



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	
Acronyms / Glossary of Terms		
FBC	Full Business Case	
HCSW	Healthcare Support Worker	
PSOW	Public Services Ombudsman Wales	
PTB	Powys Teaching Board	
QSEC	Quality, Safety and Experience Committee	
RTT	Referral to Treatment	
SCP	Single Cancer Pathway	
WAST	Welsh Ambulance Service NHS Trust	
YCC	Ysbyty Cwm Cynon hospital	

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

I am pleased to report that positive progress continues against the escalation framework for CTMUHB. The operational leadership teams remain focused on our three key areas of work across planned care, cancer, and urgent and emergency care.

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

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

It is reassuring to advise colleagues that the improvements seen in our ambulance patient handover times, and therefore reduction in ambulance lost hours, continues as we prepare to enter the busy winter period. This sustained improvement has been supported by site-based initiatives, overseen by the unscheduled care group. It is encouraging to note that our patient ambulance handover times remain the fastest in Wales, however, we recognise there is preparatory work required ahead of the "drop and go" policy that Welsh Government has agreed with WAST and health boards, commencing next month.

The planned care (and where required, diagnostics, therapies, pharmacy, and specialties) care groups continue to concentrate efforts on ensuring positive progress towards the required suspected Single Cancer Pathway (SCP) measure of >65% compliance by the end of the calendar year, and maintaining $\geq 70\%$ by the end of March 2026. I am pleased to report that our SCP compliance has again improved for the second month in a row, with September reporting at 64.5%. We are therefore confident that our plan will achieve the required 65% target by the end of December 2025.

The recent reconfiguration to centralise in-patient orthopaedic surgical services at the Princess of Wales hospital has given the organisation the opportunity to make the most effective and efficient use of our operating capacity, to treat the longest waiting patients. The new arrangement began in September, and we are already remain on course to deliver zero patients waiting >104 weeks from referral to treatment (RTT) by the end of the financial year.

It is worth highlighting to the Board that whilst this area of work focuses almost exclusively on orthopaedics for the purposes of our escalation framework, it is really pleasing to note that other key specialities such as ophthalmology and urology, are already on course to deliver 78-week RTT by the end of the financial year, ahead of plan.

2.2 Public Services Ombudsman Wales Annual Report

In August, we received our annual letter from the Public Services Ombudsman Wales reflecting on the year 2024/25. The report highlights that, positively, CTM had the lowest number of referrals to the Ombudsman across Wales (excl. PTB and WAST), however, the proportion of these they intervened in was the highest, at 35%.

The PSOW's office received 102 complaints relating to CTMUHB over this period and of these, they intervened in 36 of the cases reported. In addition, one public interest report was published in September 2024.

The first half of the year focused the organisation on some areas of improvement including management of response times where the PSOW place requests for information on our central teams. Understandably, such delays then resulted in their offices conducting protracted investigations which ultimately delayed outcomes for complainants.

Moreover, we did experience delays with compliance and implementation of recommendations within agreed timescales. CTM received 120 recommendations, and regrettably, only 42% of these complied with the required timescales. This has been a key area of targeted improvement activity over the last 6-9 months. I am pleased to report that since receiving this annual report, there has been demonstrable progress in relation to the management of cases referred to the PSOW within the Health Board. A number of improvement actions have been implemented including the introduction of Ombudsman Huddles (three times a week), real time case trackers and the embedding of a clear process of escalation. As a result, 85% of the 54 recommendations due for completion since April 2025 were achieved within the required the timescales.

Overall, I am pleased the Ombudsman receives a lower-than-average complaint per 1,000 residents against the Welsh average, in relation to CTM patients. This, however, does not take away from ensuring our focus remains on compliance with the agreed timescales between our

organisation and the PSOW in relation to disclosure of information and implementation of recommendations. The Quality, Safety and Experience Committee (QSEC) will continue to monitor progress against these key areas of work going forward. In addition, both areas outlined above have already been key areas of focus for the Executive Leadership Group (ELG) over the last 6-9 months, with weekly compliance reporting in place.

I have included a copy of the full letter as Appendix 1 to this report.

2.3 Shift Pattern Consultation

In May 2025, the Board approved, in principle, a consultation regarding the alignment of our shift patterns for nursing, midwifery and HCSW roles. The initial consultation period focussed on the proposal of a standard 12.5-hour shift pattern, with two unpaid 30-minute breaks. The Health Board recognises the need for a consistent shift pattern across services to address operational challenges and workforce concerns, and to meet evolving service needs.

A comprehensive initial consultation process ran from 30 June to 5 September 2025. Staff were supported to reflect on the proposal, resolve individual concerns, and respond with their feedback. Working group meetings with Trade Union representatives continued to run alongside this, to review feedback and next steps.

During the initial consultation phase, concerns were raised regarding the appointment of new staff on the proposed pattern. In response, the Board endorsed a revised approach in July 2025: new hires would be appointed on the existing shift pattern at their place of work. This decision remains in place to date, and reinforces the Board's commitment to a genuine, fair and transparent consultation process.

The staff questionnaire received 1,162 responses, which represents around a third of those in-scope. Key concerns raised by staff included strong opposition to a fourth 12.5-hour shift, worries about work-life balance, financial impact, increased risk of sickness absence and burnout, inconsistent break practices, and limited access to suitable rest facilities.

Since the initial consultation period closed, the feedback from staff and Trade Union colleagues has been carefully reviewed, and alternative shift pattern proposals are currently under development, for further consideration by Board in December.

To help assess the development of any alternative proposals, a consistent set of design principles were agreed with Trade Union colleagues. These design principles underpin a sustainable and resilient workforce model, that balances evolving service requirements and operational needs with staff experience. In summary, our aim is to develop a consistent shift pattern

for nursing, midwifery and HCSWs across the Health Board which, taking account of the best available evidence:

- allows us to provide high quality, safe services to our patients
- allows us to improve the health and well-being of our people
- increases our overall workforce availability
- delivers improved financial efficiency – more specifically, does not cost us more, and delivers a reduction in reliance on agency

Staff feedback during consultation highlighted difficulties in taking rest breaks due to patient acuity and staffing levels. To address this, a task and finish group has been formed to review break practices across CTM. A staff questionnaire and a data collection tool for Ward Managers will capture insights and reasons for missed breaks.

A recent pilot survey across three areas showed encouraging results, with most staff able to take breaks during the period. A full survey will launch on 17 November 2025, across all wards, for two weeks. Findings will be analysed to identify good practice, challenges, and opportunities and will be used to inform proposals.

This is a complex and emotive proposal, impacting on a large proportion of our workforce. We remain open to alternative suggestions that meet our agreed design principles and remain keen to discuss potential alternatives with Trade Union colleagues. The Board will receive a further update in December, with a fuller overview of the outcomes of the initial consultation period, alternative suggestions and proposed next steps.

2.4 Sunnyside Development Update

The Bridgend Health and Wellbeing Centre is a Welsh Government Capital funded scheme which is being led by the Health Board Capital Team in partnership with the Primary Care and Community care group.

The vision is to develop a new hub for the provision of integrated Community and Primary Care in Bridgend. Under the agreement (prior to the boundary change) reached between Swansea Bay and Linc Cymru, the site for the new centre, previously the Magistrates Court, would be transferred by Linc Cymru to the Health Board with the Quarella Road, Bryncethin and Bryntirion clinic sites transferring to Linc in return.

The latest forecast completion of the build is end of March 2026. Therefore, the project team are currently working through the master service plan to schedule the required moves into the building. The intention is to prioritise the move of Bridgend Group Practice initially, with Health Board primary care services to follow in a sequenced fashion.

Given the Board approved the Full Business Case (FBC) for the project in 2021, I am updating colleagues through this report that we are now in the process of completing the legal processes to transfer the already vacant Bryncethin site to Linc Cymru under the Collaboration Agreement in place. The Bryntirion and Quarella Road sites will transfer following service moves, likely Summer 2026.

2.5 Seren awards

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

The August Seren of the month winner was Adrian Hill, Senior Pharmacy Assistant Technical Officer, who was nominated by his colleagues for his "hard work, dedication, help and support."

His colleague said: "There are many examples I could provide to demonstrate this but the most recent one shows how he will go above and beyond to help and support his colleagues and ensure the patients receive the medication they need."

"I was working a Sunday shift and the pharmacy robot completely stopped working. We tried all the common things to try and fix the problem but unfortunately nothing worked. We contacted the support team but they were unable to connect to try and help us either. Therefore, we found ourselves in a position where we couldn't get medication for patients unless we entered the robot and manually picked the items. This was easier said than done. The robot contains 1000s of medicines that are randomly placed. The robot uses the barcode on the item and stores the shelf number it has stored it in. We had outpatients waiting and the working building up in the dispensary. The team on shift were amazing and used medication for the wards where they could but there were large numbers still required from the robot. Adrian is one of our Robot experts so we contacted him to see if he could help us in anyway over the phone."

"Adrian went one better than that, he said he was on his way out with his wife but would pop into the department on their way to help us. Once he arrived he showed me how to manually find medication in the robot and he worked on the robot to see if he could fix it and that's exactly what he did! Adrian went above and beyond this day to support the team and patient care. Adrian puts the patients at the centre of everything he does, and he always goes above and beyond to provide them with what they need. I was and always am extremely grateful for everything Adrian does and wanted him to be recognised for this. Thank you Adrian for your dedication, help and support to me, the team and our patients!"

The September Seren of the Month winner was Rebecca Roberts, Deputy Ward Manager, Ysbyty Cwm Cynon, nominated by her colleagues for "going above and beyond for patients".



Her colleagues said: "Rebecca deserves the Seren award as she goes above and beyond for the patients on ward 2 YCC. Organised a fundraiser for Macmillan and including both families and patients on the day."

"Rebecca is a fantastic ward manager and is very approachable and is an amazing advocate for the patients and staff on the ward (goes above and beyond for patients and staff). Rebecca regularly works with the therapy team to support patients and support multidisciplinary working. Feel that Rebecca is so thoughtful and kind and deserves the recognition that this award carries. From the Physiotherapy team at Ysbyty Cwm Cynon- Thank you Rebecca."

I congratulate both Adrian and Rebecca on these achievements, and express my sincere thanks for the hard work and dedication shown to support colleagues across CTM teams and care for our patients.

3. Key Risks / Matters for Escalation

As outlined within the report.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.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 (Ilyw.cymru)) / Link to Domains of Quality	Not Applicable
	If more than one applies please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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