapy staff.

L Curtis-Jones made reference to the ADHD/ASD assessments which were quite low, despite the Health Board performing well compared to the rest of Wales in this area. L Curtis-Jones added that she recognised that demand had increased significantly and that the funding in place was temporary and sought clarity as to what plans were in place to address this moving forwards. L Prosser advised that it was hoped that the work being undertaken to change the demand profile would help to address the position.

The Chair drew attention to the staff survey and extended his congratulations to H Daniel and his Team for the work undertaken to increase the level of engagement. The Chair added that he felt that staff were starting to see the benefits of engaging with the staff survey, given that the Health Board were demonstrating that they were addressing the issues that had been raised following last year's survey.

The Chair welcomed the significant improvement made in relation to breast cancer single cancer pathway performance and advised that he would welcome focus moving forwards on improving performance for other tumour sites.

The Chair referred to 104 week waits and recognised that the team had undertaken a significant amount of work to find additional capacity in order to reduce the numbers of patients waiting for treatment. The Chair advised that it was recognised that the position was particularly challenging within Orthopaedics and asked G Hughes to provide an update on the work that had

	been undertaken to address this position. G Hughes advised that discussions had been held with Cardiff & Vale and Swansea Bay University Health Boards in regard to their available capacity, which Cwm Taf Morgannwg would have to provide the scrub team, theatre staff and surgeon for, with some lists now being made available within Cardiff & Vale University Health Board on a regular basis, with an ad hoc arrangement currently in place with Swansea Bay University Health Board. Members noted that work had also been undertaken with the Independent Sector across south Wales, south west of England and Trusts in the London area to determine what capacity was available in those areas. Members noted that whilst there was limited capacity left available within the private sector within south Wales, capacity had been pre-reserved for April, May and June next year.
Resolution:	The report was NOTED
6.2	Month 9 Finance Update K Palmer, Vice Chair temporarily took over the role as Chair at this stage of the meeting. S May presented the report and highlighted the key matters for Members attention. In relation to non-delivery of savings, G Hopkins sought clarity as to whether some of the practice that underpinned the anticipation of savings were incorrect, or had savings not been delivered for other reasons. S May advised that there was an awareness at the start of the year that the Health Board had a higher risk position, with the Health Board carrying £10m of unmitigated net risk. Members noted that some of the reasons behind this was that the savings target was not necessarily underpinned by detailed plans. S May added that several meetings were held with Care Groups throughout the year, with recovery plans being developed as a result, some of which were being disrupted by issues such as the Princess of Wales Hospital roof replacement works. Members noted that the Health Board also took a stringent view to how it approached savings, with the Health Board looking at how it could reduce the budget, so it becomes a genuine saving as opposed to an operational variance. P Roseblade recognised the difficulty in achieving spend against the Capital Resource Limit, particularly when it comes into the Health Board towards the end of the financial year, and commended teams for the work undertaken in this area to achieve the position. S May extended her thanks to P Roseblade for her comments which was appreciated, given the difficult task. G Hughes also recognised the work undertaken by the Capital Team who were very supportive. K Palmer recognised the challenge in achieving the capital spend within the last three months of the year and extended her thanks to S May for presenting the report.
Resolution:	The report was NOTED
6.3	Stroke Services Update The Chair re-assumed chairing of the meeting from this item.

	G Hughes presented the report and provided Members with key updates. I Wells acknowledged that the changes had been made as a temporary measure and sought clarity as to how long this change was likely to last. G Hughes advised that steps needed to be taken to ensure that a medical workforce was in place that could sustain services across two sites and added that the work to repair the roof at Princess of Wales Hospital would not be completed until mid to late summer. L Prosser added that the impact was being monitored and evaluated closely and it was anticipated that there would be an improvement in Sentinel Stroke National Audit Programme (SSNAP) data, with Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) also being closely monitored. Members noted that it was hoped that the proposal on the South East Wales regional model would be available for consultation by the summer, which would help inform the way forward on the future of stroke services. P Roseblade referred to discussions held earlier in the meeting regarding improvements in breast cancer, which was achieved by centralising services onto one single site, which had improved experiences for patients. P Roseblade advised that it was of her understanding that the Health Board were expediting the plan for the future of stroke services based on this temporary change, once data and information had been obtained to compare and contrast to enable a final decision to be made. P Roseblade referred to a presentation that was shared at the Operational Delivery Committee on Brainomix which was helping with the stroke service, which highlighted the phenomenal results that were being achieved. L Prosser clarified that the Regional Stroke Programme was instigated in order to ensure that services were being delivered to the required standards of the National Stroke Pathway, across South East Wales. Members noted that the latest issues experienced within stroke services with the Health Board had reiterated the importance for the Health Board to ensure that the regional work was on track to deliver a recommendation in the summer. D Hurford echoed the comments made by L Prosser regarding the national standards being the driver behind the work being undertaken at a regional level and added that the best service was required for our patients based on the available data. D Hurford also advised that there were significant recruitment challenges in stroke services that need to be considered. In response to a query raised by G Hopkins in relation to the national position regarding the available Stroke Consultant workforce, D Hurford advised that whilst the position had slightly changed given that Consultant's were opting to focus on two joint specialities, there was still a small pool of staff available to recruit from across the whole of the UK, which is why consideration was being given to sharing a pool of resource.

	P Mears advised that this was a complex challenge to solve and advised that whilst the Health Board wanted to ensure it was doing the right thing for patients within CTM, this may impact patients within the wider South East Wales region, which was why a regional solution was required. The Chair recognised that notwithstanding the fact that the temporary solution was a difficult decision, it was the right decision in terms of the risk being faced and noted that the Health Board is committed to working collaboratively to ensure improvements are made in the future in regard to a regional model. H Proctor stressed the importance of ensuring that staff within the service are sufficiently informed and engaged with the solutions being explored on a regional basis. L Prosser advised that a clinical workshop was being held in February to discuss these changes further, in which colleagues within the stroke service would be invited to attend. L Edwards added that a clinical engagement exercise was undertaken when the regional programme was initially launched. The Chair requested an update to be presented at a future Board meeting on the progress being made on regional stroke discussions.
Resolution:	The report was NOTED
Action:	Update to be presented to a future meeting on the progress being made on regional discussions regarding stroke services.
6.4	Integrated Medium Term Plan (IMTP) – Verbal Update
	L Prosser provided Members with a verbal update on the position of the IMTP and advised that the first draft of savings plans had been received from budget holders which were in the process of being considered. Members noted that a further update on progress would be shared at the February Board Development session, with the final version of the IMTP being presented to the Public Board in March for final approval.
Resolution:	The verbal update was NOTED
6.5	Primary Care & Community Development
	G Hughes presented the report and highlighted the key matters for Members attention. The Chair welcomed the report and recognised that work was being undertaken at pace, with further engagement undertaken with colleagues following the Board Development session held in December 2024 as to how this piece of work could be shaped. The Chair added that he was pleased to hear that the National Association of Primary Care were engaged in this piece of work, given that as an organisation they had delivered change in England at pace. The Chair recognised the ambitious timescale that had been set and added that he would welcome a further update on progress to a future Board meeting at the most appropriate time. D Jouvenat provided Members with feedback on the WISE service, who recently presented on stroke prevention at all five over 50s Forums held across Rhondda Cyon Taf. Members noted that within each forum, the service had identified

	people who may be in danger from suffering from a stroke and required further treatment. I Wells welcomed the focus being placed on primary care and advised that he had raised concerns at the Operational Delivery Committee in relation to the current position regarding dental services and sought clarity as to how access issues to dental services were being considered as part of this piece of work. P Mears advised that poor oral health was a good indication of future health issues and added that there were significant challenges with poor oral health, particularly amongst children, within the Cwm Taf Morgannwg communities. P Mears added that there were issues in relation to capacity and recruitment of dentists, which was a national issue, alongside contractual challenges which was having an impact on incentivising dentists to take on NHS work. G Hughes advised that work was being undertaken within the service to identify what more the Health Board could do to be a core provider of general dental services, recognising that the market was more buoyant in some areas compared to others. P Daniels added that there had been a reduction in prevalence of tooth decay and an increase in severity of decay within Cwm Taf Morgannwg compared to the Welsh average and emphasised the importance of focus being placed on prevention as well as treatment. P Roseblade queried whether there was a risk to the Health Board when discharging some patients into a hospital at home model as opposed to them remaining in hospital whilst awaiting for social care provision. In response, D Hurford advised that there could be a greater risk in keeping patients in hospital which could result in them debilitating on a daily basis. H Proctor added that there were statistics that showed that every week a patient was kept in a hospital bed they lost muscle mass of up to 7%. The Chair expressed the importance of putting a system in place that maximises the health benefit to an individual at the right point. G Hughes welcomed the challenge made by P Roseblade and advised that the fundamental purpose of 'Hospital at Home' was to provide every patient with the greatest opportunity to get home and to live independently, which was an important part of their health pathway. G Hughes added that admission avoidance was also a factor that needed to be taken into consideration, with 20-30% of patients being admitted to hospital without a medical condition, and who were struggling at home. Members noted that a significant part of the Enhanced Community Care (ECC) service was about putting rapid response and wrap around care in place for patients, in partnerships with Local Authority colleagues. L Prosser queried whether the Board may want to consider receiving 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. This suggestion was welcomed by Board Members.

	K Palmer welcomed the changes that had been made in the last year in relation to Primary Care and Community developments and advised that a detailed discussion was also held at the Strategic Development Committee on this matter. She also referred to the importance of palliative end of life care and the improvements that were needed in this area, given the numbers of patients dying within hospitals as opposed to within their own homes. L Edwards welcomed the enthusiasm being shown within this area of work and queried whether consideration needed to be given to changing the language being used to describe the models of care so that it was not as overly medicalised, given the model was focussed on supporting patients back into the community and limiting that medicalisation. P Mears advised that whilst positive progress was being made in this area, he felt further progress was required, given that on reflection of the content of the agenda being discussed at the Board meeting today, 90% of the discussions had been in relation to secondary care, with 10% of the agenda focussing on Primary Care and Community services, which needed to be considered moving forwards. P Mears advised that consideration also needed to be given moving forwards to introducing a different model of resource allocation for primary care and community services and added that this whole model was dependent on primary care being sustainable and secure, with the current model being fragile across the UK. P Mears suggested that it would be helpful if the Board could have a future discussion on GP primary care fragility and the steps that were being taken to support the service and it would also be helpful if the GP voice was brought into future Board agenda's and discussions. The Chair advised that this was a deficiency in the way in which Boards were structured when the resource profile was taken into consideration and would welcome any opportunity to include a GP in the Board structure, either as an Associate Member or as a co-opted Member. Members supported this suggestion.
Resolution:	The report was NOTED
Actions:	Further update on progress regarding Primary Care and Community Development to be presented to a future Board meeting at the most appropriate time. 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 Consideration to be given to including a GP in the Board structure, either as an Associate Member or as a co-opted Member
7.	STRATEGIC PLANNING
7.1	Digital Cellular Pathology Business Case
	Members noted that this item would now be received at the March 2025 Board meeting.

8. CONSENT AGENDA	
8.1	<i>For Approval</i>
8.1.1	Unconfirmed Minutes of the meeting held on 28 November 2024
Resolution:	The Minutes were APPROVED
8.1.2	Unconfirmed Minutes of the In Committee Board meeting held on 28 November 2024
Resolution:	The Minutes were APPROVED
8.1.3	Creating Health Strategic Delivery Plan
Resolution:	The Delivery Plan was APPROVED
8.1.4	5-Year Strategic Plan for Offering Clinical Consultations in Welsh under Welsh Language Standard 110
Resolution:	The 5 Year Strategic Plan was APPROVED
8.1.5	Healthy Travel Charter
Resolution:	The Healthy Travel Charter was APPROVED
8.1.6	Joint Commissioning Committee Governance Framework
	G Watts advised that the report would need to be amended to reflect that the Joint Commissioning Committee were no longer pursuing the inclusion of staff side representatives on the Quality and Safety and Outcomes Sub Committee and the Planning, Performance and Finance Sub Committee and were proposing to remove reference to these in the membership. G Watts, therefore, sought approval for this framework subject to removal of the staff side reference.
Resolution:	The Joint Commissioning Committee Governance Framework was APPROVED (on the proviso of the removal of the reference to staff side representative)
8.1.7	Safeguarding Strategy 2024-2027
Resolution:	The Safeguarding Strategy was APPROVED
8.2	FOR NOTING
8.2.1	Board Forward Work Programme
Resolution:	The Board 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	IMTP 2024-2027 – Quarter Two Review
Resolution:	The report was NOTED
8.2.4	NHS Wales Shared Services Partnerships Committee Assurance Report 21 November 2024



GIG
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Resolution:	The report was NOTED
9.	CLOSE OUT BUSINESS
9.1	Any Other Business
	The Chair reminded members that a private Board Briefing would be held following this meeting to discuss the financial plan for next year.
9.2	Meeting Feedback
	The Chair asked Members to submit any feedback to him within two weeks of this meeting.
10.	PRIVATE / IN COMMITTEE SESSION
	The Chair confirmed that there were no items requiring In Committee discussion on this occasion.
11.	DATE & TIME OF THE NEXT MEETING
	The next meeting is scheduled to take place on Thursday 27 March 2025 at 9:00am
12.	CLOSE OF MEETING

Agenda Item

9.1.2

CTM Health Board

Amendment to Standing Orders

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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 / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
SOs	Standing Orders

1. Situation /Background

- 1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) Standing Orders form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Boards Standards of Behaviour Policy is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
- 1.2 All Health Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

- 2.1 The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force on the 20 January 2025.
- 2.2 These Regulations amended the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009, The National Health Service Trusts (Membership and Procedure) Regulations 1990 and The Health Education and Improvement Wales Regulations 2017.
- 2.3 The purpose of these amendments are to ensure consistency relating to:
 - The eligibility requirements for the chair, vice-chair and non-officer members/non-executive directors of the Board.
 - The provisions relating to the appointment of officer members to boards of Local Health Boards.
 - The arrangements for appointing the Trade Union Member to a board of Local Health Boards.
 - The timescales for the publication of board and committee agendas and papers.
- 2.4 Welsh Government in considering these amendments, have requested that CTMUHB adopt and make the necessary revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities using the Welsh Ministers power of direction in accordance with Section 12(3), Section 19(1) and Section 23(1) of the National Health Service (Wales) Act 2006.
- 2.5 The amendments specific to CTMUHB are outlined in Appendix 1. These amendments supersede those issued on 23 April 2024 and as confirmed in Welsh Health Circular (WHC) - WHC/2024/019. Welsh Government have advised that a new WHC will be issued to confirm this.

- 2.6 Copies of the correspondence received from Welsh Government dated the 29 January 2025 and a copy of the amended Standing Orders is available upon request from the Director of Corporate Governance / Board Secretary.
- 2.7 Whilst not part of the model amendments, an inconsistency has been identified in the Chairs Urgent Action section of the Committee Terms of Reference (ToR) and therefore all relevant ToRs have been updated to reflect the following:

"There may, occasionally, be circumstances where decisions which would have been made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee, after first consulting with at least two other members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification".

3. Key Risks / Matters for Escalation

- 3.1 In relation to the amendment regarding the publication of papers (Appendix 1 reference is 7.4.3 page 34 of the Standing Orders), CTMUHB will continue as per current arrangements and aim to publish the final agenda and papers 7 calendar days prior to the Formal Board, Board Committee and Board Sub-Committee meetings.

4. Assessment

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

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required. Changes made under instruction from Welsh Government.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required in respect of these amendments.
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 **ADOPT** the amendments to CTMUHB's Standing Orders as outlined in section 2 and Appendix 1 of this report.

6. Next Steps

- 6.1 Once adopted by the Board, the revised Standing Orders will be uploaded to SharePoint and the Health Board's Internet site.
- 6.2 The Standing Orders will be further strengthened in year as and when required.

Table of Amendments to Standing Orders February 2025

Section of the SO's	Paragraph and Page Number	Welsh Government Amendments – Letter of the 29 January 2025	CTM Response
Appointment of Officer Members	Paragraph 1.1.1 Page 13	<i>Amend the highlighted text within the following paragraph, from:</i> 1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by the Board). <i>To:</i> 1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by non-officer Members of the Board and the Chief Executive).	Amendments Adopted.
Officer Members [to be known as Executive Directors]	Paragraph 1.1.3 Page 14	<i>Amend the highlighted text within the following paragraph, from:</i> 1.1.3 A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers. <i>To:</i> 1.1.3 A total of 9 (including the Chief Executive), appointed in accordance with the Constitution, Membership and Procedures Regulations, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.	Amendments Adopted.
Non-Officer Members [to be known as Independent Members] <i>Appointment of the Trade Union Member to Local Health Boards</i>	Paragraph 1.1.4 Page 14	<i>Amend the highlighted text within the following paragraph, from:</i> 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding. <i>To:</i> 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a nominated trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.	Amendments Adopted

Section of the SO's	Paragraph and Page Number	Welsh Government Amendments – Letter of the 29 January 2025	CTM Response
Meetings: Notifying and equipping Board members <i>Publication of Board agendas and papers</i>	Paragraph 7.4.3 Page 34	<i>Amend the highlighted text within the following paragraph, from:</i> 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired. <i>To:</i> 7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 5 clear days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.	Amendment Adopted. In order to maintain compliance with the requirement to publish agenda and papers at least 5 clear calendar days before a formal Board meeting, CTMUHB will continue to publish as per current arrangements, which is 7 calendar days in advance of the meeting.
Meetings: Notifying and equipping Board members	Paragraph 7.4.7 and 7.4.8 Pages 34 and 35	<i>Amend the highlighted text within the following paragraph, from:</i> 7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh): - On the LHB's website, together with the papers supporting the public part of the Agenda; as well as - Through other methods of communication as set out in the LHB's communication strategy. 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. <i>To:</i> 7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh): - On the LHB's website, together with the papers supporting the public part of the Agenda; as well as - Through other methods of communication as set out in the LHB's communication strategy. 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.	Amendment Adopted.



Agenda Item

9.1.3

CTM Health Board

**Major Incident Plan and Site Specific Procedures -
Update Report**

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jason Evans, Emergency Preparedness, Resilience and Response Manager
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
Operational Delivery Committee	28/01/2025	Noted
Engagement over extended period via EPRR Strategy Group and Organisational Management Board		

Acronyms / Glossary of Terms

EPRR	Emergency Preparedness Resilience & Response
CCA	Civil Contingencies Act
WG	Welsh Government
MI	Major Incident

1. Situation / Background

- 1.1 As a Category 1 Responder under the Civil Contingencies Act 2004 Cwm Taf Morgannwg University Health Board (CTMUHB) has a number of legislative duties placed upon it under this act. As part of these duties the health board must:
- Assess the risk of emergencies occurring and use this to inform contingency planning
 - Put in place emergency plans to address any reasonably foreseeable emergencies
- 1.2 The 'Major Incident and Critical Business Continuity Procedural Guidance' forms an integral part of planning for organisational incident response and provides a scalable suite of strategic; tactical and operational incident management options for health board incident managers to enact to bring incidents to a successful conclusion. The plan is flexible and should be read and underpinned with health board specific plans and procedures and national plans to address specific and often complex issues that are encountered.
- 1.3 The plan has been enacted on a number of recent occasions that has included; adverse weather, industrial action, ward fires, floods, response to fatal explosion/mass casualty incidents; electrical and digital outages; rail collisions; infectious disease plan actuation; storm damage to acute sites and has provided command/control and assurance and facilitated in house and multi-agency response arrangements on these occasions.
- 1.4 The current plan was completed during October 2021 and in line with organisational assurance processes for the review and updating of policies and procedures was due for review and update by the end of October 2024.
- 1.5 Following cross organisational consultation and feedback from internal incident/exercise de-briefs along with national recommendations from public inquiries following significant incidents such as Manchester Arena and Grenfell Tower, a decision was made to facilitate a full re-write of the current guidance to better reflect current organisational structures and provide enhanced support for responding staff and facilitate enhanced incident coordination through a robust suite of dedicated action cards.

The revised format would include an 'Overarching Major incident Plan' underpinned by 'Site Specific Major Incident Procedures' for our 3 acute sites which would guide our staff in detail through the expectations and requirements during a major incident scenario.

1.6 Overarching Major incident Plan

- 1.6.1 Provide overview of external legislative requirements and multi-agency expectations
- 1.6.2 Provide a flexible framework for expected incident types/scenarios
- 1.6.3 Clear expectations and actions for Strategic On Call Roles to define the overall incident structure
- 1.6.4 Designed to be read in conjunction with key health board documents/plans which would include: Site specific procedures; Communicable disease plans; Pandemic operational framework; Mass Casualty Dispersal Plans; Escalation Frameworks; etc.

1.7 Site Specific Major Incident Procedures

- 1.7.1 Ability to initiate as a stand-alone incident management function or as part of a full CTMUHB wide actuation
- 1.7.2 Scope the key areas of our acute sites to include: Hospital Co-ordination/Command Centre; P1, P2, P3 casualty receiving areas; documentation areas; staff receiving/briefing areas; Press/Media Area; Transfer/Discharge Area; Relatives/Uninjured Area; etc.
- 1.7.3 Provide detailed and in-depth action cards to guide our staff through the specific site expectations and action both in and out of hours.

1.8 The re-write has been a significant task, with cross care group working groups across all acute sites working to revise and develop site specific MI guidance plans to enhance MI response within CTMUHB. Executive level governance is in place and the EPRR manager has been working with hospital general managers and care group leads to ensure a uniformed approach is developed and implemented across the organisation in line with the legislative requirements of the CCA 2004 and WG/NHS Executive Guidance.

1.9 The Overarching Major Incident Plan has been completed and a copy of the draft plan is attached for the Board's consideration following review by the Operational Delivery Committee in January 2025. Extensive work is ongoing across our acute sites and is near completion to provide detailed site-specific Major Incident Procedures and action cards for all staff which will be used alongside this broader plan document.

1.10 On completion of site specific procedures, the next step will be to plan and deliver training for strategic, tactical and operational staff along with a robust/ongoing exercise programme to provide assurance and compliance.

2. 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	Starting Well
	If more than one applies please list below: Our Major Incident Plan will have relevance for our population across the life course.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
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: Information only
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): NEUTRAL	Information only
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implications have been considered during decision making and assurance processes	
Enw da / Reputational	Yes (Include further detail below)	
	Reputational management has been considered during the decision making and assurance processes	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Financial/resource impact has been considered during the decision making and assurance processes	

3. Recommendation

- 3.1 It is recommended that the Board notes the development of the draft overarching Major Incident Plan and the imminent completion of the site-specific plans and **APPROVES** the adoption of this plan subject to the completion of the site specific plans, which will be signed off at the Operational Management Board and Emergency Planning Response and Resilience Strategic Group.

4. Next Steps

- 4.1 Further to this presentation of the overarching Major Incident Plan (draft) and its approval, the final work to complete the site specific Major Incident Procedures and action cards for all staff will be concluded as a matter of urgency. Care groups are currently consulting with key staff and working through the development of these action cards. These final documents will be signed off by the Operational Management Board.
- 4.2 A programme of training will follow for strategic, tactical and operational staff with a robust/ongoing exercise programme to provide assurance and compliance.
- 4.3 A further update report will be issued, providing assurance that the Major Incident Plan has been finalised and the site-specific plans have been completed.

CTMUHB Overarching Major Incident and Critical Business Continuity Procedural Guidance – Version 4 January 2025

Document Type:	Non Clinical Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk)
Author:	Jason Evans – Emergency Preparedness, Resilience and Response Manager
Executive Sponsor:	Executive Director of Strategy and Transformation
Approved By:	Management Board (Non Clinical Procedures Only)
Approval / Effective Date:	October 2021
Review Date:	October 2024
Version:	4.0

Target Audience:

People who need to know about this document in detail	• Chief Executive/Executive Directors • Chief Operating Officer/Deputy COO • All Directors • All Assistant Directors • All Service Delivery Unit Managers • All Heads of Nursing • All On Call Managers • Board Secretary • Facilities leads • Regional Facilities Manager
People who need to have a broad understanding of this document	• All Medical and Nursing staff • All Security and Portering Staff • Switchboard Managers and Supervisors
People who need to know that this document exists	All staff South Wales Local Resilience Partners

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: TBC
	Outcome: No Issues
Welsh Language Standard	No

Date of approval by Equality Team:	Not submitted as this is a procedural guidance not a policy and there are no equality issues.
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Minor Amendments

If a minor, change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page	Date change	Version	Name of responsible person

IF A MAJOR INCIDENT HAS BEEN DECLARED

**If you have not read this guidance
previously,**

DO NOT READ IT NOW

**Undertake the actions specified within
your designated action cards or take
instruction from your line manager or
Hospital Tactical Co-ordination Team.**

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Section 1 General Principles

Please note:

This Overarching Procedure should be read in conjunction with: -

- CTMUHB Prince Charles Hospital Major Incident Procedure
- CTMUHB Royal Glamorgan Hospital Major Incident Procedure
- CTMUHB Princess of Wales Hospital Major Incident Procedure
- Mass Casualty Arrangements for Wales

The full suite of CTMUHB Emergency Response Procedures are held on the Emergency Preparedness Resilience and Response SharePoint site

Other Health Board policies and procedures and statutory regulations are to be referenced as appropriate e.g.:

- Infection, Prevention & Control (IPC)
- Health & Safety (H&S)
- Workforce and Organisational Development
- Welsh Language Act
- Quality statements, e.g. care of the critically ill
- Charter for Bereaved Families
- WAST Escalation Guidance
- UEC Escalation Framework Dec'24
- CTMUHB Emergency Pressures Escalation Policy

Action Cards referred to in this Procedural Guidance should be read in conjunction with the whole Procedure.

The Major Incident Procedures may be invoked alongside other appropriate, Health Board Procedures, other Emergency Response Procedures, CTMUHB Business Continuity Procedures and / or strategic multiagency procedures.

All Emergency Response Procedures are flexible and adaptable, this allows for a tailored response to all emergencies and any additional threats and risks that may arise at the time.

It is the responsibility of the strategic incident manager to decide on a specific and flexible incident management structure that will effectively address the needs of managing/controlling a specific and often varied incident type. The strategic incident manager should be cognisant with what represents a major/critical incident or a business continuity incident/event and invoke a suitable structure to ensure effective response. Consideration will need to be afforded as to the effect on business as usual that the set-up of a major incident structure will inevitably incur.

1.0 Introduction

Welsh Government (WG) has a responsibility to ensure that health services are fully prepared to make an effective contribution to the combined response of all emergency services in the event of a major incident. This is co-ordinated through the Emergency Planning Advisory Group of the NHS Executive.

Health Boards have overall responsibility for the population within their geographical area and thus to ensure that plans provide a single framework of operational and management response, ensuring that co-ordination and liaison is in place for all major incidents.

The Cwm Taf Morgannwg University Health Board (CTMUHB) is defined as a category 1 responder within the Civil Contingencies Act 2004 (the Act). The Act places a number of responsibilities on the Health Board in this regard.

These include that CTMUHB **must**:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency Procedures;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency

The Civil Contingencies Act 2004 requires Category 1 Response Organisations to co-operate and plan with partners in Local Resilience Forums based on Police Force areas. The Police Force in whose area an incident occurs has responsibility for the overall strategic management and co-ordination of the responding Agencies. CTMUHB is represented at the South Wales Local Resilience Forum within the South Wales Police Force area along with SBUHB and C&VUHB.

Major incidents are by their very nature unpredictable. Although often the same lessons are repeatedly identified, each and every incident is unique both in terms of type, causation, circumstances, and consequences. They can range from transport to terrorist type incidents, but unfortunately common lessons are identified and re-identified.

Contingency plans are aimed to be simple and flexible, adopting an '*all hazards*' approach, allowing for adaptation if and when required. They link with the other emergency services likely to be involved, and take account of any specific local hazards. A major incident for one service may not necessarily be so for another service. This overarching procedural guidance document is designed in that way and should be read as mentioned in conjunction with other health board specific plans/procedures.

All Health Boards are required to have plans and procedures that interlink, and form part of the overall Emergency plans. These should take into account, and reflect the relevant guidance and requirements: -

- NHS Wales Emergency Planning Guidance (*Welsh Government*)
- Draft Wales Pandemic Preparedness & Response Guidance (*Welsh Government*)
- Wales Building Partnerships Staying Safe: Guidance for Healthcare Organisations (*Welsh Government*)
- PROTECT – Guidance on Activation of CBRN Health Countermeasures (*Welsh Government*)
- Ambulance Service Guidance on Dealing with Radiological Incidents and Emergencies (*Welsh Government*)
- Planning for the Psychological and Mental Health Care of People Affected by Emergencies (*Welsh Government*)
- Planning for Lockdown of NHS Facilities (*Welsh Government*)
- Medical Care at the Scene of Major Incidents (*Welsh Government*)
- Planning for the Management of Blast Injured Patients (*Welsh Government*)
- 'How to' Guide on Local Arrangements for Antiviral Collection Points (*Welsh Government*)
- Wales Framework for Managing Major Infectious Disease Emergencies (*Welsh Government*)
- Welsh De-contamination Protocol (*Welsh Government*)
- Mass Casualties Incidents – A Framework for Planning (*Welsh Government*)
- NHS Wales Healthcare Standards 2023 (*Welsh Government*)
- Charter for Bereaved Families

The Health Board Executive lead for Emergency Preparedness is the Executive Director of Strategy and Transformation.

The CTMUHB Emergency Preparedness Resilience and Response (EPRR) Strategy Group supports the Executive lead and Operational leads. This multi-disciplinary Group has wide representation from the Health Board Care Groups, Corporate and some external agencies.

Other guidance is offered in the following documents: -

- NHS Wales Resilience and Business Continuity Management Guidance (*Welsh Government*)
- Pan-Wales Response Plan (*Wales Resilience*)
- The Needs of Faith Communities in Major Emergencies: Some Guidelines (*Cabinet Office*)
- Data Protection and Sharing – Guidance for Emergency Planners and Responders (*Cabinet Office*)
- Civil Contingencies Act 2004 – Emergency Preparedness (*Cabinet Office*)
- Emergency Response and Recovery
- Wales Heat Wave Guidance (*Welsh Government*)
- Counter Terrorism Protective Security Advice (*NaCTSO*)

- Scientific and Technical Advice Cell (STAC) (*Wales Resilience*)
- Hospital Emergency Checklist (*WHO*)
- The Coroners Justice Act 2009
- Preventable Future Death Reports via Chief Coroners Newsletter
- Charter for Bereaved Families
- WAST Escalation Guidance
- Communicable Disease Outbreak Plan for Wales (*PHW*)
- UEC System Escalation Framework
- CTM Emergency Pressures Escalation Policy
- **In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to and associated pre-agreed first 2-hour casualty dispersal plan.**

2.0 Aims

This aim of this document is to provide overarching procedural guidance and describe in detail how CTMUHB will respond as an organisation to Major Incidents; Critical Incidents or Business Continuity Incident events at Operational, Tactical and Strategic Levels.

The document identifies established Communication and Co-ordination Arrangements that align to the principles of the Joint Emergency Services Interoperability Programme (JESIP) and the NHS Wales Emergency Planning Core Guidance across the Health Board.

Whilst this document details best practice it is termed procedural guidance as there may be alternative approaches more suited for a particular event.

It is the responsibility of the strategic incident manager to decide on a specific and flexible incident management structure that will effectively address the needs of managing/controlling a specific and often varied incident type. The strategic incident manager should be cognisant with what represents a major/critical incident or a business continuity incident/event and invoke a suitable structure to ensure effective response. Consideration will need to be afforded as to the effect on business as usual that the set-up of a major incident structure will inevitably incur.

This document should also be read in conjunction with the Site Specific Major Incident Procedures and action cards that will provide specific action requirements to mobilise our sites.

Adherence to the principles within this document will provide staff with a recognised emergency responder structure and prove alignment to accepted practices.

3.0 Objectives

The objectives of this plan are to:

- Define what constitutes a business continuity, critical or major incident and who can declare such incidents for CTMUHB and the defined escalation arrangements.
- Describe the command and communication structures and responsibilities in a business continuity, critical or major incident.
- Provide guidance for roles of CTMUHB staff in a business continuity, critical or major incident.
- Describe the roles of response partners in a business continuity, critical or major incident.
- Identify key elements of a business continuity, critical or major incident response, including specialist resources that may be required.
- Provide examples of aid arrangements to support a business continuity, critical or major incident response.
- State the process in place to capture lessons learnt from a business continuity, critical or major incident and incorporate into future arrangements.
- Identify the recovery process by which the return to normal operations is managed following a major incident.

4.0 Statement on Health and Safety

During a business continuity, critical or major incident event, it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply. It is essential that these regulations, procedures and processes are maintained with regard to risk assessment and risk management. Appropriate personal protection equipment (PPE) and procedures must be implemented, as must the CTMUHB Policies and Procedures for issues such as infection prevention and control, manual handling and the safe use of hazardous substances. If you are unsure of anything during a major incident seek advice from the nearest appropriate person.

5.0 Statement on the preservation of evidence

All major, critical and business continuity incidents will be subject to some form of investigation. Dependent upon incident type, this may be in the form of a Criminal, Judicial or Coroners/Public Inquiry. It is essential that all staff are aware of the absolute need for “All” paperwork, managers notes, loggist notes, recordings of Teams or other electronic meetings, patients notes, property and clothing to be preserved. It is also essential that any Dry wipe boards used be preserved until they can be recorded using cameras for submission to the relevant investigating agencies. It should also be noted that the preservation of electronic messaging systems utilised in the act of critical decision making will also be required.

6.0 Scope

6.1 Internal Scope

Care Groups will hold operational management plans covering the localised management of an incident and the delivery of the strategic intent of this Guidance Document.

Incident response and business continuity plans must include all care groups and support services that will link into each other at an Operational Level, Tactical and Strategic levels.

6.2 External Scope

This document provides the framework for incident management within CTMUHB at an organisational level and is designed to dovetail with site specific major incident procedures and specific care group plans/procedures.

As such, this document outlines the response mechanisms; communication channels; roles and responsibilities and reporting arrangements for a response to both internal and a non-Health Board External Major Incident and links with other partners, in particular the Local Resilience Multi Agency Forum.

This document is designed to provide a flexible and scalable framework, but due to the extensive nature of possible incident types does not cover the detailed response to a HAZMAT, Mass Casualty or Chemical, Biological, Radiological and Nuclear (CBRNe), Baby Abduction, Fire, Flooding Incidents etc. Separate specific and business continuity plans exist within the Health Board to respond to these types of incidents. This plan must be activated in conjunction with these and other Regional or National plans (some of which are mentioned above) when it is appropriate to do so.

6.3 Plan Review

This plan is written on behalf of CTMUHB by the Emergency Preparedness, Resilience and Response (EPRR) Manager under the Executive Director of Strategy and

Transformation in direct and detailed consultation with the Care Group Directors, Assistant Directors and their management Teams.

The plan is subject to an annual review to ensure it remains fit for purpose and that any changes in guidance or legislation are reflected in the plan. The plan may be reviewed following a de-brief after a live major incident or exercise, where lessons have been identified which would warrant an interim review and change to the plan.

It is the responsibility of the EPRR Manager to ensure that the annual review is completed and if significant changes are made, the reviewed plan should be submitted through due process for approval. Minor changes need only be noted, in the Minor Changes section of the document.

6.4 Training and Exercising

Care Group Directors are responsible for nominating appropriate persons to oversee the training and exercising of this and other plans that underpin effective care group service delivery.

Each Care Group must have a training and exercising procedure to ensure that an appropriate schedule of training and exercising provides opportunities to an appropriate cross section of staff groups that underpin the overall response to major incidents.

The Health Board is required to carry out a communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

The Communication exercise will be conducted by the CTMUHB switchboard manager.

The delivery of desk top exercises and the live major incident exercises are the responsibility of the Care Group Directors or their nominated person.

Care Group Directors or their nominated person must co-ordinate and agree a cycle of training and exercising that ensures each Care Group achieves the minimum requirement above.

The EPRR Manager should be utilised to *support* the facilitation of training and exercising in liaison with the Care Group Directors and/or nominated persons.

7.0 Definition of a Major Incident

Under Section 1 of the CCA 2004 an “emergency” can be defined as:

- *an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;*
- *an event or situation which threatens serious damage to the environment of a place in the United Kingdom;*
- *war, or terrorism, which threatens serious damage to the security of the United Kingdom.*

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an ‘emergency’ as in section 1 of the CCA 2004 Act

7.1 Declaration of a Major Incident

A major incident may be declared by any Ambulance, Police or Fire Officer, if the information reaching them indicates that a Major Incident is occurring or is likely to occur.

This definition purposely makes no reference to the number of patients that may be needed in order to invoke a major incident. It reflects the complexity of utilising such an approach.

Where casualties are involved, CTMUHB and other required NHS Wales organisations will be alerted via WAST utilising the automated 'Everbridge' alerting system. A major incident may also be declared due to other factors that require an emergency response and there may not be casualties. The Health Board may be alerted in these circumstances to attend a Strategic Coordination or Tactical Coordination Group as part of a coordinated partnership response and there may still be requests or implications for CTMUHB. This form of alert will be received at switchboard via the South Wales Police automated notification service utilising the 'UK Gov.Notify' platform. This is a nationally recognised multi-agency notification process and CTMUHB Switchboards are fully conversant with the receipt of calls via both systems.

Where there is a serious incident, which does not result in such a declaration of a Major Incident at the scene, but where there are many casualties and the Emergency Department is under severe pressure, the Senior Doctor and/or Nurse in charge of the Emergency Department may activate the Major Incident Procedure by informing the Hospital Switchboard. In this event, Ambulance Control should be informed (by Switchboard), and will act as a conduit to alert other neighbouring Health Boards and Public Health Wales and will assist in directing Ambulance cases to other appropriate Receiving Hospitals, if agreed and authorised.

It is important to appreciate that the Health Board may need to declare a Major Incident even though the Emergency Services are able to manage the incident on-site.

On occasions, Emergency Departments at CTMUHB acute sites may be informed by WAST of actual or potential serious incidents in the area. These are incidents which fall outside an unconfirmed or confirmed situation; examples include large-scale evacuation, firearm incidents, explosion risks, large fires, etc. These incidents may have not resulted in any or very few patients at that time, but nevertheless the potential exists for an escalation of the incident.

In these circumstances, the Nurse in Charge of the Emergency Department at the time will inform the Senior Nurse in the Emergency Department/ED Consultant on call **immediately**. Site Management/Strategic Leads should be informed, they will make a valid judgement (based on the information available at the time) whether to take no further action and await further information; for information; or request that the Stand-by Procedure be implemented.

7.2 Notification of a Major Incident

As previously identified, notification of a major incident with casualties within Wales will be provided to all Health Boards simultaneously identifying the affected Health Board area. The communication will be received by the Hospital Switchboard (via pre-determined emergency telephone number).

Switchboard will receive notification via WAST utilising the 'Everbridge' automated call cascade system. The notification will be received via Automated Telephone Message; Text Message; Teams Message and Email to ensure receipt.

The Major Incident notification will be received in the nationally recognised METHANE format:

M	Major Incident declared or standby
E	Exact location / geographical area of incident / Health Board area
T	Type of incident, flooding / fire / utility failure / HazMat etc
H	Hazards present or potential
A	Access and egress – effective routes
N	Number and types of casualties (P1, P2, P3) and dead
E	Emergency Services required / on scene

Switchboard will cascade the message via their Major Incident Notification Action Card to designated staff.

The MI notification process may follow a defined sequence as follows:

- Major Incident Standby
- Major Incident Declared
- Major Incident Stand-down

It should be noted that it may be necessary to move directly to a major incident declaration dependent upon information received.

7.3 Major Incident Stand-By Procedure

In the event of a possible Major Incident situation or where another HB is dealing with a Major Incident, CTMUHB Hospitals have been asked to be prepared to assist if required, the Hospital will initiate the '**Major Incident Stand-by Procedure**'. The health board should initiate preparatory actions as deemed necessary to facilitate a possible major incident declaration.

Note: A major incident Stand-by notification may subsequently be cancelled, or become a declared major incident.

A major incident may be declared following further assessment at the scene, where the Welsh Ambulance Service will initiate. However, there may be some circumstances where, following a discussion of the situational awareness report from the scene, that the Health Board may wish to declare a major incident, but WAST have not proceeded to declare. This will require further discussion with senior management at the time of the stand by procedure.

7.3 Major Incident Declared

To initiate the "**Major Incident Procedure**", the alerting message will be:-

"
"This is an important message from the Welsh Ambulance Service

Please click here to acknowledge receipt of this message

This is the Welsh Ambulance Service. The Trust has declared a Major Incident in the following Health Board area - Cardiff and Vale University Health Board. The incident location is: Bay Chambers - Cardiff Bay CF10 5EU.

The information is as follows:

Major Incident Declared

Exact Location: Bay Chambers - Cardiff Bay CF10 5EU

Type of Incident: Potential Gas Leak - Full Evacuation of Building

Hazards: Potential Gas Leak - Unknown Source

Access: off A4119

Number of Patients: 16 patients, 4 P3s, 5 p3s already conveyed, 1 P1 (under 1yrs) 6 asymptomatic

Emergency Services Required or Present: Fire, LA, Police, HART, WAST - 4 x EA, 2 x DOM/Ops commanders

All Health Boards and partner Health agencies in Wales have been sent this notification.

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information.

"
"

Supporting hospitals will receive the same information, but will be told that Royal Glamorgan, Prince Charles and or Princess of Wales' Hospitals are the 'Receiving Hospitals'.

7.4 Stand Down Procedure

On receiving the message from the Ambulance Incident Commander at scene, WAST will notify the following message to the Emergency Department who will inform the Hospital Co-ordination Centre:-

“This is an important message from the Welsh Ambulance Service

Please click here to acknowledge receipt of this message

This is the Welsh Ambulance Service Major Incident Notification. The Trust has Stood Down a Major Incident in the following Health Board area - Cardiff and Vale University Health Board. The incident location is: Bay Chambers - Cardiff Bay CF10 5EU.

The information is as follows:

Major Incident Stand Down

Exact Location: Bay Chambers - Cardiff Bay CF10 5EU

Type of Incident: .

Hazards: .

Access: .

Number of Patients: .

Emergency Services Required or Present: .

All Health Boards and partner Health agencies in Wales have been sent this notification.

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information.

”

The Hospital will be informed of any casualties already en-route when this message is given.

N.B. It is likely that the hospital stand-down will not be given for some time after the scene stand-down, and will be issued from the Hospital Co-ordination Centre, which will in turn be cascaded to relevant staff through the Hospital Switchboard.

8.0 Potential High Risk Categories within the CTMUHB Area

It is recognised that there are general and specific risks that prevail within the Health Board area. The CTMUHB major incident arrangements aim to deal with an incident which may occur in the community which results in large numbers of casualties and any internal major emergency which threatens the welfare of patients/staff, or significantly compromises the Health Board's ability to deliver key services.

For example, the Control of Major Accident Hazards (COMAH) Regulations 2015 require emergency services, Local Authorities, site operators and other key response partners to jointly plan the response to incidents at sites of heightened risk, in accordance with the regulations.

Through engagement with key partners under the auspices of the Civil Contingencies Act 2004, Community Risk Registers are developed and revised, highlighting specific areas of risk within the South Wales Local Resilience Forum area. This is a continuing and evolving work stream and is subject to regular review.

This joint approach to risk assessment drives the requirement to develop single service and joint arrangements for response to specific scenarios. A prime example of this is the plan for a Pandemic response.

Where no specific plan exists to deal with a particular risk scenario, this Major Incident Plan provides the generic command, control and coordination framework to support the response.

These are examples only; further detailed Risk Assessments to potential hazards in the vicinity is undertaken by the Local Resilience Forums and these risks are linked to the Health Board EPRR risk register.

AIR / SEA	POTENTIAL HAZARDS
Military Aircraft	Aircraft Accident; Terrorist Incident
Airways Over Area	Aircraft Accident; Terrorist Incident
Shipping Channels	Chemical / Radiation / Biological Incidents
ROAD NETWORK	POTENTIAL HAZARDS
M4 Motorway	Major Road Traffic Collisions
Local Road Networks	Passenger Carrying Vehicles
Dual Carriageways	Chemical / Radiation Incidents
RAIL NETWORK	POTENTIAL HAZARDS
Main Inter-City Line	Rail incidents
Local Lines	Chemical Incidents
Movement of Hazardous Material	Chemical / Radiation Incidents
INDUSTRIAL INSTALLATIONS	POTENTIAL HAZARDS
Heavy Industries	Fires, Explosions
Chemical Plants	Release of Toxic Substances
COMAH Sites	Explosions; Chemical Incidents; Terrorist Incident
Pipelines	Gas Incidents / Explosions
PUBLIC AREAS/ PUBLIC ENTERTAINMENT	POTENTIAL HAZARDS
Public Buildings, Shopping Centres/shopping malls, Theatres, Cinemas, Large Bars, Restaurants	Fires & Crowd Incidents, Crushing, Fire, Public Disorder, Terrorist Incidents
SPORTS GROUNDS	POTENTIAL HAZARDS
Sports Stadia	Crowd Incidents, Crushing, Fire
OTHER EXAMPLES	POTENTIAL HAZARDS
Firearm & Terrorist Incidents	Explosions, multiple shootings, CBRN
Theatres & similar Venues	Crowd Incidents, crushing, Fire
Building Collapses	Crush injuries
Places of public entertainment / large bars	Fire, Public Disorder situations
Multiple occupation premises requiring Fire Certification, e.g. Apartment Blocks, Hostels, Hotels, Nursing Homes, Residential Homes, Student accommodation and Hospitals	Fire, Public Health outbreaks, Contaminated food and liquid
Inclement Weather, e.g. flooding	Hypothermia, Transport incidents
Mountains	Exposure,
Landslides/Coal & Spoil Tips	Crush, Building Collapses, Mass Evacuation
Disruption of national infrastructure	Loss of Gas, Electricity, Telephone and Water networks and/or disruption of supply chains.

Public Demonstrations & Civil Disorder	Crowd Incidents, Missiles
Pop Concerts	Crowd Incidents, Public Health Outbreaks
Foreign Travellers	Public Health/Infectious Disease Outbreaks
Food Preparation Premises, Restaurants	Contaminated food and liquid

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9.0 Command, Control and Coordination

The Police will co-ordinate the initial response to most major incidents. They will establish a joint-agency command and control structure known as Integrated Emergency Management. WAST, as an emergency service, will be part of that structure. The Health Board will liaise with other NHS Hospitals and primary health care staff involved to ensure that health services are appropriately represented dependent upon incident type and impact.

A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The Health Board command and control arrangements are based upon this system and a precis of the Silver command and control is articulated in Section 2, where further detail are included in the PCH/RGH/POW Hospital Major Incident Procedure.

Health Board Gold command is also detailed in section 2. However, the level of command required will be determined by the nature of the incident and decision made by the CTMUHB Executive on Call in partnership with the cadre of Senior Managers providing the on call function (SMOCs).

Strategic Co-ordination Centre (Multi-agency Gold Command)

This level determines the co-ordinated strategy and policy for overall management of the incident. It is normally led by the Chief Constable or nominated officer and will include senior representatives from emergency services, Local Authorities, Health and all other agencies responding to the incident, e.g. Natural Resource Wales, Health & Safety Executive as required. The Control Centre for South Wales Local Resilience Forum will normally be located at South Wales Police Headquarters, Bridgend, however, this will be decided at the time of the incident. It is likely that TEAMS meetings will be convened as the incident develops and coordination is required.

The representative Strategic commander/team leader has overall control of the resources of their own organisation and should also consider the longer term resourcing implications and any specialist skill that may be required. CTMUHB on call Exec/SMOC rotas should be in place to effectively respond to all incident types and provide for representation of key decision makers at both organisational and multi-agency command functions. Consideration should be given to the need for strategic coordination within CTMUHB and the need for strategic representation at multi-agency command/coordination group and any enhanced/recall to duty arrangements should be made to address this issue.

This level of management also formulates media handling and public communication strategies, in consultation with any partner organisations involved. The Strategic Lead of each organisation will then delegate actions to the respective Tactical (Silver)

control level for them to implement a tactical plan to achieve the Strategic aim and objectives.

If the incident affects more than one Health Board, one Chief Executive/nominated Director *may* attend on behalf of the others, but it is likely that representation is required by each. However, if the incident is specific to one Health Board the Chief Executive or nominated Director/Executive on call will attend. The HB representative must ensure that appropriate Health Boards are kept informed and also the Health Board internal Gold Command.

Health Board Gold, (Strategic) Command Structure

Dependent upon the nature of the incident and in addition to a Strategic Gold multi-agency command (SCG), an internal Gold Command Team may be convened. The decision to convene a Health Board Gold Command will be made by the Executive on Call at the time of the incident and following a review of the incident details. A decision will be made on whether this is a virtual function or whether physical attendance is required. The Hub facility at RGH should be a consideration if a physical response is deemed appropriate.

Tactical (Silver Control)

If a major incident, multi-agency response team is convened within the HB area, this will be known as a Tactical Coordinating Group (TCG). This level implements the strategy and agreed policy for management of the incident and co-ordinates the response of all the services and organisations involved at the scene. The Health Board may be required to have representation at multi-agency TCG.

The Police Incident Officer co-ordinates services at a multi-agency TCG with representatives of appropriate services asked to attend at a location determined by the Police, usually a police station near to the scene. Health representation will depend upon circumstances but will often include a representative from Public Health Wales.

Silver Control within the Health Board will be convened within the on-site Hospital Co-ordination Centres. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational. The CTMUHB response should include hospital coordination centres at each acute site with a single dedicated Silver Control at the most appropriate HCC to effectively deal with the incident. **This structure should be decided by the exec on call in consultation with all SMOCs and clearly communicated to all involved in the incident.**

Dedicated locations and contacts for HCCs – include Telephone/Email connections and defined locations to be added here

Operational (Bronze Controls)

These are locations where resources are deployed to carry out the tasks required in responding to the incident. The police will establish a multi-agency bronze control (Forward Control Point) near the scene where all responding agencies will liaise to co-ordinate work undertaken at this level.

Within the Health Board, the operational teams will manage the physical response to achieve the tactical plan. There are a number of Health Board operational teams included as part of the response and organised into groups such as the Emergency Department, Medical Teams, Management and Support Teams and a Relatives Care Team. The operational response to a major incident is articulated in the PCH/RGH/POW Site Specific Hospital plans.

10.0 Role of the Health Board

10.1 Prior to a Major Incident

The Health Board has direct responsibility for:

- Identifying local risks, in accordance with the Civil Contingency Act requirements.
- Developing and maintaining a HB major incident plan together with other emergency response plans to respond to emergencies and maintain business continuity.
- General emergency planning/preparedness.
- Establishing and maintaining out of hours/on-call arrangements for effective emergency response.
- Ensuring appropriate representation on the South Wales Local Resilience Forum.
- Identifying training and exercising requirements and producing plans to deliver relevant training for HB staff.
- Co-operate with local responders
- Sharing of information.
- Warning and informing.

10.2 During a Major Incident

Health Boards are responsible for:

- Ensuring the provision of health care for those affected by the incident including psychological support.
- Ensuring provision of prescription medicines to reception centres.
- Assisting release of patients from hospitals.
- Ensuring the timely release of WAST vehicles being held at sites for response to incident

- Supporting the Public Health response to the incident where appropriate.
- Working with other relevant agencies to assess the impact on health and health services.
- Co-ordinating the Health Service response to the media unless PHW are involved and take leading role.

Although individual organisations will have specific responsibilities, 'the combined response' should seek to achieve the following generic objectives;

- To save life, prevent harm and relieve suffering
- To prevent escalation to the incident/disaster
- To safeguard the environment and protect property
- To continue to maintain normal services at a pre agreed level
- To warn and inform the public in order to promote self-help and recovery and restore normality as soon as possible
- To facilitate criminal investigation and judicial, public technical or other inquiries
- To promote recovery and consequence management
- To evaluate the response and identify lessons to be learned

It is important that the Major Incident Clinical Guidelines are referenced and used as part of the operational response:

<https://www.england.nhs.uk/ourwork/epr/major-incidents/>

10.3 Support for Primary Care and Community Services

General Practitioners and their teams along with community services will be the natural focus of healthcare in the community in the aftermath of a major incident.

10.4 Supporting Provision of Healthcare at Reception Centres

Reception centres will be set up by the Local Authorities and the Police, either to accommodate those who have survived major incidents without obvious injury or to shelter people evacuated from their homes because of direct risks, for example, buildings collapsing or exposure to dangerous chemicals. People evacuated may need some first aid, comforting, emotional or practical support, or some form of screening before they leave the centre.

The HB will support the provision of healthcare at reception centres.

11.0 South Wales Local Resilience Forum

The HB is represented on the South Wales Local Resilience Forum Executive, Training and Co-ordination Group and respective sub groups. These groups meet on a regular basis to discuss emergency planning issues within the South Wales Police area and has a live community risk register and arranges multi-agency training and exercises based on the risks identified.

12.0 South Wales Major Trauma Network

Major trauma refers to multiple and serious injuries. It is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health.

Patients with these type of injuries will have a better chance of survival if they are treated within a major trauma network. As well as saving lives, the network will improve patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

The South Wales Trauma Network covers South Wales, West Wales and South Powys and consists of 1 major trauma centre at UHW in Cardiff, a trauma unit with specialist services in Morriston hospital, Swansea, along with 4 other trauma units, 2 rural trauma facilities and 1 local emergency hospital. The network works closely with pre hospital providers to ensure patients are cared for in the most appropriate facility to meet their needs.

The major incident response articulated within this plan includes the provision of the South Wales Major Trauma Network.

The Duty Consultant in the Emergency Department in consultation with the other acute site ED leads will, at the time of the incident determine the maximum number of seriously injured patients that can be dealt with at each acute site. If a large number of seriously injured casualties have arrived, in coordination with other senior staff, it will be considered whether further serious casualties should be directed to other receiving Hospitals or neighbouring HBs; this will be in conjunction with the Major Trauma Network Plans and the associated Trauma desk. A mass casualty response may have to be activated in such circumstances.

In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to.

13.0 Neighbouring Hospitals: Main Switchboard Telephone Numbers

Public Health Wales		Morriston Hospital	01792 702222
West Wales General Hospital	01267 235151	University Hospital of Wales	02920 747747
Withybush General Hospital	01437 764545	The Grange University Hospital	01633 865054
Welsh Blood Service	01443 622118		

14.0 Medical Advisor

The new Welsh Guidance makes the securing and organising (a rota) of medical advisors a responsibility of the Welsh Ambulance Service Trust, (WAST). Ambulance Control is also responsible for notifying the Medical Advisor on call and activating their role. The Emergency Medical Retrieval and Transfer Service, (EMRTS) Wales will be deployed together with BASIC Doctors for this purpose.

15.0 Information Links

- Overall co-ordination at the scene of the incident will be by the Police.
- The Police, Ambulance and Fire Services will establish Control vehicles and radio links at the scene of the incident.
- Radio links will be established to the hospital via Ambulance Control to the Emergency Department. Information from the scene will be conveyed to the ED and Hospital Co-ordination Centre.
- METHANE reports will be updated via WAST and passed through the Everbridge automated system to CTMUHB switchboard.

The Police will establish a Casualty Enquiry Bureau at a convenient Police premises and will answer queries from relatives. The Police Media Relations Officer will deal with enquiries from the press and media via a Gold Media Cell (please see section on communications for further information).

The Casualty Enquiry Bureau will normally be at a remote Police Headquarters. The ambulance Triage card which, will be attached to each patient at the scene of the incident will be retained with the patient in the Emergency Department. Details on casualties, numbers, condition, etc. will be relayed to the Hospital Co-ordination Centre and Police Liaison Officer **only** from the Administration Manager in the Emergency Department, who will establish a register of casualties.

16.0 Communications

Press and Media

At the start of a major incident, the Communications Lead for the Police force involved will take the lead for managing communication with the press and media, and general public. During this initial phase a 'Gold media cell' will be established, led by the Police Communications Lead, but supported as necessary by the CTMUHB Head of Communications (or nominated OOH comms manager) and any other communication leads from partner Gold Command organisations e.g. Fire or Ambulance etc.

As the major incident moves into the recovery phase, the CTMUHB Head of Communications (or nominated OOH comms manager) will be responsible for managing the press and media in connection with press interest around the Health/NHS issues linked to the major incident. There should be liaison with neighbouring HB colleagues and NHS Wales Exec comms leads to ensure consistent messaging.

Responsibilities will include managing press and media on hospital or other Health Board sites, arranging press releases and information updates, dealing with media queries, and organising press conferences and interviews. In addition, the Head of Communications (or nominated OOH comms manager) will be responsible for social media updating, including the Health Board's Face book and Twitter sites as appropriate.

The CTMUHB Facebook page will be used to ensure accurate and timely information is available via social networking. A bespoke Facebook page can be considered, but it is likely to be more beneficial to access the existing audience of the established CTMUHB Facebook page. In addition, a hash-tag named in accordance with the incident will be produced for Twitter updates, or if a hash-tag has already been established by another party, that will be used.

The Head of Communications (or nominated OOH comms manager) will also update information on the CTMUHB website as needed.

During this recovery phase, the Head of Communications (or nominated OOH comms manager) will continue to work with Communications Leads from the Police and other organisations as necessary.

Communications: Internal

The Head of Communications (or nominated OOH comms manager) will be responsible for updating the CTMUHB intranet as necessary to keep staff informed in general about the incident. In addition, the Head of Communications (or nominated OOH comms manager) will be responsible for preparing general staff email messages.

Note: specific operational information to groups of staff will be the responsibility of their line manager, and not the Head of Communications (or nominated OOH comms manager).

Communications: External (Non-Press and Media)

The Head of Communications (or nominated OOH comms manager) will also ensure other important parties are kept aware of key messages:

- Non-Executive Health Board Members
- Community Health Councils
- Welsh Government/NHS Wales Executive
- Partner Organisations as appropriate
- Members Community Health Councils
- Stakeholder members

Additional Communications Support

The Head of Communications (or nominated OOH comms manager) will also assist in general Communications support, e.g. preparing ad hoc patient information leaflets, posters, etc.

17.0 Community Incident

Community staff in CTMUHB may be involved in a Major Incident situation when the rest of the Health Board Major Incident Plan has not been invoked. A request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured Survivor Reception Centres and Evacuation Centres, an example could be a large fire with no casualties, but local residents have been evacuated from their homes; or an evacuation of a Nursing / Residential Home.

In any community there are likely to be groups of vulnerable individuals. Information may be sought in relation to chronically ill patients and frail/disabled persons within a given community, where evacuation may be considered by the Police.

In particular, Community Nursing Services may be called upon to provide: -

- Nursing support at Survivor Reception Centres and Rest Centre.
- Nursing support for patients discharged early.
- Nursing service in Health Centres / Clinics.
- Assistance in the administration of vaccines and/or emergency antidotes.

Where the CTMUHB Major Incident Plan has not been activated, activation of Community Services will be from the Local Authority Emergency Planning Officer to the Primary and Community Care Service Delivery Unit.

18.0 Primary Care and Community Health and Therapies Services

The HB will provide appropriate co-ordination of Primary Care and Community Health Services involvement at major incidents. The services likely to face increased demand for emergency health care as a result of a major incident will include:

- GPs
- Community Nurses
- Health visitors
- Mental health services
- Pharmacists
- Practice Nurses
- Out of hours' services

Primary Care and Community Health Services may be required to:

- To assist in the management of patient discharges from Hospitals.
- Establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected.
- Assist in providing arrangements for social and psychological support.
- Ensure that the health needs of people at survivor reception centres and rest centres have effective access to health care and support.
- To recognise signs and symptoms of patients referring to surgeries who have been exposed to chemical/biological agents.
- Deal with a large influx of patients who need healthcare advice or re-assurance following exposure to hazardous materials.
- Provide support to overwhelmed acute secondary care hospital units.
- Provide healthcare support for people who have been evacuated from their homes into reception centres.
- Provide support to mass vaccination and treatment programmes.

General Practitioner Services

GP services will be the natural focus of health care in the community in the aftermath of a major incident. They will be expected to maintain accurate records of patient/doctor contacts relating to a major incident and may be called upon to:

- Provide routine medical services (including at rest centres if requested to do so).
- Deal with minor consequences, such as eye irritations, in their surgery/health centre, if requested to do so.
- Be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling/mental health services.
- Assist PH in the identification of patients who have or may have been exposed in a chemical/biological incident and facilitate appropriate sampling;
- Provide additional medical support to acute secondary care hospital units. in an escalating major incident necessitating the drafting of extra medical help (the HB will arrange for GP support after liaison with the Medical Director of the receiving hospital, which can be accessed through the Welsh Ambulance Services NHS Trust, Control)

The Royal College of GPs believes that GPs have a professional responsibility to take what action they can in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the incident. Where GP services are utilised as a result of a major incident, HB's will compensate GP services in accordance with the conditions specified in the General Medical Services contract, or as directed by the Welsh Government.

Out of Hours Services and Urgent Primary Care Centres

Out of hours' primary care services may be called upon to support a major incident. They will be expected to maintain accurate records of patient/doctor contacts and calls and may be called upon to: -

- Mobilise General Practitioners to support the incident
- Provide advice and increase capacity to primary care services.

19.0 Medical Major Incident [Chemical, Biological, Radiation and Nuclear (CBRNe/Infectious Disease)]

A Medical Major Incident could occur from either conventional causes, or terrorist activities; for example, as a result of a severe outbreak of poor weather resulting in hypothermia; an environmental disaster, such as flooding, or a boating incident where large numbers of casualties have to be admitted with hypothermia and other medical problems; or a toxic chemical incident. Additionally, a major outbreak of severe infectious diseases could cause similar difficulties.

In a Medical Major Incident, the medical services would need to be mobilised to provide assistance in the ED. Following discussions with the Hospital Co-ordination Team and Clinical Lead for Medicine, the Medical Teams may need to cancel routine clinics for that particular day, and clear beds to allow for medical major incident admissions. It may be necessary to change Junior Doctors' on-call rotas to provide additional support for the acute emergencies.

If the nature of the Medical Major Incident is of a prolonged nature, for example in a chemical leak, severe infectious disease outbreak, the Medical Teams may additionally need to provide on-going review for patients requiring longer-term treatment. It is well documented that in the case of chemical incidents it can be difficult to predict the type of on-going medical problems that can evolve. It may be necessary to establish additional Out Patient Clinics to monitor patient's health in the event of such an incident. The required emergency response plans include Contaminated Casualties, Distribution of Countermeasures and Pandemic Framework and Tactical Plan.

As a result of recent terrorist related events, the threat of Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack on the UK has become more predominant;

Chemical

These devices will contain some form of chemical agent, the effects of which range from causing watery eyes, blistering to the skin through, in the worst case scenario, to instantaneous death. Examples are CS, Sarin, and Mustard Gas.

Biological

These devices contain some form of biological agent, the effects of this type of device are not immediately apparent as the biological agent may take a number of days or even weeks to incubate in an infected victim. However, the result of exposure and subsequent infection can range from flu like symptoms through to, in extreme cases, death. Examples are Anthrax, Cholera, and Ebola

Radiological and Nuclear Incidents

This type of incident may result from a Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack such as a "dirty bomb" or result from a non-terrorist incident such as an accident involving transport of radioactive materials.

Radioactive material can harm individuals if: -

- contaminated material is inhaled;
- there is direct contact with a radiation source;
- material is ingested;
- material is allowed to ingress through cuts and open wounds.

Unlike chemical or biological hazards, radiation resulting from such events is easily measurable and quantifiable.

Radioactively **contaminated** casualties are those that have been exposed to contaminated radioactive material. Although such casualties should be decontaminated in the same manner used for chemical incidents, they are highly

unlikely to emit radiation that is harmful to rescuers and staff and lifesaving treatment must always take priority over decontamination.

Radioactively irradiated casualties are those that have been exposed to a radioactive source and radiation has passed through them. The irradiated casualty does not re-emit harmful radiation and does not pose a hazard to staff.

Many non-terrorist Chemical Incidents will not result in the Major Incident Plan being invoked. It may, however, be necessary to implement appropriate response measures based on Emergency Plans, whether or not a Major Incident has been declared.

A Chemical Incident is considered to be “an event leading to acute exposure of two or more individuals to any non-radioactive substance resulting in illness or potential toxic threat to health; or where there are two or more individuals suffering from a similar illness which might be due to such an event”. The key issue in dealing with these types of casualties is to avoid secondary injury to treating staff.

It is envisaged that casualties will usually have been decontaminated by the Emergency Services prior to arrival at the ED. The Welsh Ambulance Service NHS Trust is equipped with mobile decontamination facilities, and specially trained personnel, to operate at the scene of a Chemical incident. Receiving Hospitals are also equipped with decontamination facilities, should casualties present without having being decontaminated at scene. In this event, the Health Board is required to notify Natural Resource Wales if decontamination procedures are instigated.

In the event that large scale mass casualty decontamination is required, assistance from the Fire Service should be sought, as outlined in the All Wales Protocol for Decontamination.

Note: Should a patient present to the Hospital following a chemical/radiation incident they should **not** be allowed access until decontamination has been undertaken, early inter-agency support should be considered. CTMUHB Contaminated Casualty Procedure should be followed.

Patients should not be afforded access to the hospital and should remain outside of the ED area pending decontamination to prevent spread of the contamination. Similarly, a patient suspected of having an infectious disease, such as VHF/SARS/Measles, must first be donned in appropriate protective equipment. These measures will help minimise the risk of contamination or disease spread to other vulnerable hospital patients. The only exception will be those with life threatening injuries who may need to be decontaminated and treated at the same time. All treating staff must use appropriate protection measures and PPE.

The Welsh Government has a stockpile of health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials and the CTMUHB Countermeasures Distribution Plan should be utilised as required for incidents of this nature.

In the event of a major emergency, all countermeasures can be accessed by contacting:

WAST Emergency Control Room – Telephone 01633 – 294866. More specific information is available in each of the Emergency Departments.

20.0 Response Plans and Groups

Communicable Disease Outbreak Plan for Wales

The Communicable Disease Outbreak Plan for Wales should be used as the template for managing all communicable disease outbreaks with public health implications across Wales when an outbreak has been formally declared. CTMUHB incident management structures (Gold/Silver/Bronze) should be implemented to manage the command, control and coordination and assist in plan delivery.

The Health Board has the public health legal responsibility to protect the health of its resident population. Public Health Wales (PHW) has the responsibility for advising the Health Board, providing specialist leadership and management of outbreaks – including those that may require mass vaccination of the population, but should work in partnership with the Strategic Health Protection teams within CTMUHB.

The Communicable Disease Outbreak Plan for Wales is divided into seven parts. Parts 1 and 2 contain details pertinent to all outbreaks. Parts 3-7 contain the technical operational detail needed for managing specific issues. In the case of cross-border outbreaks, all those led by Wales will be managed in accordance with this plan.

For outbreaks occurring in hospitals the plan for outbreak management in hospital settings could be followed. However, if a hospital outbreak has any potentially serious public health implications, then this plan takes precedence in control of the outbreak.

For outbreaks occurring in prisons, the multi-agency contingency plan for the management of communicable diseases or other health protection incidents in prisons in Wales should normally be followed. The prison plan contains the same principles as the Wales Outbreak plan but includes more specific details in the prison setting.

Following the activation of the Communicable Disease Outbreak Plan for Wales an Outbreak Control Team (OCT) will be established. Core members of the OCT are:

- Local Authorities (Director of Public Protection and Lead officer for Communicable Disease)
- Public Health Wales (Consultant in Communicable Disease Control / Consultant in Health Protection and Clinical Lead for Microbiology if PHW provided)
- Health Board (Executive Director of Public Health of the Health Board [or their nominated officer of sufficient seniority] and Clinical Lead for Microbiology if Health Board provided)

Other members may be co-opted as necessary.

The tasks of the Outbreak Control Team – to be implemented by OCT members on behalf of their employer - are as follows (not exhaustive):

- Confirmation
 - Assess if the outbreak is real
 - Initiate interviewing of cases
 - Collect relevant clinical / environmental samples
 - Identify population at risk
 - Notify hospital pharmacies and Immunisation Coordinators
 - Form preliminary hypothesis of the cause
- Initial investigation and control
 - Identify cases
 - Identify and investigate the routes of transmission
 - Collect data
- Collation of information
 - Calculate attack rates
 - Test hypotheses using analytical epidemiology
 - Agree source and route of transmission
- Implementing control measures
 - Implement appropriate control measures, including mass vaccination where necessary
 - Monitor effectiveness of control measures through continued surveillance
- Communication
 - Agree lead agency for communication
 - Liaise with partners not actively involved in the OCT
 - Develop and share key public messages to manage risk

There will be rare occasions where an outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked.

Whilst disease outbreaks are usually managed at the local level in accordance with the Communicable Outbreak Plan for Wales, the Wales Framework for Managing Major Infectious Disease Emergencies sets out additional measures needed to manage a major infectious disease emergency, integrates planning and response arrangements with existing emergency planning structures for dealing with major emergencies and clarifies organisational responsibilities for an effective health response.

Environmental Incidents

The *Managing public health risks from environmental incidents. Guidance for use in Wales*. sets out arrangements for the management of incidents that are minor or localised using an Incident Management Team (IMT) approach, through to the early stages of potentially major incidents when existing command and control arrangements may apply.

Following the declaration of an Environmental Incident as per definition, an Incident Management Team will be established. Membership of the IMT will include Public Health Wales, UKHSA CRCE-Wales, Health Board, Local Authority and Natural Resources Wales. Other non-core members will be invited as necessary.

CTMUHB have a statutory responsibility to protect and improve local population health and wellbeing. In most incidents CTMUHB strategic health protection teams are supported by Public Health Wales. The main link with CTMUHB will be through the Director of Public health (DPH).

In the event of a significant or 'major' incident occurring or where local existing incident plans prevail and the situation escalates beyond an IMT and this guidance, formal Civil Contingencies incident response structures will be implemented as agreed by the Local Resilience Forum (LRF).

Scientific and Technical Advisory Cell (STAC)

A STAC brings together scientific and technical experts operating under the strategic direction of the SCG during the response phase or once the transition to recovery has been taken, the Recovery Co-ordinating Group (RCG). The SCG Chair is responsible for, and will set the overall direction of, the multi-agency response including the high-level objectives and priorities

STAC should only be activated when there is a collective belief that it can "add value" over the level and type of information or advice that can already be provided by SCG or RCG members. STAC may be activated in response to many different types of significant event (including industrial chemical or nuclear accidents, CBRN attacks and severe environmental incidents), but activation and operation are always the same, regardless of incident type. When making a decision about whether to activate a STAC, SCG or RCG members should consider the nature and expected timescale of the incident, and complexity of the response/recovery as well as the type and level of specialist advice required. It is often more efficient and timely for experts to advise the SCG/RCG directly than to establish a STAC.

In most instances the immediate concern is likely to be the risk to human health in the majority of cases the role of STAC Chair will be filled by Public Health Wales where there is no clear alternative. However, depending on the nature of the incident the Chair can be any relevant person appointed by the SCG Chair

Health Boards may be requested to provide to representation on the STAC to provide scientific and technical advice to SCGs / RCGs

21.0 Roles and Responsibilities of Other Organisations

Welsh Government Civil Contingencies Committee

This group will normally be based at Welsh Government Emergency Co-ordination Centre, Cathays Park, usually convened when a major incident or significant emergency has been declared.

The role of the centre is to co-ordinate information from across Wales on the developing situation. It also provides the strategic coordinating group with information from central government and the Welsh national picture.

Public Health Wales

Public Health Wales' vision for civil contingencies is:

“To ensure that Public Health Wales and its entire staff are aware and capable of supporting the needs of Wales' communities should they be involved in an emergency or call upon the services of the Public Health Wales Trust during a major emergency”.

Public Health Wales is responsible for providing public health emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales.

Welsh Ambulance Services NHS Trust

The NHS, Ambulance Service providers have the responsibility for alerting, mobilising and coordinating the initial NHS response to short notice or sudden impact emergencies such as critical or major incidents, this includes:

- Initiate and maintain Ambulance Service command plans to provide appropriate support and guidance to all NHS responders and other agencies.
- Co-ordination of all NHS communications will be through the host/responding Ambulance Service provider(s).
- The management of the health, safety and welfare of all NHS responders at the scene of the incident.
- The provision of casualty triage, treatment and transport including the selection of appropriate receiving hospitals.
- Provision of specialist incident response capabilities, including hazardous area working, decontamination of casualties and response to terrorist incidents.
- Appropriately trained and competency assessed commanders with evidence of continued professional development.

- Commander development as per the Standards for NHS Ambulance Service Command and Control.
- Ensuring all Strategic and Tactical Commanders contributing to an on-call rota should be appropriately Security cleared to attend sensitive meetings and briefings implied by their role.

Police

In the event of a major incident, the Police will deploy;

- A Hospital Documentation Team for the purpose of disaster victim identification, (DVI)
- Establish a Casualty Bureau
- Dispatch Family Liaison Officers, if appropriate
- Deploy an Incident Investigation Team. The Police will treat the cause of the incident as suspicious until proven otherwise and all staff must consider this when handling patient's property. In addition, Health Board staff may need to be interviewed if deemed as witnesses as part of their role in the response.

Local Authorities

Local Authorities have a number of key roles and responsibilities to undertake during major incidents and are defined as a category 1 responder in the Civil Contingencies Act, 2004. They will have a key function to play in assisting the release of patients from hospital to the community to provide space to receive MI casualties, particularly in a Mass Casualty incident type. In addition to Emergency Planning, Departments that may be included in the response include;

- Local Education Authority
- Social Services
- Third Sector (Voluntary)

Military Aid

Military Aid to the Civil Authorities (MACA) is the collective term used by the Ministry of Defence of the Government of the United Kingdom and refers to the operational deployment of the armed forces of the United Kingdom in support of the civilian authorities, other government departments and the community. There are 3 criteria for the provision of MACA;

- When the use of mutual aid, other agencies and the private sector is considered as insufficient or unsuitable
- When the Civil Authority lacks the required level of capability to fulfil the task or prohibitively expensive

- When the Civil Authority has a capability but the need to act is urgent and the resources are not readily available.

22.0 Recovery

The recovery phase of an incident needs to be considered at the onset of an emergency. The recovery phase continues until disruption has been rectified, demands on services have returned to normal and the needs of the affected population have been met.

Recovery management should encompass the physical, social, psychological, political and financial consequences of an emergency.

It is the responsibility of the Executive Director for Planning and Transformation and Chief Operating Officer to anticipate consequences and appropriate recovery planning right from the beginning of any response and a recovery team should be convened to manage the recovery of an incident.

Consideration will also be required for sustainability in the event of a protracted incident. Personal resilience of those who are acting in roles designated in the major incident plans should consider handing over the role to a colleague of similar seniority and experience either at the time they have to leave the Health Board due to other commitments, or at the time when they feel that their effectiveness may become impaired. During these circumstances a rolling rota will be required.

23.0 Operational Debrief

A 'Hot-debrief' meeting should be organised by strategic/tactical and operational leads as soon as possible after the incident to ensure the capture of information and the identification of lessons whilst still at the forefront of minds. This will involve Heads of Departments, and other relevant staff involved, to discuss the events of the incident, both positive aspects and key lessons learnt which could be implemented for future planning.

A significant major incident will require a structured debrief. This is to ensure learning points are identified, analysed, acted upon and if deemed necessary incorporated into the organisations response arrangements. The sharing of good practice reduces the risk of incidents re-occurring and their impact.

A structured debrief for the Health Board will be organised by the Emergency Preparedness Resilience and Response Manager. The Health Board may also be required to participate in a multi-agency debrief.

Following a structured debrief a post incident report will be collated, internal to the Health Board. The incident report will be shared with the Emergency Preparedness

Resilience and Response Strategy Group. Lessons to be learned will be recorded and progress monitored.

The thrust of any such debrief(s) would be to identify areas for improvement in procedures, equipment and systems. They should not be forums for criticising the performance of others.

24.0 Post Traumatic Stress / Emotional Effects: Psychological Support

Following a major incident which was exceptionally threatening or catastrophic, it is to be expected that many people will develop short-term symptoms of psychological adjustment. MH&LD Care Group staff have provided front line response staff (Chaplaincy Management, Volunteer Services Manager, Hospital Social Work Team Manager and Relatives Area) with information and support for patients (children and adults) who have been involved in a major incident. The advice outlines what to expect, coping strategies, and advice on when to seek further help.

It is not anticipated that mental health staff will become directly involved in offering responses to disaster survivors immediately following the incident.

People at high risk of developing PTSD after a major disaster should be offered a validated, brief screening instrument for PTSD at 1 month after the disaster.

Adult trauma survivors with clinically important symptoms of PTSD (re-experiencing, flashbacks, nightmares, avoidance, hyperarousal, negative alterations in mood or thinking) will be recommended to speak to their general practitioner and seek assessment from LPMHSS (Local Primary Mental Health Support Services). Survivors with significant risk because of their symptoms should be referred to Mental Health Single Point of Access (SPOA) for mental health triage assessment.

Adult trauma survivors, or their families/carers may also dial 111, then select option 2 to directly access urgent support for their mental health. This service is available 24/7 and will provide immediate support, signposting to community resources and onward referral to mental health services as appropriate.

Child trauma survivors will be assessed by school counsellors or Primary CAMHS and potentially passed onto Specialist CAMHS services if needs are complex.

Traumatic events affecting people in the workplace occur fairly infrequently. When they do occur they are usually initially accompanied by a sense of shock. However, for some people there can be a more lasting effect. Staff should be well supported following any major incident.

25.0 Training

Training in Emergency Planning procedures is of paramount importance and a training and exercising schedule is required to include;

- Simulated incidents and communications exercises to learn lessons for future planning. Communications exercises will be held at regular intervals (at least every 6 months) without warning.
- Relevant Staff will also be expected to undertake pertinent training courses.
- Following the general induction programme for major incidents, it is the individual staff responsibility to ensure that they are familiar and updated with their role in the event of a major incident. It is the responsibility of Care Group Directors and key staff to ensure that the personnel under their management are fully conversant with this plan and are informed and trained in the implementation of their action card. An e-learning package (Introduction to Emergencies) is available to provide health major incident management overview and supplement job specific training.
- In addition to responding to live Major Incidents, there is a requirement that Major Incident Plans are exercised regularly to ensure that all staff are familiar with their role. Such exercises may take many forms, from a purely 'paper exercise' to a full reconstruction of an incident with simulated casualty victims.

26.0 Exercising/Governance

The Health Board is required to carry out a major incident communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

Major Incident Plan exercises are valuable and often identify areas that require revision in the light of changed circumstances, personnel or facilities.

Please take the time to read and familiarise yourself with your role in the event of a major incident now, and to re-read it from time to time.

The maintenance of the document is the responsibility of the Emergency Preparedness Resilience and Response, (EPRR) Manager and it will be reviewed as required by the Health Board EPRR Strategy Group and approved by the Health Board.

Its content will be reviewed at least annually, by the EPRR Strategy Group and any major changes recommended to be formally reviewed and submitted for further approval to the Board.

This plan will also be reviewed following the declaration of a major incident or exercise and/or in light of any changes to the relevant legislation.

The CTMUHB EPRR Strategy Group will approve and sign off any amendments to this plan. Revised versions will be submitted to the Board for approval.

27.0 Supporting Arrangements

Record Keeping

A comprehensive record should be kept of all events, decisions, reasoning behind each key decision and actions taken. The organisation is responsible for maintaining its own records.

Logging is an essential procedure which must aim to provide people with the right information at the right time in a form they can assimilate and act upon. Loggists capture information relating to decisions made and actions taken. Loggists are required to produce a contemporaneous log of the incident. Loggists will be included in the Hospital Co-ordination Centres and Health Board Gold.

All documentation will need to be saved and produced for the purposes of internal/multiagency debrief, inquiry, civil or criminal proceeding, or coroner's court. Any log produced is disclosable and as such becomes legal evidence.

Archival Process

All retained documentation (records) must be preserved through best practice archival processes. The records must be made available to the Information Governance Manager, who should preserve them in the way which makes them most accessible to any Inquiry. Records can be made available to the Information Governance Manager by either sending them a copy, or by giving them access to their digital location e.g. shared drive, SharePoint. Digital records can be transferred at any time, but physical records should only be transferred to the Archivist once they no longer provide active business use.

The Information Governance manager should apply archival processes to the records such as appraisal, arranging, describing and cataloguing, preserving, and provision of access, so that they can be adequately requested by, and provided to, the Inquiry. (Action Card included in appendices)

Business Continuity

The *Civil Contingencies Act* 2004 requires all Category 1 responders to maintain plans to ensure they are still able to exercise their functions, as far as reasonably practical, in the event of an emergency. The Health Board therefore needs to ensure that key services are maintained when faced with disruption.

Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a major incident.

In summary Business Continuity Planning should have a structure that can;

- Deliver a framework which can be used to strengthen resilience during times of disruption
- Identify and risk assess potential threats and weaknesses of the organisation
- Aid preparation, prevention and recovery of the identified risks and potential disruption
- Support the continuance and recovery of core critical services
- Promote return to business as usual
- Defend and protect stakeholder interests
- Ensure reputational integrity

CTMUHB Business Continuity arrangements are available as overarching documents and should be underpinned by Care Group tactical BCM arrangements.

Equality and Human Rights Statement

Under equality legislation, the Health Board have a legal duty to pay 'due regard' to the need to eliminate discrimination and promote equality. The Health Board is committed to ensure that we consider the needs of all members of our community. These principles are embedded as part of the core functions of the Health Board and are included within the values, policies, procedures, delivery standards and objectives.

An Equality Impact and Welsh Language Assessment has been undertaken.

SECTION 2

Strategic Executive Response

SECTION 2: Strategic Executive Response

2.0 Strategic Executives

The following information provides CTMUHB Executives with a summary of the CTMUHB response in the event of an emergency.

3.0 Background

Under the Civil Contingencies Act 2004, as a category one first responder the CTMUHB has a responsibility to ensure there are plans in place which demonstrate its level of preparedness.

Plans include: -

- Major Incident
- Chemical, Biological, Radiation and Nuclear [CBRN]
- Business / Service continuity Plans
- Pandemic

CTMUHB is a member of the South Wales Local Resilience Forum (SWLRF), a body set up by the Welsh Government to co-ordinate a response across all category 1 & 2 responders.

In the event of an emergency/infectious disease outbreak that requires a strategic, multi-agency response, the SWLRF will establish a strategic co-ordination group (SCG). This will most likely be located at **SWPHQ, Waterton, Bridgend**.

The strategic co-ordination group (SCG) will most likely be chaired by the Chief/Deputy Chief Constable and will provide a co-ordinated strategic response. The Chief Executive/Exec Director or Executive on call would be expected to attend these meetings in the event of an emergency.

The Chief Executive /Exec Director or Executive on call will be fully briefed by HB officers, on the current situation and any potential impact on HB services, including the need for 'mutual aid' from partner agencies.

4.0 Health Board Response

4.1 Gold Command/Executive Response

Dependent upon the nature of the incident and in addition to an SCG an internal HB Gold Command Team will be convened. The decision to convene a Health Board Gold Command will be made by the Executive on Call at the time of the incident and

following a review of the incident details to ascertain the need. If there is an agreed declaration at the scene and it is evident that a major incident declaration is required, then Gold should be convened.

A decision will be made by the strategic lead as to whether this is a virtual function or whether physical attendance is required. The Hub facility at RGH should be a consideration if a physical response is deemed appropriate.

The objectives include;

- To ensure a safe, effective and co-ordinated response and recovery to a Major Incident. Gold Command will undertake the Health Board leadership role. They will provide strategic direction where required, supporting the Silver Command Team.
- To act as the route of communication with the Strategic Co-ordination Centre.
- To co-ordinate decision making and effective use of resources during a major incident; ensuring key supporting roles are covered.
- To liaise with other Health Boards and agencies as required.
- To provide an appropriate response to the media and other external agencies.
- Liaison with multi-agency Gold command regarding additional resources both within and outside the area.
- To protect the wellbeing of staff and patients within the Health Board.
- To ensure a strategic oversight of the incident and the Health Board as a whole.
- To decide when the internal major incident arrangements should be stood down and recovery phase implemented.
- To provide appropriate situational updates and briefs to WG/NHS Executive as appropriate.

The following Gold Command team members will be alerted by the Executive on Call (OOH) or the nominated Executive Officer (in hours) utilising Switchboard support.

- Executive on Call
- Loggist (Switchboard will have an up to date list of trained loggists)
- Medical Director or Deputy
- Chief Operating Officer or Deputy who will be in close liaison with Silver (Tactical) Command
- Director of Nursing or Deputy
- Director of Human Resources or Deputy
- Head of Communications with additional presence at Morriston where possible
- Director of Strategy (Civil Contingencies Lead)
- EPRR Manager
- Additional Administration staff

The nature and/or time of the incident may dictate that in the first instance nominated deputies or other Executive Director staff will have to undertake these roles, which is why Executive Directors/Assistant Directors must be familiar with the content of the relevant action cards.

4.2 Silver/Senior Manager on-Call

The HB has the following senior management on-call arrangements in place for the following services:

- Place precis of on call rota here

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4.3 Silver Command/Acute Service Response

Silver Control within the Health Board will be convened within the on-site Hospital Co-ordination Centres. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational.

The CTMUHB response should include hospital coordination centres at each acute site with a single dedicated Silver Control at the most appropriate HCC to effectively deal with the incident.

The most appropriate incident management structure should be decided by the exec on call in consultation with all SMOCs and clearly communicated to all involved.

The Hospital General manager (in hours) / Senior Manager on call (OOH) will take responsibility for ensuring these centres are functional, allocating the respective roles and supporting action cards.

The Executives should satisfy themselves that the HCCs are up and running before assuming the roles outlined for Gold Command.

Please note, immediately following activation of silver command it is imperative to ascertain early robust communication between the hospital co-ordination centres.

The Core Team will comprise of:

- Care Group Director, Nurse Director and Medical Director
- Clinical Site Management
- Additional managerial, nursing and administration staff as required
- Key stakeholders, e.g. Psychology
- Welsh Ambulance Service

Silver Command will be in close liaison with Gold and may have direct liaison with the following:

- Chief Operating Officer/Deputy
- Emergency Preparedness Resilience and Response Manager
- Communications and Engagement leads

The HCC will coordinate the hospital response and include:

- Establishment of a telephone link with the Welsh Ambulance Service.
- Creation of additional bed capacity through the reorganisation of services, which may include the cancellation of electives, curtailment of outpatient services.

- Effective bed management arrangements providing regular updates regarding bed availability.
- The deployment of staff
- A reception area for casualties.
- Establishment of a patient information area, activating support services, overseeing the co-ordination of relatives (those attending at the Hospital and telephone enquiries), and the media/press response.
- Preparation of 'status' reports for the Gold Command Team and briefings for staff.
- Making arrangements, in conjunction with Gold Command for the possible on-going Press & Media interest, and visits from VIP's in the period shortly after the incident.
- In close liaison with Gold Command, instigating a recovery programme and debriefing reports/arrangements
- The HCC will also be responsible for standing down the Hospital from a Major Incident response following instruction by Gold Command. It should be noted that this could be sometime after the scene of the incident has been stood-down.

4.4 PCH/POW/RGH – Location and contacts of HCCs

Dedicated locations and contacts for HCCs – include Telephone/Email connections and defined locations to be added here once confirmed

4.5 Emergency Preparedness Resilience and Response Manager

The role includes;

- To provide specialist advice to the CEO/Executive in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents.
- Confirm that the relevant command and control structures have been implemented across the Health Board.
- Establish links with partners across the South Wales Local Resilience Forum. Provide advice in respect of the role, capacity and capabilities of partner responder organisations
- Identify a flow of communications (battle rhythm) and communicate accordingly, dependent on:
 - SCG meetings, (if SCG established)
 - NHS external teleconferences/meetings
 - Reporting requirement of WG/NHS Exec. and partners

4.6 Response Principles - JESIP

Joint Emergency Services Interoperability Principles (JESIP)

The JESIP Interoperability Principles should be used during all phases of an incident, whether spontaneous or pre-planned and regardless of scale.

They support the development of a multi-agency response and provide structure during the response to all incidents. The principles can also be applied during the recovery phase.

The agreed core principles are as follows:

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To support the 5 core principles, the Joint Decision Model, (JDM), is widely used at all levels of multi-agency meetings during the response phase of an emergency, to enable responding agencies to agree on key decisions. The JDM allows commanders to gain situational awareness of the incident by bringing together the available information, understand the risks, reconcile objectives and make decisions.



Joint Services Interoperability Programme accessible through
<http://www.jesip.org.uk/joint-decision-model> Accessed 21.04.17

METHANE

M	Major Incident declared?
E	Exact Location
T	Type of incident
H	Hazards present or suspected
A	Access - routes that are safe to use
N	Number, type, severity of casualties
E	Emergency services present and those required

*Joint Services Interoperability Programme accessible through
<http://www.jesip.org.uk/methane> Accessed 21.04.17*

Joint Emergency Services Interoperability Principles (JESIP); Example:

Co-locate

Co-locate with commanders as soon as practically possible at a single, safe and easily identified location near to the scene

What Should happen?	
Purpose of co-locating	• To assume Strategic Command and Control – follow action cards • To share information – METHANE Report • Communicate Clearly • Establish a joint understanding of the unfolding emergency
Who?	• Executive Directors; ○ On Call ○ Medical ○ Nurse ○ HR ○ Chief Operating Officer ○ Strategy ○ Loggist ○ Head of Communications
Where?	• Gold Command at Hub - RGH • Another Executive Director may be required to attend the Strategic Coordination Group, (Multi-agency Gold Command)

Communicate

Communicate clearly and in plain English

Gold Command Chair	• Establish Command, Control Co-ordination and communication structures • Receive an update of the current situation by convening a Gold meeting via video/teleconference. All email communications to be delivered via the designated major incident email address. Template documentation included in Overarching Major Incident Procedure. • Communicate clearly within the Health Board Command, Control and Coordination structures • Establish communication links with partners across the South Wales Local Resilience Forum and Welsh Government/NHS Exec. • Identify a flow of communications, (battle rhythm) and communicate accordingly dependent on; ○ Strategic Coordination Group meetings ○ NHS external teleconferences/meetings ○ Reporting requirements • To oversee the coordination of the Press and Media response by the Health Board
Head of Communications	• Invoke Major Incident Communications Strategy and liaise with the Multi-agency Gold media cell.
Loggist	• Ensure a Loggist is appointed to log all key decisions and actions. • Explain all concepts and terminology that may be misunderstood and avoid using acronyms and abbreviations.

Co-ordinate

Identify priorities, resources and capabilities for an effective response, including the timing of further meetings

What Should happen?	
Gold Command Chair	• Undertake actions as noted in action card • Chair meetings using the JDM model • Ensure in readiness for the meetings that the most up to date information is received in order to ○ Understand the risks ○ prioritise actions in accordance to the risks ○ identify other plans that may need to be invoked ○ formulate a response plan ○ Ensure appropriate resources are deployed ○ Escalate/report as required ○ Confirm next meeting in accordance to the battle rhythm
Gold Team Members	• Undertake actions as noted in action card • Receive updates from tactical response colleagues • Provide updates in Gold Command • Ensure appropriate resources and capabilities are deployed
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

Jointly understand risk

Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures

What Should happen?	
Gold Command Chair	• Share joint dynamic risk assessments with all Strategic and Tactical Commanders, (internal and external as appropriate) so that all risks, threats and hazards can be fully considered and understood • Appropriate response plans can be invoked and appropriate control measures put in place to maximise the safety of all responders and patients and to ensure a team response to minimise treatment delays.
Gold Team Members	• Share identified threats and hazards highlighted from respective services • Receive updates from tactical response colleagues • Provide updates in Gold Command
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

Shared Situational Awareness

Shared Situational Awareness established by using
METHANE and the Joint Decision model

What Should happen?	
Gold Command Chair	• Use JDM to Chair meetings • Work together to formulate the strategic response plan • Understand how the emergency is unfolding, keep up to date • Understand the threats and hazards in order to invoke the appropriate policies and procedures • Understand the resources available and required
Gold Team Members	• Provide updated information in Strategic meetings, failure to share pertinent information may result in an uncoordinated response and may lead to duplication
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

Situation	Direction	Action
What is happening?	What do you want/need to achieve in the first hour (the desired outcomes)?	What do you need to do to resolve the situation and achieve your desired outcomes?
What are the impacts?	What are the aims and objectives of the emergency response?	
What are the risks?	What overarching values and priorities will inform and guide this?	
What might happen and what is being done about it?		

Further supporting information can be found in the JESIP Joint Doctrine:



JESIP-Joint-Doctrine
-October-2021_ACCI

4.7 Executive Response Action Cards

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4.7.1 Gold Command/Executive on Call – Action Card

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD		
ROLE SUMMARY		
As the Executive on Call, (in and out of hours), notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3. Your role is to: ▪ To ensure a safe, effective and co-ordinated response and recovery. ▪ Oversee the co-ordination of the Press and Media response by the Health Board. ▪ Provide Strategic direction and support, as required, for the incident and running of the Hospitals. ▪ Provide advice and guidance on the most suitable command and control arrangements to manage the incident effectively. ▪ Decide if physical Gold is required ▪ Support the Silver Command Team within the lead Hospital Co-ordination Centre ▪ Liaise with Chief Executive, Executive colleagues, and other relevant organisations. ▪ Liaison with multi-agency Gold command. ▪ Co-ordinate decision making and effective use of resources ▪ Protect the wellbeing of staff and patients within the Health Board ▪ Decide when the internal major incident arrangements should be stood down.		
ACTION :-		Tick when completed
1	From home, or your location at the time of receiving the notification, confirm if a major incident has been declared, if it is not immediately obvious. In some circumstances Site management may contact you to discuss if the Health Board should go to major incident declared. Inform the Chief Executive and other executive colleagues in and out of hours if a Health Board Gold Command is required, refer to the METHANE report. If a major incident is declared, Gold Command will be required. Forward a message via the Gold major incident WhatsApp group and invite to 'Virtual Gold Teams Meeting' or dictate attendance at The Hub facility if deemed appropriate.	☐

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD

ROLE SUMMARY

The following Gold Command team members will be the core for the incident strategic response and should convene in the Gold Coordination Centre. Please consider that out of hours, the initial core team members may be reduced initially.

A Loggist and note taker will always be required to document the key decisions and actions discussed at Gold Command. (A list of Trained Loggists is held by switchboard).

Gold Command:

- Medical Director or Deputy
- Chief Operating Officer or Deputy, who will be required to be liaise with Silver (Tactical) Command directly
- Director of Nursing or Deputy
- Director of Workforce or Deputy
- Head of Communications; deputies required at Silver
- Director of Transformation & Strategy (Civil Contingencies Lead)
- Director of Public Health
- Director of Digital
- EPRR Manager
- Loggist
- Administration support



Decide on the most appropriate incident management structure physical/virtual Gold.

Agree who will be in attendance at the Strategic Coordination Group if convened.

2	• Proceed to Hub at RGH if not already present and if physical Gold is required. • Inform Switchboard of arrival. • Confirm with Primary Silver Command of arrival and obtain initial METHANE details.	☐ ☐

If a major incident has not been declared but a significant incident has occurred, obtain a SITREP.



If access is difficult to any of the sites; early establishment of TEAMS link is vital in the first instance, (see below).



(If available, the lead for Emergency Preparedness, Resilience and Response, will prepare the room for the purpose of Gold Command.

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD	
ROLE SUMMARY	
	Alternatively, a guide, in the form of a flow chart is included within the Hub, major incident cupboard). ☐
3	Receive an update of the current situation from the Hospital Co-ordination Centre. All email correspondence must be sent and received via the email addresses below; Hub/RGH/PCH/POW contacts numbers – email addresses to be included here ☐ Establish a battle rhythm and convene a Gold Command meeting when possible to do so and in conjunction with the Lead Silver Command. Allocate a Loggist and note taker. (A list of trained loggists will be held by switchboard). Agree a way of working with the Loggist. Ensure the Log book is completed with evidence of decisions, supporting rationale and the options considered and why they were used or disregarded. The Log book should be signed off once the incident is stood down. A Gold meeting should not take longer than 45mins and the Hospital Co-ordination Centre; (Silver Command) will be waiting for the Gold aim and objectives to inform their response. (Standard agenda attached). ☐ Establish a TEAMS conferencing meeting with the lead Silver Co-ordination Centre, Gold members (and other key stakeholders as appropriate) at the earliest convenience and in liaison with Silver Command as to when it will be most appropriate. The dedicated TEAMS meeting appointment for CTMUHB emergency planning for Gold Command, please see page 64, which includes the direct link. (In addition, all Gold PA's have the appointment in their diaries to forward if required). ☐ If there is a SCG established and the HB Gold officer is physically in attendance, use the same TEAMS link to convene a meeting with the HB Gold officer at the SCG in order that regular updates are received from the SCG. They may join the SCG remotely and will therefore join from HQ. ☐ Request Digital Services to establish News channel links.
4	Confirm that the Press & Media Rooms in the designated area has been established and ensure that the role of Communication Coordinator has been allocated. Agree a media holding statement with the head of Communications. ☐
5	Establish external communication channels with the following: - Local Resilience Forum Strategic Coordination Group, (SCG), if established. The Health Board may be asked to attend the SCG by the South Wales Police or join remotely. The SCG will ☐

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD		
ROLE SUMMARY		
	normally be located at SWPHQ. Nominate an Executive to attend the Strategic Co-ordination Group; they may require a Loggist to accompany them. • Welsh Government – see contact list • Public Health Wales on-call Consultant (via Ambulance Control), if required	
6	Regularly update the Chief Executive of the incident.	☐
7	Liaise with the Chief Operating Officer/Deputy to regularly assess the operational impact on daily business and supporting hospitals taking routine emergency admissions.	☐
8	Hold discussions with fellow senior colleagues in the Hospital Co-ordination Centre, at appropriate times, to consider the HB's on-going needs, recovery management plan and the impact the incident is having on the rest of the Health Board, this should include the following: • Diversion of emergency admissions where possible • Out Patient Clinics • Routine elective operating lists A recovery response team will be required and the Recovery Action Card will be invoked, co-ordinated by the Chief Operating Officer/Deputy.	☐
9	Confirm with Silver that a Patient Identification Team is assembled to formally identify and transfer patient identification from the Major Incident numbering system to the PAS system for each patient. The Police may wish to be involved in this process.	☐
10	Confirm with Silver on-going emotional support and counselling for patients / staff is arranged. Ensure regular staff updates are provided as part of HB communications.	☐
11	Depending on the type of incident, consider other Health Board plans as appropriate, which may help in the response.	☐
12	The decision to stand down the Health Board from a Major Incident should be made following consultation with the Health Board Gold Team and the lead Hospital Co-ordination Centre. Stand down should be communicated to all staff via Switchboard and agreement as to when staff involved in responding to the incident should return to normal duties. Partner agencies will also require notification of stand down. An appropriate recovery plan should be in place prior to standing down to ensure a return to new normality following the incident.	☐
13	Arrange to hold a Gold Command 'hot debrief'. The lead silver will undertake a hot debrief also. An organisational debrief, will be arranged by the Emergency Preparedness Resilience and Response Team at a suitable time following the incident, and a Report will be prepared.	☐

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD**ROLE SUMMARY**

Ensure all documentation is collated into a major incident pack; both hard copy and digital and arrange for safe storage. A SOP has been compiled for this.

NOTE:

If you are called in from Home, it is essential that you drive safely.
Please keep calls through the Hospital Switchboard to an absolute minimum.
Ensure you wear a valid HB identity badge at all times.
Maintain a record of key actions, this will be required for a post-incident debrief and Report.
Any changes to your action card should be discussed with the Emergency Preparedness Resilience and Response Manager

MAJOR INCIDENT or BUSINESS CONTINUITY INCIDENT

'GOLD COMMAND' TEAMS MEETING

Time of meeting confirmed by **GOLD COMMANDER** in response to a Major Incident or Health Board wide Business Continuity Incident

PLEASE NOTE

Not for use for Individual Gold meetings



Mobile Phone – QR CODE



TELEPHONE CALL (Audio Only)

Telephone Number - **02033215246**

Meeting ID Number - **959939382#**

Gold Command Team Briefing Agenda

No.		Title of Item	Item	Lead
1		Procedural Matters / Review What has Happened.		
	1.1	Welcome and Apologies For Absence	Verbal	Chair
	1.2	Procedural / Urgent Matters Review any outstanding actions	Verbal	Chair
2		Gather Information and Intelligence – BRIEF		
	2.1	Update Summary from Silver Command(s); including delivery of objectives	Verbal	Silver(s)
3		Assess Risks & Develop a Working Strategy		
	3.1	Identify current & emerging threats & risks to CTMUHB core functions and service delivery	Verbal	Chair
4		Consider Powers, Policies and Procedures		
	4.1	Latest guidance, plans, procedures required	Verbal	Chair
5		Identify Options & Contingencies		
	5.1	Identify options available to mitigate any impact on the CTMUHB core functions and service delivery	Verbal	Chair
6		Take Action		
	6.1	Set the Strategic Objectives	Verbal	Chair
	6.2	Record the actions taken at the meeting, including responsible person and time restraints if required.	Verbal	Loggist
7		Any Other Business (AOB)		
	7.1		Verbal	All
8		Time of Next Briefing in Accordance to Strategic Battle Rhythm Requirements		

No.		Title of Item	Item	Lead
	8.1		Verbal	Chair

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4.7.2 Medical Director – Action Card

Medical Director Action Card	
ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. You will also be notified of the incident by the Executive on Call via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required.	
• Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the medical response to the incident is co-ordinated, supported and sustainable	
ACTION :-	Tick when completed
1 If you are the Executive on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed. From home, or your location at the time of receiving the notification, confirm if a major incident has been declared.	☐
2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Silver HCC Contacts	☐
3 Ensure that the medical response to the incident is co-ordinated, supported and sustainable. Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/epr/major-incidents/	☐
4 Maintain close liaison with the clinical lead within the Silver Command: Hospital Co-ordination Centre.	☐
5 Update and discuss issues within Gold Command.	☐
6 Liaise with the Medical Director at WAST and neighbouring Health Boards as appropriate. Consider communication with the Welsh Government Chief Medical Officer if the scale of the incident requires this.	☐

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.

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- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.3 Nurse Director – Action Card

Nurse Director Action Card	
ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. If you are not the Executive on Call, you will be notified of the incident by the Executive on Call also via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.	
• Support, as part of the Gold Command Team, the strategic oversight of the incident response • To maintain strategic oversight of standards of nursing care, quality and safety • To ensure the nursing response to the incident is co-ordinated, supported and sustainable	
ACTION :-	Tick when completed
1. If you are the Executive on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed. From home, or your location at the time of receiving the notification, confirm if a major incident has been declared.	☐
2. Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Contacts for silver	☐
3. Ensure that the nursing response to the incident is co-ordinated, supported and sustainable.	☐
4. Maintain close liaison with the Nursing lead within the Hospital Co-ordination Centre. Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/eprr/major-incidents/	☐
5. Update and discuss issues within Gold Command	☐
6. Liaise with the Nurse Directors at neighbouring Health Boards as appropriate. You may need to consider communication with Welsh Government Chief Nursing Officer if the incident requires this.	☐

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.4 Chief Operating Officer – Action Card

Chief Operating Officer Action Card	
ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. If you are not the Executive on Call, you will be notified of the incident by the Executive on Call also via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.	
• Maintaining service continuity • Liaise and support via Silver Command, the Gold Command Team strategic oversight of the incident response • Instigate recovery planning	
ACTION :-	
Tick when completed	
1	From home, or your location at the time of receiving the notification, confirm if a major incident has been declared. Contact Silver Command at the Hospital Co-ordination Centre of the receiving hospital to receive a SITREP. ☐
2	Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Contacts ☐
3	Ascertain the impact of the incident on the Health Board service continuity; consider the HB's on-going needs. Ensure Silver Command have instigated a major incident response team and also maintain an operational response team. Instigate a recovery management plan, where strategic overview, direction and monitoring will be required to ascertain progress of the recovery work programme. This, will require a separate team who should consider: • Diversion of emergency admissions • Ceasing of Out Patient Clinics • Ceasing of routine elective operating lists (**See Recovery Action Card**) ☐

4	Maintain close liaison with Silver Command within the Hospital Co-ordination Centre and Gold Command.	☐
5	Update and discuss issues within Gold Command	☐

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.5 Recovery Team - Action Card

MAJOR INCIDENT RECOVERY TEAM	
ROLE SUMMARY	
Recovery is an integral part of the emergency management process and is a valuable process of rebuilding, restoring and rehabilitation following an emergency. During a major incident there is a need to ascertain the impact of the emergency on the Health Board service continuity and consideration is required of the HB's on-going needs and recovery management plan. This Action Card should be referenced by the Command and Control Team, (Chief Operating Officer) during a Major Incident or Business Continuity Incident and the Recovery Team will be established for the whole of the Health Board.	
• Provide operational management support in the recovery phase of an emergency. This will begin at an early stage of the incident.	
• Provide a valuable source of help and specialist advice	
• Provide Health Board representation at a multi-disciplinary recovery group	
• Provide support to Public Health	
ACTION :-	Tick when completed
1 Establishment of a Recovery Team during the Response phase of a major incident will be required. Discuss a senior lead nomination, somebody who is not directly involved in the incident. Consideration also for the whole team to be made up from individuals not involved in the immediate major incident response. Once established, identify a base and communication/update routes the Team will need to consider/undertake the following;	☐
2 Compliance with the strategic direction set by Health Board Gold Command	☐
3 An impact appraisal of the disruption to services, immediate and medium term. Ascertain the period, post incident, prior to services resuming to normal operating. Management of usual business not directly associated with the major incident is imperative.	☐
4 Engage with key stakeholders, (Silver and Gold Command) to decide upon and communicate the overall recovery strategy. Establish appropriate sub groups to address key operational risks, e.g.; Ensure all areas log the movement of patients to allow ease of tracking for those patients who have either; ○ Been discharged early ○ Transferred to another ward within the hospital ○ Transferred to another hospital ○ Discharged following cancellation of their planned operation ○ Cancelled OPD appointment Assess the risk of impact on normal business; ensure a plan is devised for those patients, where scheduled activity has been cancelled.	☐

5	Identify problems/specific issues and vulnerabilities within the acute and community care setting that may require priority attention.	☐
6	Liaise with and support Public Health Wales in the health care response.	☐
7	Provide support to multi-agency recovery teams as required; ○ Liaise with the Director/Deputy of Primary Care and Community in order to co-ordinate and mobilise primary, community health care as requested ○ Advise and mobilise the support requirements ○ Provide advice and leadership on health aspects of an incident. ○ Continued liaison with L/A agencies to meet the needs of people affected ○ Liaison with GP services to increase capacity to Primary Care Services where necessary	☐
8	Ensure community teams build in additional home visits as deemed necessary to support, provide reassurance and for the process of rehabilitation of discharged major incident patients and those people who have remained within the community but may be affected by the incident	☐
9	Liaise with Hospital Transport and WAST to discuss the transport of patients, either for those in patients awaiting transfer, in patients that have been discharged early and also major incident patients who have been assessed as fit for discharge.	☐
10	In liaison with hospital co-ordination team monitor and support staff welfare issues and co-ordination with wellbeing and psychological services	☐
11	Identify the key recovery issues for services, staff, premises, utilities and supplies following notification of 'stand down', in terms of the impact from the following perspectives; • Financial • Physical • Psychological • Social • Political	☐
12	Ascertain the requirements for a replenishment/cleaning/maintenance programme	☐
13	Ensure the collation of all decision and incident logs and any other relevant documentation. Safe storage is required of all documents.	☐
14	Assist with VIP visits and other elected representative visits	☐
15	Consideration and implementation of an incident de-brief	☐
16	Welsh Government Community Advice and Listening Line A Community Advice and Listening line, (C.A.L.L) is offered which provides emotional support and information/literature on mental health and related matters to the people of Wales. Free phone 0800 132 737 or text call 60062:- http://www.callhelpline.org.uk/ . Consider issuing in readiness for Debrief.	☐

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.6 Gold Command Loggist – Action Card

Gold Command Loggist Action Card		
ROLE SUMMARY		
The Gold Command Loggist will be assigned at the time of the major incident and will be contacted in accordance to availability of trained Loggist staff. (A list of trained loggists is held at switchboard See page 61 for TEAMS link if asked to establish a TEAMS meeting. The Role of the Loggist is to: To record all key decisions and actions taken or not taken by the Gold Commander. The Loggist is not a minute taker or there to provide any other administration functions. The role will be undertaken by trained staff only. The Health Board will be asked to account for their actions and decisions during an incident. Notes, records and reports may be scrutinised as evidence.		
ACTION :-		Tick when completed
1	All email correspondence must be sent and received via the email addresses below; Contacts	☐
2	On receipt of a Major Incident declared a trained Loggist will be contacted to undertake the role of Gold Loggist.	☐
3	When requested attend the Hub, RGH as the Gold Coordination Centre	☐
4	Ensure you receive a briefing of the incident so far. Log using the METHANE format. (Number the METHANE reports).	☐
5	Commence the Incident Log book, ensuring the incident name and date is documented.	☐
6	Introduce yourself to the Gold Commander and outline your role as above.	☐
7	Remain by the side of the Gold Commander and attend all meetings/briefings unless directed by the Gold Commander not to.	☐
8	Enter the current time and date in the Log Book, log handover time and any other relevant details.	☐
9	Ensure blank spaces are ruled through with a single line.	☐
10	Any mistakes should be ruled though with a single line and initialled.	☐
11	Record all decisions made including the time each decision is made, (use 24 hour clock)	☐
12	Decisions recorded in a meeting must be read out at the end of the meeting and signed by the decision maker.	☐
13	Once Major Incident stand down is declared, the Log Book should be signed and retained in a safe place as a record of the incident. The Log Book should be stored with the MI cupboard in the Hub.	☐

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

4.7.7 Emergency Preparedness Resilience and Response Manager- Action Card

MAJOR INCIDENT RECOVERY TEAM		
ROLE SUMMARY		
Notification and confirmation of either a stand-by or declared major incident situation will be received from Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3. Your role is to: Provide specialist advice to the Gold Team in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents		
ACTION :-		Tick when completed
1	From home, or your location at the time of receiving the notification, confirm if a major incident has been declared, if it is not immediately obvious. The EPRRM is a core member of the Gold Team.	☐
2	Prepare the room for Gold Command, referring to the establishment of Gold flow chart. Ensure there is a dedicated lap top for email correspondence and that the video conferencing facility is ready for use.	☐
3	Contact a Loggist, referring to the list of Gold Loggists for contact details.	☐
4	Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below: All email correspondence must be sent and received via the email addresses below; 1 Confirm that the command and control structure has been established across the Health Board.	☐
5	Liaise with multi-agency partners as required.	☐
6	Discuss with the Chair the required battle rhythm in accordance with the external communications that will be required, e.g. SCC, Welsh Government	☐
7	Refer to appropriate guidance and provide advice as required	☐
8	Liaise with Gold and Silver Teams and in conjunction with the Recovery team collate all documentation, both hard copies and digital and allow for safe storage.	☐

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Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

Action Card for Director of Digital; Director of Comms&Eng/; Director of Finance to be added

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4.8 Emergency Contact List

EMERGENCY CONTACT LIST	
Organisation	Telephone Number
Cwm Taf Morgannwg Health Board	(01443) 744800
HEALTH BOARDS	
Hywel Dda University Health Board	(01267) 235151
Cardiff and Vale University Health Board	(02920) 747747
Aneurin Bevan University Health Board	(01633) 865054
Powys Teaching Health Board	(01874) 711661
Betsi Cadwaladr University Health Board	(01248) 384384
Swansea Bay University Health Board	(01792) 702222
PUBLIC HEALTH WALES	(01267) 225225
EMERGENCY SERVICES	
WELSH AMBULANCE TRUST	
Central and West Ambulance Control	(01267) 229476
South East Ambulance Control	(01633) 294866
SWFRS	
Control Room (Joint Public Service Centre) Bridgend	(01443) 232000
POLICE	
South Wales Police Bridgend	(01656) 655555 or 101
South Wales Police Swansea	101
Dyfed–Powys Police	(01267) 222020 or 101
WELSH GOVERNMENT	(02920) 20343396

4.9 Welsh Government Major Emergencies: Health Contacts List

Welsh Government	Health & SS Group Public Health Division	Major Incident Contacts 1st Call David Goulding (Health Emergency Planning Advisor) - M 07792 611309 H 01633 213588 O 03000 255392 Peter Jones (Deputy Director, Public Health) - M 07792 656391 Work M 07964 178392 Personal O 03000 256489
	WG Emergency corporate 24 hour number for all departments	Welsh Government out of hours' number – 03000 253551 (24 hours)

4.10 Welsh Health Board Major Incident Hospital Co-Ordination Centre

Contact Telephone Numbers

Health Board	Hospital	HCC Telephone Number
CTMUHB	Royal Glamorgan Hospital	01443 443160
	Prince Charles Hospital	01685 375962
	Princess of Wales Hospital Bridgend	Switchboard (01656) 752752 ED (01656) 752393
SBUHB	Morriston	Extension: 33479, 32904, 32905, 33778
	Morriston - Burns	01792 703805 / 703814 / 703293
Hywel Dda UHB	Bronglais Hospital	01970 617006
	Withybush Hospital	01437 763547
	Glangwili Hospital	01267 438743
Aneurin Bevan UHB	Royal Gwent Hospital	01633 865054
Powys Teaching HB	Central Coordination for Primary and Community Care Services in Health Board	01874 712007 – (This number is only available when the HECC is activated)
Cardiff and Vale UHB	University Hospital of Wales	02921 8441836
Betsi Cadwalader UHB		 Aide Memoire.pdf

WAST	For Major Incident or security issues use only	WAST National Interagency Liaison Officer, (NILO) is 0300 123 2312 (24/7) amb_wast-nilo@wales.nhs.uk

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4.11 METHANE

Person receiving call	
Name & signature	
Date	
Exact time of call	

Person making call	
Name	
Title/Organisation	
Phone number	

M	Major Incident declared or standby?	
E	Exact location	
T	Type of incident e.g. RTC, explosion, fire, building collapse, rail, air/plane, sea, multiple burns	
H	Hazards, present and potential e.g. any decontamination issues – chemicals, radioactivity, explosion risk, other risks	
A	Access and egress e.g. any roads to the hospital obstructed	
N	Numbers and types of casualties expected e.g. severity and type of injuries expected, any children expected?	
E	Emergency Services present and required E.g. any speciality teams required, e.g. MERIT?	

RECALL TO CONFIRM & VERIFY INFORMATION (Switchboard): -

WELSH AMBULANCE ☐	POLICE ☐	MID & WEST FIRE ☐
Central & West Ambulance Control – (Carmarthen) (01267) 229476 ☐	South Wales Police – Swansea - 101 Critical Incident - 01656 869238 ☐	Carmarthen Control Room –(01267) 237195 / 222044 ☐
South East Ambulance. Control – (Newport) (01633) 294866 ☐	South Wales Police – Bridgend (01656) 655555 or 101 ☐	H.M. COASTGUARD ☐
☐	Dyfed - Powys Police – Carmarthen (01267) 222020 or 101 ☐	Coastguard Emergency Control- Swansea(01792)366534 ☐

4.12 Executive Briefing Proforma

EXECUTIVE BRIEFING PRO-FORMA	
DATE:	TIME:
ISSUE:	REPORT:
Information from the scene – incident location, type, estimated number of casualties, severity and any hazards?	M – Major Incident declared or stand-by E – Exact Location T – Type of Incident H – Hazards A – Access and egress N – Numbers and types of casualties E – Emergency Services Present
Casualties expected / still at scene	
Casualties arrived – numbers and condition	
Has a MERIT been deployed	
What is the ED Capacity?	
How many available beds?	
What is the capacity in critical care and specialist areas?	

Any special issues, e.g. burns / plastics etc. patients?	
What is the situation in the supporting Hospitals?	
Any staffing issues/Support?	
Media – is there a prepared statement?	
Number of dead and Mortuary spaces?	
Any issues with Relatives & Friends?	
Any Police or Ambulances issues?	
Any equipment /IT issues?	
Any Refreshments / catering issues?	
Resources required?	
Time of next briefing [unless there is a change]	

[Photocopy as required]

[illegible]

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5.0 Glossary

For further information, please refer to the UK Civil Protection Lexicon:
www.cabinetoffice.gov.uk/cplexicon

TERM	DEFINITION
A.C.A.O.	- Assistant Chief Ambulance Officer
A.C.C.	- Assistant Chief Constable
A.C.F.O.	- Assistant Chief Fire Officer
A.C.P	- Access Control Point
A.E.S.	- Arms & Explosives Search
A.F.O.	- Authorised Firearms Officer
AirCO	- Person who supervises the involvement of multiple aircraft in search and rescue operations
Airwave	- The common, secure digital radio system used by the emergency services and others in the resilience and security community. The system is based on the TETRA standards set.
Ambulance Incident Commander [A.I.C.]	- The Senior Ambulance Officer who manages and co-ordinates the Ambulance resources at the scene of the Incident, in close liaison with the MA.
Ante Mortem	- Before death (Latin)
A.R.V.	- Armed Response Vehicle
A.S.A.R.	- Airborne Search and Rescue
A.S.O.	- Ambulance Safety Officer
BASICS	- British Association of Immediate Care Schemes. Professional association whose members are volunteer medical practitioners trained and equipped for the pre-hospital care of casualties at the scene of an accident or emergency.
BC	- Business Continuity – Strategic and tactical capability of an organisation to plan for a respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.
BCM	- Business Continuity Management – Holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response.
BIA	- Business Impact Analysis – A method of assessing the impacts that might result from an incident and the levels of resources and time required for recovery.
BRC	- British Red Cross
Bronze	- The tier of command and control within a single agency (below gold level and silver level) at which the

TERM	DEFINITION
	management of “hands on” work is undertaken at the incident site (s) or associated areas.
BSAT	- Burn Specialist Advice Team.
Body Holding Area	- A point close to the scene where the dead can be temporarily kept until transfer to the mortuary.
CasB	- Casualty Bureau. Initial point of contact and information.
Casualty	- A person directly involved in, or affected by, the incident (injured, uninjured, deceased, or evacuee).
Casualty Bureau	- Central contact and information point for all records and data relating to casualties.
Casualty Clearing Station [C.C.S.]	- An area established at a major incident by the Ambulance service in liaison with medical/nursing staff to assess, treat, and triage casualties, and direct their evacuation.
Catastrophic Emergency	- An emergency which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support
Category 1 Responder	- A person or body listed in Part 1 of Schedule 1 to the Civil Contingencies Act. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
Category 2 Responder	- A person or body listed in Part 3 of Schedule 1 to the Civil Contingencies Act. These are co-operating responders who are less likely to be involved in preparing for incidents affecting their sectors. The Act requires them to co-operate and share information with other Category 1 and 2 responder.
CBRN (Incident)	- Chemical, biological, radiological, nuclear – material that has the potential to be adapted for use in a terrorist incident.
CBRNE	- Chemical Biological Radiological Nuclear Explosives. A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive material. CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
CCA	- Act of 2004, which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers.
CEO	- Chief Executive Officer. United Kingdom Government’s principal medical adviser who additionally acts as the professional head of all medial staff in England. Each of the devolved

TERM	DEFINITION
	administrations also has a CMO who acts as the principal medical adviser in Northern Ireland, Scotland and Wales respectively.
CFO/CO	- Chief Fire Officer/Chief Officer
CHEMET	Chemical Meteorology. Met Office forecasting response service in the event of an emergency atmospheric release of hazardous material anywhere in the UK Numerical Atmospheric Modelling Environment.
Civil Contingencies	- Risks to civilian health, safety and property from emergencies as defined in the Civil Contingencies Act (2004)
CNC	- Civil Nuclear Constabulary National specialised armed police service whose role is the protection of civil nuclear sites and nuclear materials.
CNI	Critical National Infrastructure A sub-set of critical infrastructure, and describes those elements of critical infrastructure, which have been identified by Government as being of strategic national importance to essential service delivery. The loss or compromise of these assets would have a severe, widespread effect, impacting on a national scale.
CMO	- Chief Medical Officer. United Kingdom Go
CO	Cabinet Office. Department of the United Kingdom Government responsible for supporting the Prime Minister and Cabinet.
COBR	- Cabinet Office Briefing Rooms. UK Government's dedicated crisis management facilities, which are activated in the event of an emergency requiring support and co-ordination at the national strategic level.
COMAH	- Control of major accident hazards regulations 2015. Regulations applying to the chemical industry and to some storage sites where threshold quantities of dangerous substances, as identified in the Regulations, are kept or used.
COMAH Site	- Industrial site covered by the Control of Major Accident Hazard Regulations.
CONOPS	- Concept of Operations – The statement of UK Central Government arrangements for responding to an Emergency. A high level description of how a defined system will operate to achieve defined strategic objectives. COMOPS will establish the higher level framework within which more specific, operational-level plans, protocols and procedures will be developed and implemented.
COP	- Common Operating Picture. Single display of information collected from and shared by more than

TERM	DEFINITION
	one agency or organisation that contributes to a common understanding of a situation and its associated hazards and risks along with the position of resources and other overlays of information that support individual and collective decision making.
Cordon	- The perimeter of an area, for example the rescue zone or a sector. May be physical or improvised.
Cordon – Inner	- Surrounds and protects the immediate scene of an incident.
Cordon – Outer	- Seals off a controlled area around an incident to which unauthorised persons are not allowed access.
Decontamination	- Procedure employed to remove hazardous materials from people and equipment.
Decontamination – Clinical	- Medical procedure to treat patients affected by, or contaminated with, hazardous material.
Decontamination – Emergency	- Procedure carried out when time does not allow for the deployment of specialist NHS resources, and is judged as imperative that decontamination of people is performed as soon as possible. Improvised equipment may be used in lieu of dedicated facilities. Implementation of emergency decontamination may carry risks to certain groups, e.g. elderly, infirm, and injured.
Decontamination – Mass	- Procedure used to decontaminate people when the number requiring decontamination has overwhelmed, or threatens to overwhelm the NHS capacity.
DIM	- Detection, Identification and Monitoring (equipment). Hazardous materials/substances equipment operated by the fire and rescue service. Supplied by the Government as part of the New Dimensions programme.
DRA	- Dynamic Risk Assessment. Continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.
DVI	- Disaster Victim Identification. The process of gathering evidence relating to bodies or body parts and the cause of death resulting from an emergency or disaster, in order to enable the Identification Commission to identify the deceased.
ECC(W)	- Emergency Co-ordination Centre (Wales). Welsh Government centre co-ordinating a multi-agency response to an emergency and acting as a link between the local level and the Cabinet Office Briefing Rooms.
E.P.O.	- Emergency Planning Officer.
Emergency Planning Cycle	- A continuous process of assessing the risk of an preparing for emergencies, supported by procedures

TERM	DEFINITION
	to keep staff in readiness and to review and validate plans and training, revising them if necessary following emergency exercises or response operations.
FFRC	- Family and Friends Reception Centre. Assistance centre established by the police to cater for the family and friends of people affected by an emergency.
FIM	Force Incident Manager. Tactical role within a Police service when responding to a major or critical incident.
FLO	- Family Liaison Officer. Police officer designated to facilitate an investigation into people believed to be missing and to assist identification by collecting ante-mortem data.
GIS	- Geographical Information System. Computer based system that supports the capture, management, analysis and modelling of geographically referenced data.
GOLD	- The strategic level of command and control (above Silver level and Bronze level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies. Note: the Strategic Co-ordinating Group, the multi-agency strategic co-ordinating body, may colloquially be referred to as the Gold Group or Gold Command, but not simply as Gold.
HART	- Hazardous Area Response Team Specially recruited and trained personnel who provide the ambulance response to major incidents involving hazardous materials, or which present hazardous environments, that have occurred as a result of an accident or have been caused deliberately.
HAZMAT	- Hazardous material Abbreviation for hazardous materials although it is commonly used in relation to procedures, equipment and incidents involving hazardous materials.
HEMS	- Helicopter Emergency Medical Service. National network of air ambulances.
Hospital Ambulance Liaison Officer (HALO)	- The Hospital Ambulance Liaison Officer at the Receiving Hospital will liaise with the ED and Hospital Co-ordination Centre, and supervise Ambulance activity at that Hospital.
Hospital Co-ordination Team	- The Team which manages the Health Board/Hospital response to a Major Incident.
Hospital – Designated / Receiving	- The Hospital(s) alerted by the Ambulance Service to receive casualties in the event of a major incident. Receiving Hospitals must be adequately equipped to

TERM	DEFINITION
	receive casualties on a 24-hour basis and be able to provide, when requested, the MA and a MMT.
Hospital – Listed	- Hospital(s) listed as equipped and staffed to receive casualties on a 24-hour basis.
Hospital – Supporting	- A Hospital which is activated to support the Designated Hospital(s) by taking non-incident patients and in-patients decanted from the Designated Hospital(s).
Hot Zone	- Zone of the highest level of contamination. Note: only personnel in appropriate PPE may enter this zone (following a dynamic risk assessment).
HSE	- Health and Safety Executive – The Health and Safety Commission (HSE) and the HSE are responsible for the regulation of almost all the risks to health and safety arising from work activity in Great Britain.
IED	- Improvised Explosive Device – A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic or incendiary chemicals and designed to destroy, incapacitate, harass or distract. It may incorporate military stores, but is normally devised from non-military components.
IEM	- Integrated Emergency Management – Multi-agency approach to emergency management entailing six key activities – anticipation, assessment, prevention, preparation, response and recovery.
I.E.P.	- Integrated Emergency Plan.
Inner Cordon	- Cordon established to secure the immediate scene and provide a measure of protection for personnel working within the area.
Interoperability	- The extent to which organisations can work together coherently as a matter of routine.
IOR	- Initial Operational Response (CBRNe)
JDM	- Joint Decision Model (as defined in the JESIP Joint Doctrine: the interoperability framework)
JESIP	- Joint Emergency Services Interoperability programme Two year programme aiming to improve the way in which the three blue light services work together at major and complex incidents.
Joint Health Advisory Cell [J.H.A.C.]	- The group that meets under the direction of the Regional Director of Public Health, or other senior Clinical Manager in the NPHS to advise the Police Incident Commander on the management of the public health aspects of a criminal/terrorist CBRN incident.
JRLO	- Joint Regional Liaison Officer – Officer of the Ministry of Defence (MOD) providing liaison between local or regional civil Emergency Control Centres and the MOD's United Kingdom command structure.

TERM	DEFINITION
JTAC	- Joint Terrorism Analysis Centre
Health Board [H.B.]	- A statutory NHS body. HB's have responsibility in relation to the health services in their area.
LRF	- Local Resilience Forum
MA	- Medical Advisor
M.A.C.A.	- Military Aid to the Civil Authority.
M.A.C.C.	- Military Aid to the Civil Community.
M.C.A.	- Marine Coastguard Agency.
MCI	- Mass Casualty Incident – An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services. Note: the term mass casualty denotes a major incident potentially involving hundreds of casualties, or more.
Media Centre	- Central contact point for media enquiries, providing communications and conference facilities and staffed by Press Officers from all organisations. Usually established by the Police.
Medical Advisor (M.A)	- Medical Officer with the overall responsibility (in close liaison with the AIC) for the management of medical resources at the scene of a major incident. The MA will not be a member of the MMT, and does not engage in clinical activity of casualties.
METHANE	- Major emergency. Exact location. Type of incident. Hazards Access. Number of casualties. Emergency services specified by JESIP as consistent method of sharing incident information.
Mobile Medical Team (M.M.T.)	- A team of specialist medical and nursing personnel provided from a Listed Hospital to assist in the clinical management of casualties at the site of an incident.
MTFA	- Marauding Terrorist firearms Attack
MTPAS	- Mobile Telecommunications privileged Access Scheme – Scheme that provides call preference for key emergency management organisations if public network access is restricted.
NaCTSO	- National Counter Terrorism Security Office
NARU	- National Ambulance Resilience Unit
NEMA	- National Emergency Mortuary Arrangements Private sector capability (under contract to the Home Office) that can be deployed anywhere within the UK to establish an emergency mortuary with the capacity to deal with large numbers of fatalities.
NILO	- National Inter-agency liaison Officer – A Fire and Rescue Service Officer who can advise and support Incident commanders, Police, Medical Military and other Government Agencies on the organisation's operational capacity and capability to reduce risk and safely resolve incidents at where an attendance may

TERM	DEFINITION
	be required. This will include major incidents, public order, domestic or any other situation that would benefit from the attendance of the ILO.
NRA	- National Risk Assessment – the full and classified assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK
NRE	- National Resilience Extranet Secure web based infrastructure to enable multi-agency information sharing and which has a specific information function during emergency response and recovery.
N.R.P.B.	- National Radiological Protection Board (part of the Health Protection Agency).
NRR	- National Risk Register – A publically available statement of the assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK.
Outer Cordon	- Cordon established around the vicinity of an incident , and encompassing the inner cordon, to control access to a wider area around the scene, to allow the emergency services and other agencies to work unhindered and in privacy.
PBIED	- Person Borne Improvised Explosive Devices
P.H.W	- Public Health Wales
Place of Reasonable Safety	- Place within a building or structure where for a limited period of time, people have some protection from the effects of fire and smoke.
Police Documentation Team	- A team of Police Officer at the Receiving Hospital(s) to gather and relay information on casualties to the Police Casualty Bureau.
Police Incident Officer / Commander	- Silver or ground commander, responsible for decisions at a tactical level.
RCG	- Recovery Co-ordinating Group Strategic decision making body for the recovery phase once handover has taken place from the police.
Rescue Zone	- The area within the inner cordon.
Rest Centre	- Premises designated for the temporary accommodation of evacuees.
R.N.L.I.	- Royal National Lifeboat Institution.
Rendezvous Point [R.V.P.]	- A point selected by the emergency services as the location for all personnel and vehicles to report to before attending the major incident. It is situated within the outer cordon.
Rising tide emergency	- Event or a situation that develops into an emergency or major incident over a period of days, weeks or even months (such as health pandemic, flooding, industrial action), the final impacts of which may not

TERM	DEFINITION
	be apparent early on (in contrast to rapid onset emergency).
SA	- Situational Awareness – The state of individual and/or collective knowledge relating to past and current events, their implications and potential future developments. Note: the process of building situational awareness involves perception, comprehension, evaluation and future projection; achieving a common position within groups necessitates transparency around, for example, the concepts, assumptions, language and frameworks used to build individual situational awareness.
SC	- Security Cleared
SCG	- Strategic Coordinating Group – In Scotland Strategic Co-ordinating Groups are the principal local forum for multi-agency cooperation in civil protection. The groups have a role in both preparation and response to emergencies.
Senior Investigating Officer [S.I.O.]	- The Police senior detective officer appointed to assume responsibility for all aspects of the Police investigation.
Silver	- The tactical tier of command and control within a single agency (below Gold level and above Bronze level) at which the response to an emergency is managed. Note: multi-agency co-ordination at the tactical level is undertaken by the Tactical Co-ordinating Group.
Silver Command	- Individual with responsibility of the incident at Silver (tactical) tier
SitRep	- Situation Report – produced by an officer or body, outlining the current state and potential development of an incident and the response to it.
SMAC	- Strategic Media Advisory Cell Multi-agency group set up within the Strategic Co-ordination Centre to ensure consistent communication is delivered by all agencies. Brings together media representatives of the key organisations involved in the response to the emergency and liaises with the main incident press office. Led by the Police Strategic Media Advisor during the acute phase, and the Local Authority Press Officer in the recovery phase.
STAC	- Science and Technical Advice Cell. Group of technical experts from those agencies involved in an emergency response that may provide scientific and technical advice to the Strategic co-ordinating Group chair or single service gold commander.
Strategic Commander	- The strategic level of the emergency services command and control

TERM	DEFINITION
Survivor Reception Centre	- A secure area, established by the Local Authority, to which uninjured survivors (not requiring acute hospital treatment) can be taken for short-term shelter, first aid, interview, and documentation.
Tactical	- Level (below strategic level and above operational level) at which the response to an emergency is managed 1 – The terms tactical and Silver are frequently used interchangeably for single agency operations. Tactical and operational are inverted in military usage.
TCC	- Technical Co-ordination Centre response centre whose role is to provide technical and scientific advice to support the response to an overseas nuclear accident. Normally chaired by DECC but this role can be delegated if appropriate, depending on the issues to be discussed.
TCG	- Tactical Co-ordinating Group – A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency. Note: the TCG may also be known as the Silver Group
Temporary Mortuary	- A pre-designated location which can be used as a mortuary if the scale of the incident renders existing facilities inappropriate. Such locations require detailed pre-planning and will be used as a centre for the examination and identification of the deceased.
Triage	- Process of prioritising the evacuation and treatment of the injured by medical, nursing, and ambulance personnel.
V.A.S.'s	- Voluntary Aid Societies – St. John Ambulance and British Red Cross.
Warm Zone	- In this zone some cross contamination from the Hot Zone is to be expected. The level of PPE will need to be determined on the basis of dynamic risk assessment.
WCCC	- Wales Civil Contingencies Committee Multi-agency group, including representatives from the Welsh Government, emergency services, local authorities and others as applicable, convened as required to co-ordinate multiple strategic co-ordinating groups across Wales, in to co-ordinate multiple strategic co-ordinating groups across wales, in order to improve the co-ordination of the response to an emergency with a particular focus on consequence management and the recovery phase.
W.G.	- Welsh Government.
WGLO	- Welsh Government Liaison Officer

TERM	DEFINITION
WWIG	- Wales Warning and Information Group – Ad-hoc group of senior media editors, government representatives, local authority emergency planners, emergency services, police and the private sector in Wales set up to consider the provision of information to the public, and other media issues, in the context of civil emergencies.

**ANY SUGGESTED CHANGES TO THE MAJOR INCIDENT PROCEDURE;
ADDITIONS OR AMENDMENTS TO THE CIRCULATION LISTS
SHOULD BE DISCUSSED WITH THE EMERGENCY PREPAREDNESS
RESILIENCE AND RESPONSE MANAGER**

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SECTION 3

MASS CASUALTY ARRANGEMENTS

SECTION 3: MASS CASUALTY INCIDENT ARRANGEMENTS

3.1. Introduction

The UK risk assessment and Local Resilience Forum risk registers identify many hazards and threats that could result in the NHS in Wales having to respond to a mass casualty situation. Recent further atrocities have exacerbated the need for organisations to re-assess their response capability, to work with partner organisations in terms of a co-ordinated response and how this may correspond in a wider national response across the UK.

The purpose of the CTMUHB Mass Casualties response process is to underpin the NHS Wales Emergency Planning Guidance 2008; Mass Casualties Incidents; A Framework for Planning and Mass Casualty Incident Arrangements for NHS Wales to ensure that it does then correspond with any pan Wales health and multi-agency plans as well as national plans. It is designed to describe the Health Board process for responding to a major incident of extremely serious proportions that results in mass numbers of casualties. It should be used as a supportive text to aid decisions and should not be used on its own, but in conjunction with the **Health Board Major Incident Procedure's and Mass Casualty Incident Arrangements for NHS Wales as well as national plans.**

This precis informs operational management of the additional requirements for consideration if a major incident is declared as a mass casualty incident. It focuses on the management of co-ordination of the incident within the Health Board. It is anticipated that 'crisis cell' arrangements will be established to co-ordinate the national response requirements and appropriate networks to cope with a large influx of people and these will need to be aligned. The detailed information to support a mass casualty response is included in the Mass Casualty Incident Arrangements for NHS Wales and **must** be referred to support the Health Board response.

Notification and confirmation of the invoking of a Mass Casualties incident, during a major incident is most likely to be triggered by WAST, but it can be declared by any health organisation. This will occur in the declaration of a major incident resulting in a large number of casualties where a generic major incident response is unlikely to cope and threatens severe disruption to health and social care and will exceed the collective local capability available.

3.2. Definition of a Mass Casualty Incident

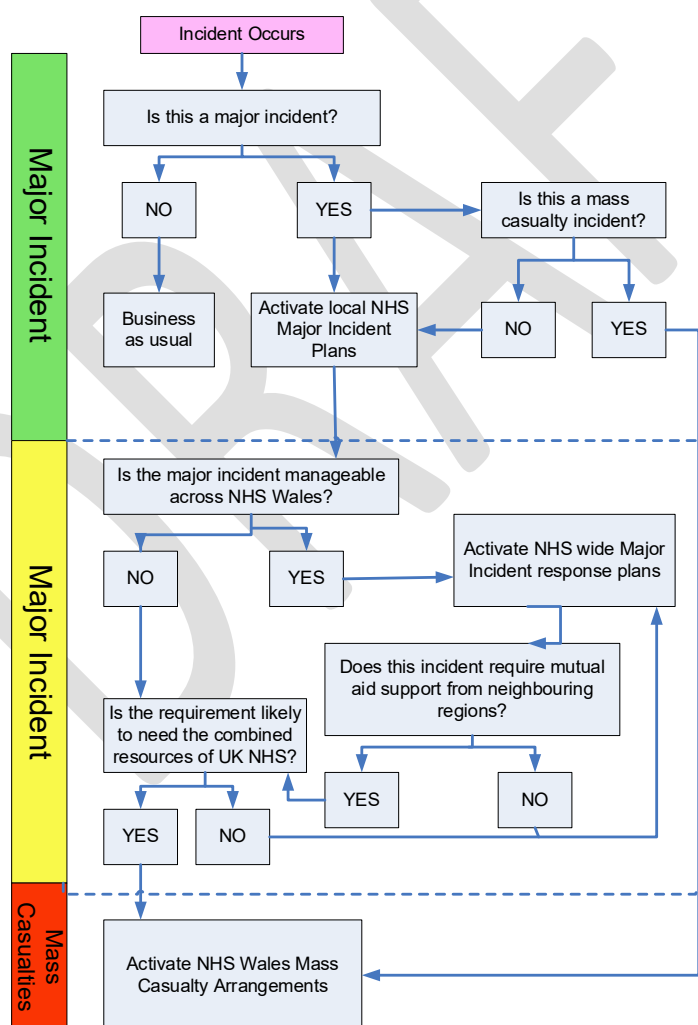
A disastrous single of simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response'; Mass Casualties Incidents – A Framework for Planning; Welsh Government 2008.

By definition, such events have the potential to rapidly overwhelm the local capacity to respond, even with the implementation of major incident procedures. Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards and Category 1 and 2 responders. In planning their response to these types of incidents, all Health organisations will need to ensure

business continuity and escalation processes, and the on-going provision of services for casualties who require urgent medical attention but not associated with the incident/s.

It is possible to estimate initial casualty volume and previous patterns of hospital use have highlighted that within 90 minutes following an event, 50-80% of the acute casualties will likely arrive at the closest medical facilities. It must be noted that less injured casualties often leave the scene and go to the nearest hospital. This could include Singleton and Neath Port Talbot Hospitals, even though these hospitals have limited access to support services. Therefore, approximately half of all casualties will arrive at the hospital within 1 hour of the incident. To predict the total expected casualties, note as follows;

Total Expected Casualties = Number of casualties arriving in one-hour x 2 (Assuming a “big bang” incident in an urban area). It is worthy of note that different interpretations and definitions are used to indicate hospital’s capacity to receive casualties from a major incident. However, it is important to identify how many critically injured victims that a hospital can receive. To calculate the capacity of hospitals to receive, diagnose and treat casualties from a large scale incident a model termed Patient Distribution Protocol has been sourced. The All Wales first hour capacity modelling is included in the Mass Casualty Incident Arrangements for NHS Wales.



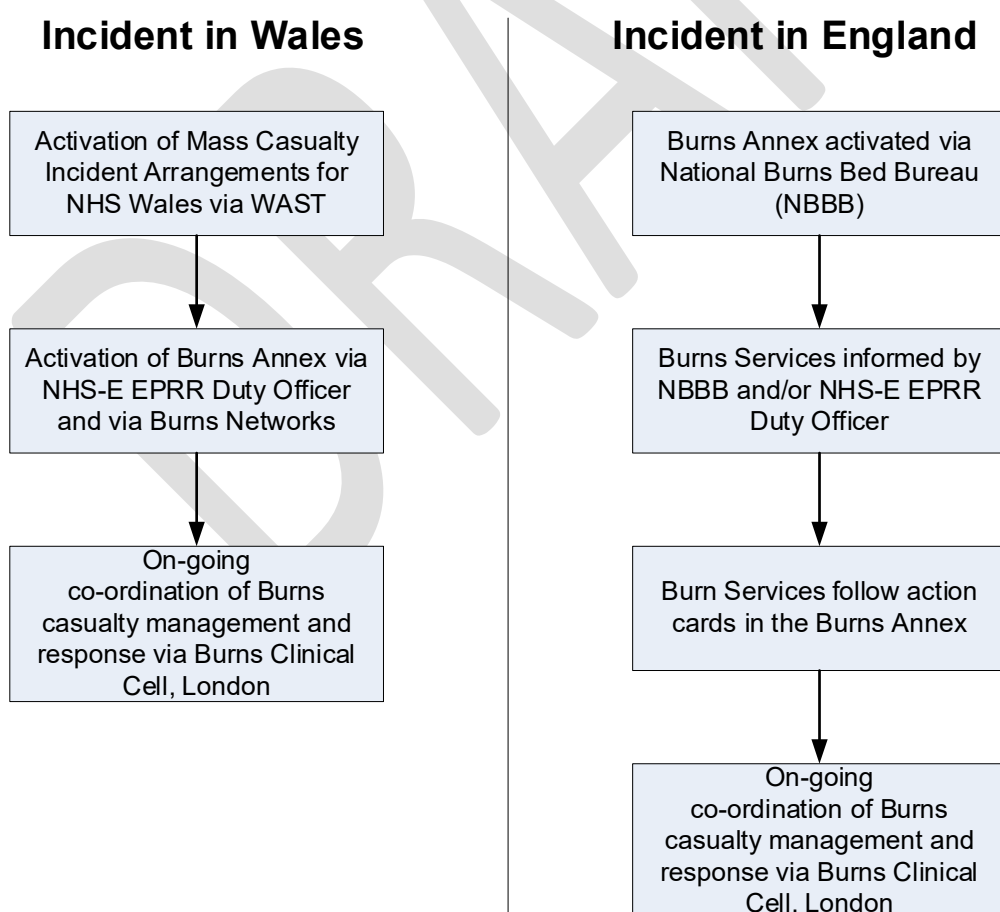
3.3. Burns Injury Incidents

An incident involving critically injured burns patients that exceeds the capacity of a local Burns Service, the Burn Care Network, or the country, can happen in any community. Burn injury incidents are unusual in that a relatively small number of critically ill burn-injured casualties may create the need for a mass casualty incident response due to the limited number of burns services and thus, burns beds across the country. It has been estimated that an incident involving more than 20 level 3 burns will be a national level 4 event, (as defined in the NHS England Concept of Operation for the management of Mass Casualties – Burns Annex). This is likely to be significantly fewer in the case of paediatric burns patients.

Wales is covered by two Burns Networks; South West UK Burn Care Operational Delivery Network, at Morriston Hospital, (covering up as far as Machynlleth) and Northern Burn Care Operational Delivery Network, which covers the North Wales area.

In addition to the activation of the Mass Casualty Arrangements for Wales, the South West UK Burns Network Plan details the local response arrangements as well as the CTMUHB Burns Major Incident Procedure. The NHS England Concept of Operation for the management of Mass Casualties (Burns Annex) details the national response.

Burns Mass Casualty Incident Declaration



3.4. Role of the Health Board in responding to a declared Mass Casualty Incident

In addition to activating the major incident response procedure and associated emergency response plans and surge capacity plans, the Health Board will:

- Activate arrangements to care for an increased number of potentially seriously ill or injured casualties simultaneously, inclusive of cancellation of all elective activity and non-essential meetings/study days etc. and appropriate deployment of staff resource.
- Ensure representation at over-arching Mass Casualty Incident co-ordination structures including the Central Clinical Casualty Teleconference and Strategic Health Group.
- The agreed casualty dispersal plan will be utilised prior to national structures being utilised
- Consider the care of existing casualties whilst meeting the clinical needs of those affected by the mass casualty incident, as opportunities to transfer on-going day to day emergency patients will be limited.
- Consider location and availability of all trained MERIT Passport Nurses.
- In liaison with WAST, EMRTS and other Health Boards, work to ensure casualties are treated at the most appropriate location.
- Ensure implementation of the All Wales Critical Care Escalation Guidance and Plans.

3.5. Required Supportive Mechanisms for a declared Mass Casualty Incident

Each patient will present specific clinical and managerial challenges in the areas of triage/treatment, capacity, coordination and communication across a wide area. There are five typical groups of patients who are likely to make demands upon the NHS and local NHS contingency:

- Treatment of those seriously ill or injured as a direct result of the incident that requires immediate treatment and care. Dependent on the nature of the incident, but some patients may require the provision of critical care facilities and a high number of hours of primary and secondary surgery.
- Those affected by the incident who although not obviously or immediately suffering any serious illness or injury, need assessment and diagnosis, advice or treatment and who may need subsequent monitoring and ongoing support that can often be better provided in a non-acute or primary care setting.
- People who are neither ill nor injured but require information, advice and reassurance; they are often referred to as the 'worried well'.
- Continued services for those who fall acutely ill (e.g. heart attack) or sustain severe injuries but are not part of the major incident.
- Patients in the community affected by the loss of service due to the impact of the incident and its response (i.e. dialysis patients, home oxygen patients).

However, it must be remembered that all patient types including patients who are being admitted from the wider population, will need to be treated against a backdrop of available healthcare capacity. Therefore, the Health Board will need to;

- Maintain services for routine emergency admissions.
- Maintain on-going service continuity in a protracted incident, e.g.
 - The provision of emergency work during the incident and post incident
 - Critical care decant
 - Mental Health provision for Psychological treatment
 - Surgical elective work
 - The provision of ongoing surgical interventions and MDT meetings
 - The provision of ongoing diagnostic support during and post incident
 - Theatres
 - Provision of Blood Products
 - Procurement and potential shortage of essential supplies
 - General infrastructure instability and potential loss of services
 - Demand for increased capacity in community settings
 - Caring for accelerated discharges within the community
 - Impact on tertiary or regional services
 - Security arrangements
 - Provision for secondary transfers
 - Staffing
 - Medical equipment
- Provide consequence management
- Provide a CBRN type incident response
- Primary and Community Care response, e.g. ensuring health needs of people in survivor reception centres and rest centres and for those displaced, process for CBRN related incident self-presenters at GP surgeries, dealing with a large influx of individuals who need healthcare advice or reassurance, provision of support to secondary care, support to ongoing mass vaccination and treatment programmes, working with Social Services, identifying and giving support to vulnerable people and their families within the community being evacuated
- Consider reputational damage
- Early consideration of recovery
- Hospital evacuation procedures if required
- Psychological trauma provision including psychological first aid, on-going psychological welfare and support, reflection events and follow up arrangements.
- Managing mass fatalities

3.6. Mass Paediatric Casualties

Major incidents involving large numbers of paediatric patients are rare. There could be two types of incidents; mainly paediatrics, e.g. an incident involving a school or school bus. Children will need to be dispatched to the appropriate hospital by the incident officers at the scene. Critically ill children should ideally be transferred straight to PICU at the Children's Hospital for Wales, Cardiff, Alder Hey Hospital, Liverpool and University Hospital, Stoke.

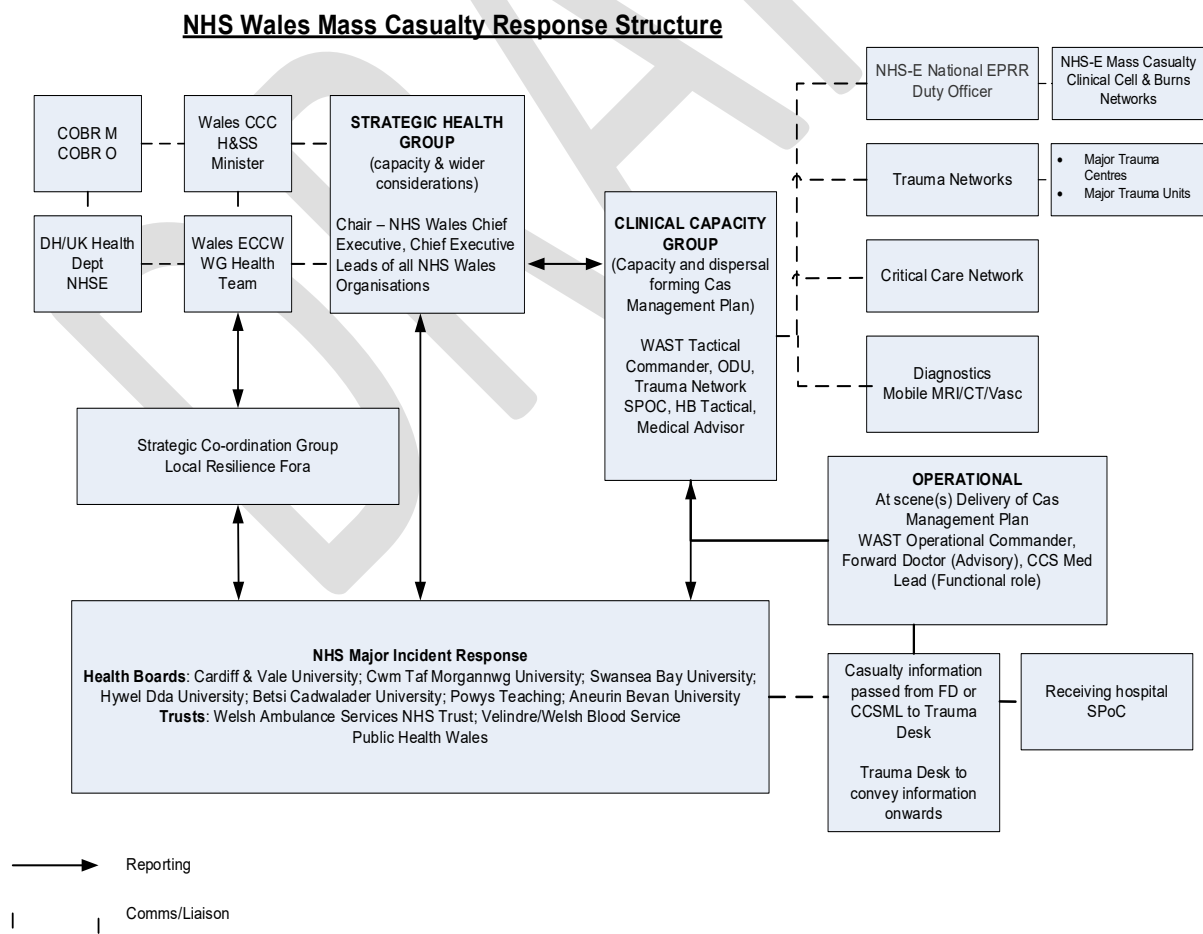
3.6.1 Uninjured and Unaccompanied Children

- These children will be accommodated in the Hospital relatives care centre until Police Liaison Officers are able to reunite families if no other venue had previously been found.
- Child Safeguarding issues must be considered.
- The Health Board will identify chaperones until the next of kin are identified by the Police.
- Staff will proactively assist Police Officers in the identification of next of kin using available databases within Health.

3.7. Additional Action Cards reference: Mass Casualty Incident Arrangements for NHS Wales

- Strategic Health Group – Health Board Gold Commander
- National Clinical Teleconference – Health Board Medical Director/Deputy

3.8. NHS Wales Mass Casualty Response Structure



This document is uncontrolled if printed, for the latest version please see the Health Board Intranet

3.9. Mass Casualty Incident Arrangements for NHS Wales: Separate Document



MASS CASUALTY
ARRANGEMENTS VE Dispersal Plan - 04.1



Mass Casualty

DRAFT

SECTION 4

PC HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

SECTION 5

RG HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

SECTION 6

POW HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

SECTION 6

BUSINESS CONTINUITY PROCEDURES

*REFER TO CTMUHB BUSINESS
CONTINUITY/
SIGNIFICANT INCIDENT
OVERARCHING PROCEDURE*

DRAFT

DRAFT

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
April 2023	Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Assistant Director of Governance & Risk	Major Incident and Critical Business Continuity Plans	Following discussion at Executive Leadership Group it was requested that this item was presented to Board	Civil Contingencies Manager	Executive Director of Strategy & Transformation	25 May 2023	On agenda Deferred number of times between September 2023 and November 2024. Will now be presented to the 27 March 2025 Board Meeting
November 2023	Reference made within the Highlight Report from the Local Partnerships Forum that this item would be presented to a future Board Meeting	Deputy Director of People	Development of the CTM People Plan	Reference made within the Highlight Report from the Local Partnerships Forum that this item would be presented to a future Board Meeting	Deputy Director of People	Executive Director for People	28 March 2024	In Progress Deferred to 30 May 2024/25 July 2024/26 September 2024/27 March 2025 This will now be presented to 29 May 2025 Board Meeting following submission to the April 2025 Strategic Development Committee
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
21 May 2024	Identified as an item for Board at the Digital & Data Committee held on 21 May 2024	Director of Digital	Digital Cellular Pathology Business Case	To be presented to Board for approval	Director of Digital	Director of Digital	25 July 2024/26 September 2024/28 November 2024/30 January 2025	On agenda Will now be presented to the Board meeting taking place on 27 March 2025
	Request received from the Director of Digital asking for this to be	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

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Agenda Item 8.2.1

	added to the Board agenda							
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	In progress Will now be presented to the Board meeting taking place on 29 May 2025
4 November 2024	Request received by email from the NHS Wales Joint Commissioning Committee	NHS Wales Joint Commissioning Committee	Annual Update from the Joint Commissioning Committee	To be presented to Board for noting	NHS Wales Joint Commissioning Committee	NHS Wales Joint Commissioning Committee	27 March 2025	On agenda Colleagues from the JCC will be attending the Board meeting on 27 March 2025 to present this item
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	In progress This item will now be presented to the Board meeting on 29 May 2025 for approval
16 January 2025	Request received by email from the Assistant Director of Clinical Education	Executive Director of Nursing	CTM Learning Academy	To be presented to Board for approval (request made to receive this on the main agenda for discussion)	Assistant Director of Clinical Education	Executive Director of Nursing	27 March 2025	On agenda This item will be presented to the Board meeting on 27 March 2025 for approval
24 January 2025	Request received by email from the Head of Organisational Development and Inclusion	Head of Organisational Development and Inclusion	Annual Equality Report 2023 – 2024	To be presented to Board for approval	Head of Organisational Development and Inclusion	Executive Director for People	27 March 2025	On agenda This item will be presented to the Board meeting on 27 March 2025 for approval
20 January 2025	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Charter for Families Bereaved by Public Tragedy	To be presented to Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	27 March 2025	On agenda This item was approved by Chairs Urgent action prior to the March Board meeting and ratification is being sought via the Chairs report
18 February 2025	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	South East Wales Endoscopy Plans	To be presented to Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	27 March 2025	On agenda This item will be presented to the In Committee Board meeting on 27 March 2025 for approval
19 February 2025	Request received by email from the Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	Subsidy Control	To be presented to Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	27 March 2025	On agenda This item will be presented to the Board meeting on 27 March 2025 for approval
Completed Items								
19 December 2024	Request received by email from Assistant	Assistant Director of Governance & Risk	Stroke Services	To be presented to Board for update	Chief Operating Officer	Chief Operating Officer	30 January 2025	Completed

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Agenda Item 8.2.1

	Director of Governance & Risk							Item received and discussed at the January 2025 Board meeting
7 January 2025	Request received by email from the Assistant Director of Workforce and OD	Assistant Director of Workforce and OD	5-Year Strategic Plan for Offering Clinical Consultations in Welsh under Welsh Language Standard 110	To be presented to Board for approval	Assistant Director of Workforce and OD	Executive Director for People	30 January 2025	Completed Item received and approved at the January 2025 Board meeting
7 January 2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Creating Health Strategic Delivery Plan	To be presented to Board for approval	Executive Director of Public Health	Executive Director of Public Health	30 January 2025	Completed Item received and approved at the January 2025 Board meeting
14 January 2025	Request received by email from the Assistant Director of Governance & Risk	Executive Director of Public Health	Healthy Travel Charter	To be presented to Board for approval	Executive Director of Public Health	Executive Director of Public Health	30 January 2025	Completed Item received and approved at the January 2025 Board meeting
17 January 2025	Request received by email from the Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	Joint Commissioning Committee Governance Framework	To be presented to Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	30 January 2025	Completed Item received and approved at the January 2025 Board meeting
20 January 2025	Request received by email from the Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	NHS Wales Shared Services Partnerships Committee Assurance Report	To be presented to Board for information	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	30 January 2025	Completed Item received and noted at the January 2025 Board meeting

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 TBC						X	R
6. Annual Statutory Accounts	Executive Director of Finance	Annually							R TBC						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				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				X	R
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									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				R	X
23. Carers Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
24. Clinical Education Annual Report	Executive Medical Director	Annually									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	Chief Executive	Quarterly													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				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		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						R		X	R
43. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually									R				R	X
44. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					R						R		X	R

Agenda Item

9.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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 January 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:
- Operational Delivery Committee 28 January 2025 (Appendix 1)
 - Remuneration & Terms of Services Committee 5 February 2025 (Appendix 2)
 - Audit, Risk & Assurance Committee 13 February 2025 (On main agenda at agenda item 5.5.1)
 - Hosted Bodies Audit, Risk & Assurance Committee 13 February 2025 (Appendix 3)
 - Clinical Advisory Group 18 February 2025 (Appendix 4)
 - Mental Health Act Monitoring Committee 19 February 2025 (On main agenda at agenda item 5.5.2)
 - Extra Ordinary Strategic Development Committee 13 March 2025 (Appendix 5)

Agenda Item

9.2.3 Appendix 1

CTM Health Board

Highlight Report from the (Operational Delivery Committee)

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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 28 January 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	There were no items requiring escalation to the Board on this occasion
Advise	Primary Care Access: Concerns were raised about the reported 100% achievement of in-hours access standards by GP practices, which seems inconsistent with public perception. This issue was acknowledged and that the Health Board was reporting this as it is a Welsh Government target but there is agreement that it may not be the right or only measure of access. National colleagues are aware of these views. Mental Health Workforce Fragility: The significant fragility of the medical workforce in Adult mental health services was noted and as a result there had been temporary

	consolidation of rehab services to manage this issue and mitigate the risk. • Medical Records Challenges: The Committee discussed the ongoing challenges with medical records, including storage issues and misfiling. It was acknowledged that there is a need for better transparency and collaboration with operational teams.
Assure	• Staff Surveys and Well-being Surveys: An update on staff surveys was provided. It was recognised and pleasing to note that CTM had recorded the highest response rate among Health Board's in Wales but response rates are still not where the health board wanted them to be. It was also confirmed that for a number of reasons, a well-being survey had not been run for several years. A proposal would return to the committee on how one may be run in the future. It was, however highlighted the need to avoid survey overload. • Digital and Data activity - During this year significant milestones would be reached for an aligned Patient Administration System (PAS) which will deliver a single PAS operating system for CTM for the first time; and the first implementation of E-prescribing. It was confirmed that the national programme for maternity services had now been suspended. Instead a business case on a regional basis is being considered. Work is also ongoing with Betsi Cadwaladr Health Board on procuring a mental health solution. There was also encouraging progress on the development of a modular Electronic Patient Record (EPR) approach. A business case on digital pathology would go to Board in March 2025. There has been some collaborative work between Information Governance colleagues and the Information Commissioner's Office (ICO) and training compliance rates amongst staff is now at 82% which is very close to the 85% target. • Organisational Risk Register – The organisational risk register was reviewed and assurance taken that the risks are being managed. Members noted that further work would be undertaken by Executive colleagues to complete some more work explaining the reduction in the risk around medical and dental recruitment.

Inform	• Planned Care Transformation Programme: An outline of the planned care transformation programme was given, focusing on increasing efficiency and productivity in outpatient and surgical services. • Brainomix Presentation: The Committee received a presentation on the Brainomix AI software, explaining its role in interpreting CT scans for stroke patients and its impact on improving treatment times. • Month 9 Finance Report: The Committee were provided with an update on the month 9 finance report, discussing the in-year position, risks, and the substantial increase in capital allocation. Members acknowledged the challenges and efforts of the finance and capital teams. • Welsh Government Allocation Letter: The key points from the Welsh Government allocation letter for 2025-26 were noted. This included confirming that in respect of fair shares allocation for hospital and community services the health board is now receiving its fair share and was receiving £4 million over for mental health. The importance of agreeing long-term agreements by the end of February was also highlighted.
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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies please list below:
	Whole-systems Perspective



Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <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) /</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact
(People / Financial)

5. Recommendation

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



Agenda Item

9.2.3 Appendix 2

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	
JCC	Joint Commissioning Committee

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 February 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	Ratification of Chairs Urgent Action The Committee ratified the requests for Chairs Urgent Action which were circulated on the following dates: • Interim Arrangements for the Chief Commissioner JCC Appointment - 27.11.2024 • Enhanced Rates of Pay Maternity Services - 20.12.2024 • Enhanced Rates of Pay - Critical Care - 3.1.2025 • Enhanced Rates of Pay - Critical Care - 7.1.2025 Extension of Contract – Deputy Chief Executive Officer for CTMUHB The Committee APPROVED a one-year extension to the current Deputy Chief Executive's fixed-term contract and NOTED the annual allowance for this role in addition to their Executive Director remuneration. Temporary Chief Commissioner Role – NHS Wales JCC The Committee APPROVED a secondment and the remuneration for an Interim Chief Commissioner, with accountable officer status, from the 1 April 2025 until 31 March 2026.
Assure	Nil



Inform	Nil
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:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A 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	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: N/A



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required 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

9.2.3 Appendix 3

CTM Health Board

Highlight Report from the Hosted Bodies Audit and Risk Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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	Patsy Roseblade, Independent Member, (Chair of Hosted Bodies ARAC)
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 Hosted Bodies Audit and Risk Assurance Committee at its meeting on 13 February 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 As per the approved Assurance Map of the Joint Commissioning Committee (JCC), issues relating to the functions of the JCC delegated from the seven LHBs will be fed into a separate Hosted Bodies Audit Risk Assurance Committee, operating within its own work cycle as required. The assurance for this will be to the seven LHBs.
- 2.2 Additionally, the Hosted Bodies Audit Risk Assurance Committee will also consider issues relating to the National Imaging Academy Wales (NIAW).
- 2.3 The assurance for the governance and issues relating to the hosting of the JCC and NIAW will be to the Cwm Taf Morgannwg Board

3. Highlight Report

Alert / Escalate	There were no items requiring escalation to the Board on this occasion
Advise	Joint Commissioning Committee (JCC) Update: The update report outlined how work on the transition continued throughout quarter three and is now into quarter four. Sub Committees have been established and are now in operation. Priorities for quarter four include finalising the Plan for the next year, developing the Commissioning Assurance Frameworks, and implementing a Scheme of Delegation for decision-making going forward. JCC Risk Register: The report was presented to the Committee and provided a summary of key matters for

	the Committee on the transitional amalgamated risk register: ○ The risk register presented was approved by the full JCC meeting on the 21 January 2025 and relates to the November 2024 update. There are 16 risks with a score of 15 and above, including 14 commissioning risks and two corporate risks. ○ Risk 38 concerning neonatal cot availability in South Wales was de-escalated as the correct number of cots were being commissioned. ○ Risk 62 concerning lack of interventional radiology at Swansea Bay was closed and is now managed as an operational issue. ○ The highest scoring risks remain lack of paediatric intensive care beds, neonatal workforce, and paediatric radiology. The top risk being the utilisation of emergency ambulance capacity. ○ Work was ongoing to develop the risk register, including the establishment of two new Sub Committees – Quality, Safety & Outcomes and Planning, Performance & Finance Committee to monitor and scrutinise risks. • Ambulance High Performance Risks: The Chief Ambulance Commissioner gave a presentation to the Committee that provided an overview of the risks related to ambulance performance, focussing on the commissioning of sufficient capacity and the utilisation of that capacity. The presentation was welcomed, and it was suggested that it might be interesting to undertake a deep dive in this area and come along to speak to the all-Wales Vice Chairs at their meeting. • JCC Audit Tracker: The Audit Tracker report was presented and provided the Committee with an update on progress in respect of the implementation of recommendations from internal and external audits. Work has commenced on the advisory audit of the establishment of the JCC and the internal review of the Traumatic Stress Wales team and the finance audit, which is expected to start in March 2025. Discussions are ongoing with Internal Audit colleagues to finalise the scope of the finance audit. For external audit, all legacy recommendations have been completed for Welsh Government with a letter from Audit Wales confirming this position.

Assure	No matters on this occasion.
Inform	Unconfirmed Minutes of the Meeting held on 17 December 2024 - The minutes were approved subject to one amendment.
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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: 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? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: 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</i> <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

9.2.3 Appendix 4

CTM Health Board

Highlight Report from the Clinical Advisory Group

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Dr Sally Bolt, Clinical Advisory Group Chair
Cyflwynydd yr Adroddiad / Report Presenter	Dr Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meetings since the last report.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Clinical Advisory Group is to advise the CTMUHB Board on clinical topics and initiatives, and to review items requested by the Board. The Clinical Advisory Group will act as a clinical voice within CTMUHB and advise the CTMUHB Board on aspects of Clinical Strategy.
- Act as the clinical voice within CTMUHB
 - Work with and alongside Management Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care
 - Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery
 - Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the CTMUHB's decision making

3. Highlight Report

Alert / Escalate	• There were no items requiring escalation to the Board on this occasion.
Advise	• There is concern regarding Palliative Care provision, with too many patients attending the Emergency Department in the last 3 months of their life. The Primary and Community Care Group are in the process of looking into this.

Assure	The Group have been kept abreast of changes involved with the Princess of Wales Hospital roof incident and subsequent pathway changes.
Inform	- The Group has received presentations on both the Acute Clinical Services Plan and Primary and Community Transformation Project. - It has been suggested that the individual members think about how the way they provide care for the public could change in order to feed into the two strategic plans.
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Culture and Valuing People
	If more than one applies please list below:



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

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

5. Recommendation

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



Agenda Item

9.2.3 Appendix 5

CTM Health Board

Highlight Report from the Strategic Development Committee

Dyddiad y Cyfarfod / Date of Meeting	27/03/2025
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>	Tyler Lewis, Corporate Governance Officer
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>	Dilys Jouvenat, Independent Member (Chair of Committee on this occasion)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Strategic Development Committee at its meeting on 13 March 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 In summary, the purpose of the Strategic Development Committee is to:
- Provide evidence based and timely strategic assurance to the Board to assist it in discharging its functions and responsibilities with regard to the:
 - Strategic direction;
 - Strategic planning and associated investments;
 - Long term financial sustainability
 - Setting our Culture;
 - People retention and succession planning.
 - Scrutinise strategic risks on the Board Assurance Framework and their impact upon CTMUHB's ability to deliver its strategic ambitions.
 - Provide assurance to the Board in relation to strategic decision-making, ensuring it is supported with a robust understanding of risks in relation to the achievement of organisational goals and strategic objectives.
 - Provide assurance to the Board that, wherever possible, CTMUHB plans are aligned with partnership plans developed with Regional Partners, Local Authorities, Universities, Collaboratives, Alliances and other key partners.

3. Highlight Report

Alert / Escalate

There were no items requiring inclusion in this section on this occasion.

Advise	- An update was received on the new subsidy control requirements introduced by the UK Government post-EU withdrawal. The importance of having appropriate governance around this and ensuring board approval was highlighted. The Committee agreed to endorse for Board approval the Subsidy Control Requirements - The Committee agreed to endorse for Board approval the digital cellular pathology business case. This decision followed a presentation highlighting the importance of modernising pathology services and the benefits of digitising the service - A report on the strategic vision for Llantrisant Health Park and the Regional Endoscopy Plan was presented at the In-Committee Meeting. It was explained that the plan seeks the commitment of all three Health Boards within the South East Wales region. The Committee endorsed the commitment to commissioning activity through an independent service provider contract for endoscopy. - An update on the Integrated Medium Term Plan (IMTP), highlighting the progress made in the narrative plan and enabling actions was received by the Committee. The Committee noted a version of the IMTP narrative plan and enabling actions assurance document would be presented to the Board meeting in March.
Assure	There were no items requiring inclusion in this section on this occasion
Inform	There were no routine consent items for consideration.
Appendices	Nil

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable due to the nature / purpose of this Highlight Report.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not Applicable due to the nature / purpose of this Highlight 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) There are areas of the updates within the Highlight Report which refer to financial / resource challenges.	

5. Recommendation

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

Cwm Taf Morgannwg University Health Board

Outline Audit Plan 2025

Audit year: 2024-25

Date issued: January 2025

This document is a draft version pending further discussions with the audited and inspected body. Information may not yet have been fully verified and should not be widely distributed.



This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our [Statement of Responsibilities](#).

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

About Audit Wales

Our aims:

Assure



the people of
Wales that public
money is well
managed

Explain



how public
money is being
used to meet
people's needs

Inspire



and empower
the Welsh
public sector to
improve

Our ambitions:



Fully exploit
our unique
perspective,
expertise and
depth of insight



Strengthen our
position as an
authoritative,
trusted and
independent
voice



Increase our
visibility,
influence and
relevance



Be a model
organisation for
the public sector
in Wales and
beyond

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Audit quality	9

Introduction

This Outline Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice. It also sets out details of my audit team and key dates for delivering my audit team's activities and planned outputs. I intend to share a Detailed Audit Plan later in the year following the completion of my planning work. It will set out my estimated audit fee and the work my team intends to undertake to address the audit risks identified and other key areas of audit focus during 2025.



Adrian Crompton
Auditor General for
Wales

My audit responsibilities

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure, and the proper preparation of key elements of your Remuneration and Staff Report. I lay them before the Senedd together with any report that I make on them. I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to you in my Detailed Audit Plan.

I am also required to certify a return to the Welsh Government which provides information about the Health Board to support preparation of the Whole of Government Accounts.

Performance audit work

I must satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.

My work programme is informed by specific issues and risks facing the Health Board and the wider NHS in Wales. I have also taken account of the work that is being undertaken or planned by other external review bodies and by internal audit.

Fees and audit team

In January 2025, I published the fee scheme for the year, approved by the Senedd Finance Committee. This sets out my fee rates. My fee rates for 2025-26 have increased by an average of 1.7% because of unavoidable inflationary pressures.

I will provide an estimate of your fee in my Detailed Audit Plan in May 2025, following completion of my detailed risk assessment.

Your engagement team:

Dave Thomas	Engagement Director & Audit Director (Performance Audit)
Anthony Veale	Audit Director (Financial Audit)
Mark Jones	Audit Manager (Financial Audit)
Darren Griffiths	Audit Manager (Performance Audit)
Steve Stark	Audit Lead (Financial Audit)
Nathan Couch	Audit Lead (Performance Audit)

We confirm that our audit team members are all independent of the Health Board and your officers.

Audit timeline

We set out below key dates for delivery of our audit work and planned outputs.

Planned output	Work undertaken	Report finalised
2025 Outline Audit Plan ¹	January - February 2025	February 2025
2025 Detailed Audit Plan	February – April 2025	May 2025
Financial audit of the Health Board’s 2024-25 Annual Report and Accounts: • Audit of Financial Statements Report • Opinion on the Financial Statements • Audit of Financial Statements Addendum Report	The overall audit period to AGW certification is January – June 2025 Scheduled for 26 June 2025 (the Welsh Government’s deadline is 30 June). September 2025	Late June 2025

¹ We also audit the Health Board’s Charity’s annual accounts. As for past years, there will be a separate audit plan for the audit. It is therefore not covered in this audit plan.

Performance audit work:

- Structured Assessment, incorporating a deeper dive into estates management.
- All-Wales thematic review of cancer services, following on from my national report on the strategic leadership of cancer services in Wales.
- In terms of local project work, my early planning work suggests there would be value in following-up the recommendations I made in my 2011 and 2016 Review of Consultant Job Planning. However, my planning work might also highlight other areas worthy of review. Therefore, the exact focus of my local project work will be confirmed in my detailed Audit Plan in May 2025.

Timescales for individual projects will be discussed with you and detailed within the specific project briefs produced for each study.

Audit quality

My commitment to audit quality in Audit Wales is absolute.

I believe that audit quality is about getting things right first-time.

We use a three lines of assurance model to demonstrate how we achieve this.

We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD² and our Chair acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.

- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

² QAD is the Quality Assurance Department of ICAEW.

Cwm Taf Morgannwg University Health Board

Outline Audit Plan 2025

Audit year: 2024-25

Date issued: January 2025

This document is a draft version pending further discussions with the audited and inspected body. Information may not yet have been fully verified and should not be widely distributed.



This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our [Statement of Responsibilities](#).

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

About Audit Wales

Our aims:

Assure



the people of
Wales that public
money is well
managed

Explain



how public
money is being
used to meet
people's needs

Inspire



and empower
the Welsh
public sector to
improve

Our ambitions:



Fully exploit
our unique
perspective,
expertise and
depth of insight



Strengthen our
position as an
authoritative,
trusted and
independent
voice



Increase our
visibility,
influence and
relevance



Be a model
organisation for
the public sector
in Wales and
beyond

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Introduction

This Outline Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice. It also sets out details of my audit team and key dates for delivering my audit team's activities and planned outputs. I intend to share a Detailed Audit Plan later in the year following the completion of my planning work. It will set out my estimated audit fee and the work my team intends to undertake to address the audit risks identified and other key areas of audit focus during 2025.



Adrian Crompton
Auditor General for
Wales

My audit responsibilities

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure, and the proper preparation of key elements of your Remuneration and Staff Report. I lay them before the Senedd together with any report that I make on them. I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to you in my Detailed Audit Plan.

I am also required to certify a return to the Welsh Government which provides information about the Health Board to support preparation of the Whole of Government Accounts.

Performance audit work

I must satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.

My work programme is informed by specific issues and risks facing the Health Board and the wider NHS in Wales. I have also taken account of the work that is being undertaken or planned by other external review bodies and by internal audit.

Fees and audit team

In January 2025, I published the fee scheme for the year, approved by the Senedd Finance Committee. This sets out my fee rates. My fee rates for 2025-26 have increased by an average of 1.7% because of unavoidable inflationary pressures.

I will provide an estimate of your fee in my Detailed Audit Plan in May 2025, following completion of my detailed risk assessment.

Your engagement team:

Dave Thomas	Engagement Director & Audit Director (Performance Audit)
Anthony Veale	Audit Director (Financial Audit)
Mark Jones	Audit Manager (Financial Audit)
Darren Griffiths	Audit Manager (Performance Audit)
Steve Stark	Audit Lead (Financial Audit)
Nathan Couch	Audit Lead (Performance Audit)

We confirm that our audit team members are all independent of the Health Board and your officers.

Audit timeline

We set out below key dates for delivery of our audit work and planned outputs.

Planned output	Work undertaken	Report finalised
2025 Outline Audit Plan ¹	January - February 2025	February 2025
2025 Detailed Audit Plan	February – April 2025	May 2025
Financial audit of the Health Board’s 2024-25 Annual Report and Accounts: • Audit of Financial Statements Report • Opinion on the Financial Statements • Audit of Financial Statements Addendum Report	The overall audit period to AGW certification is January – June 2025 Scheduled for 26 June 2025 (the Welsh Government’s deadline is 30 June). September 2025	Late June 2025

¹ We also audit the Health Board’s Charity’s annual accounts. As for past years, there will be a separate audit plan for the audit. It is therefore not covered in this audit plan.

Performance audit work:

- Structured Assessment, incorporating a deeper dive into estates management.
- All-Wales thematic review of cancer services, following on from my national report on the strategic leadership of cancer services in Wales.
- In terms of local project work, my early planning work suggests there would be value in following-up the recommendations I made in my 2011 and 2016 Review of Consultant Job Planning. However, my planning work might also highlight other areas worthy of review. Therefore, the exact focus of my local project work will be confirmed in my detailed Audit Plan in May 2025.

Timescales for individual projects will be discussed with you and detailed within the specific project briefs produced for each study.

Audit quality

My commitment to audit quality in Audit Wales is absolute.

I believe that audit quality is about getting things right first-time.

We use a three lines of assurance model to demonstrate how we achieve this.

We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD² and our Chair acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	March 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	• Emergency Ambulance Services: Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and • Ambulance Staff Re-banding: The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.
Advise	• Chief Commissioner Recruitment: The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis. • An update was received from the Interim Chief Commissioner: ○ Quarter 3 Progress & Future Priorities: Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP), ○ Key achievements were highlighted; and ○ Next developments include the Directory of Services and the JCC Commissioning Framework. • Members received reports from each of the three Commissioning Directors; • Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted:

Status	Update
	○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns, ○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government, ○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and ○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities. Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session. • Update from the Director of Commissioning for Ambulance and 111 provided updates on: ○ Pressures on emergency ambulance services, ○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS), ○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry, ○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG), ○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health & Social Care in the near future, ○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and ○ Key risks to the ambulance service in Wales. • The update from the Director of Commissioning for Specialised Services included: ○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks, ○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and

Status	Update
	Neonatal and Paediatric Intensive Care services remain at an escalated risk level.
Assure	Governance & Risk Management: - Updated financial delegated limits approved for the Interim Chief Commissioner, - Concerns raised over funding for new medicines for very rare diseases, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE), - National approach to Continuing Healthcare (CHC) commissioning endorsed with workstreams planned, Risk register received, with further work needed to assess risk appetite, - Assurance reports presented on governance, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.
Inform	Patient Story: A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life. Strategic Planning (IMTP 2025-28): - NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target, - Highlighted the importance of collaboration and prioritisation of resources, - Key priorities include urgent care and planned care recovery, - Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement, - The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, - A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP. - The Committee received the following assurance reports: CTMUHB Audit and Risk Committee Assurance Report - Legacy WHSSC Management Group Briefings for November and December 2024 Individual Patient Funding Request (IPFR) Panel Chairs report Welsh Kidney Network (WKN) Chairs report.

Status	Update
Appendices	None

Note that an “in committee” meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality
	Reduce Duplication
	Improve Equality and Population Health
	Facilitate Integration
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 More Equal 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))	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality	Efficient
	All of the domains of quality apply If more than one applies please list below: Effective; equitable; person centred; timely and safe

(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: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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 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 a summary of the latest meeting of the JCC
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 Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	03 February 2025

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and
- Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025.

The Committee **NOTED** the Chair's Report.

Managing Director Update

The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool (WRP) Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry.
- A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings.
- Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency

(MHRA), with minor adjustments to be incorporated. Planning permission is progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025. The HIV Action Plan, a pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.

- The establishment of the statutory Medical Examiners Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- The recent International Recruitment visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- Formalising tenure at Laundry sites in Church Village and Carmarthen to align with North Wales and Greenvale remains ongoing, with discussions about maintenance and operating footprint.
- Regarding accommodation, leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- NWSSP continues to hold the level of Personal Protective Equipment (PPE) stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- The procurement process for the future Electronic Staff Record (ESR) workforce solution remains ongoing, with outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated on a sunny day in November 2024.
- Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.
- NWSSP's Annual Staff Recognition Awards event is scheduled for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received. NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028

The Committee received a comprehensive Deep Dive into NWSSP's Integrated Medium Term Plan 2025-2028.

The development of the Plan has been a significant undertaking, showcasing extensive collaboration and engagement, and aligning with strategic direction and Ministerial priorities.

The Plan emphasises financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

Overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners, have been embedded in the Plan. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The financial overview acknowledges the strong foundations built upon, while noting pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, 2.36% savings on the core allocation, amounting to over £2 million, have been identified by NWSSP. A 1.77% uplift is applied to Service Level Agreements, affecting chargeable income streams such as Health Courier Services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there are additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.

A scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot is small, but an uplift for next year has been received. Several bids are being submitted as part of the process, and business cases involving Welsh Government are in progress. The organisation is dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It is critical that divisions deliver on their savings plans, with tight monitoring in place. The Plan reflects the challenges posed by Committee Members and has been developed with extensive engagement from all staff within NWSSP.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Engagement sessions and the comprehensive nature of the IMTP were praised. Constructive financial touchpoint meetings with Welsh Government were noted, with the approval process beginning upon submission. There was discussion on the interpretation of the governance framework and the Committee's role in endorsing the IMTP. It was

clarified that the Committee was the appropriate mechanism whereby NWSSP seeks approval of the IMTP.

The majority of Committee Members supported the ongoing work to finalise and approve the IMTP, with one organisation not agreeing the plan. Further discussions would be held outside of the Committee meeting regarding the governance arrangements.

The Committee resolved to **APPROVE** the IMTP for 2025-28.

Medical Examiner Pay Scale

A report relating to the Medical Examiner Pay Scale proposal, effective from 1 January 2025, was received by the Committee.

Since 2019, the basic Consultant pay scale has been used for Medical Examiners. The preferred option recognises entry-level requirements, placing Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. Engagement has been made with the British Medical Association, who are content with the approach. There is a central model in Wales being operated and the Service is funded by the UK Government, with no recharge to Health Boards. Medical Examiners are employed directly by NWSSP. It was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry, aiming to maintain equity and the importance of competitive pay to attract and retain was emphasised.

Committee Members requested time to seek assurance from Medical Director colleagues on the proposal and therefore the proposal was supported in principle, subject to feedback received by 10 February 2025.

The Committee resolved to **ENDORSE** the proposal for Option 1, subject to any feedback received from Health Boards by 10 February 2025.

Customer Service Charter

NWSSP's updated Customer Service Charter had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter's relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.

The Committee resolved to **APPROVE** the Customer Service Charter.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at 31 December 2024, was a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A redistribution of £2m to partners for the current financial year was proposed, with any further increase dependent upon pay award funding.

A full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh

Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation, although this funding will be required for future years, as outlined in our IMTP assumptions.

Additional capital funding announced in January 2025 would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%.
- Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024.
- Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division.
- Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024.
- Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally.
- A comprehensive piece of work reviewing the PADR process for NWSSP would be taken to Formal Senior Leadership Group in March 2025.

Performance - Key Performance Indicators (KPIs) from September to December 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 3 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off track or at risk.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. Since the last update provided, 2 projects transitioned from amber to green status, demonstrating significant progress.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. The remainder of the Corporate Risk Register position remains stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 8 and 9 of 2024/25).
- Personal Protective Equipment (PPE) Report (December 2024 and January 2025).
- Shared Services Partnership Committee Forward Plan.

Any Other Business (AOB)

No further items were brought to the Committee's attention.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting	Tuesday 25 March 2025, 10.00am to 12.00pm